



# This Week in the Journal

NOVEMBER 13, 2003

**CORRESPONDENCE**

- 1968 Sentinel-Node Biopsy in Breast Cancer
- 1971 Paricalcitol, Calcitriol, and Survival of Patients Undergoing Hemodialysis
- 1973 Long-Term Survivors of Acute Lymphoblastic Leukemia
- 1974 Medical Mystery — The Answer
- 1974 Drug-Induced Hepatotoxicity
- 1976 Long-Term Anticoagulant Therapy
- 1977 Rapid Development of Fluoroquinolone Resistance in *M. tuberculosis*

**BOOK REVIEWS**

- 1979 Science in the Private Interest: Has the Lure of Profits Corrupted Biomedical Research?
- 1980 The Merck Druggernaut: The Inside Story of a Pharmaceutical Giant
- 1980 The Big Fix: How the Pharmaceutical Industry Rips Off American Consumers
- 1981 Responsible Research: A Systems Approach to Protecting Research Participants

**CONTINUING MEDICAL EDUCATION**

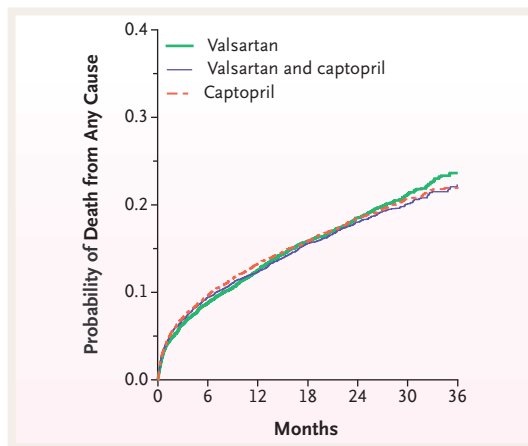
- 1983 Valsartan, Captopril, or Both in Myocardial Infarction Complicated by Heart Failure, Left Ventricular Dysfunction, or Both

**POSTING PRESENTATIONS AT MEDICAL MEETINGS ON THE INTERNET**

Posting an audio recording of an oral presentation at a medical meeting on the Internet, with selected slides from the presentation, will not be considered prior publication. This will allow students and physicians who are unable to attend the meeting to hear the presentation and view the slides. If there are any questions about this policy, authors should feel free to call the *Journal's* Editorial Offices.

**ORIGINAL ARTICLE**

## Valsartan, Captopril, or Both in Myocardial Infarction



It is known that the angiotensin-converting-enzyme inhibitor captopril is beneficial in patients with myocardial infarction complicated by left ventricular dysfunction or heart failure. This study compared captopril with valsartan, an angiotensin-receptor blocker, and the combination of the two drugs in such patients. Mortality was the same in

the three groups, but there were more side effects with the combination therapy.

In patients with myocardial infarction and left ventricular dysfunction or heart failure who cannot tolerate captopril, valsartan may be used as an alternative therapy. The combination has no incremental value.

SEE P. 1893; EDITORIAL, P. 1963

## ORIGINAL ARTICLE

**Treatment of Rheumatoid Arthritis with CTLA4Ig**

This randomized trial assessed the efficacy of CTLA4Ig, a novel agent that prevents T-cell activation, in patients with rheumatoid arthritis. After six months of treatment, 60 percent of patients treated with 10 mg of CTLA4Ig per kilogram of body weight had an improvement in the symptoms and signs of rheumatoid arthritis of at least 20 percent, as compared with 35 percent of patients in the placebo group.

Longer studies are needed, but this six-month trial suggests that blocking the activation of T cells with CTLA4Ig may be an effective new treatment for rheumatoid arthritis.

SEE P. 1907

## ORIGINAL ARTICLE

**Fetal Endoscopic Tracheal Occlusion**

In this randomized, controlled trial, treatment of congenital diaphragmatic hernia with fetal endoscopic tracheal occlusion at 23 to 27 weeks of gestation did not improve survival, as compared with that in a group of infants who received standard care at a tertiary center.

These negative results underscore the need for randomized, controlled trials of in utero therapies before their widespread use.

SEE P. 1916; PERSPECTIVE, P. 1887

## ORIGINAL ARTICLE

**Five-Year Follow-up after Subthalamic Stimulation in Parkinson's Disease**

In this five-year follow-up study, patients with advanced Parkinson's disease who were treated with bilateral stimulation of the subthalamic nucleus sustained marked improvements in motor function and in their ability to perform activities of daily living when tested 8 to 12 hours after the last dose of dopaminergic medication (off medication), and in dyskinesia while receiving maximal benefit from medication (on medication). However, akinesia, speech, postural stability, freezing episodes, and cognitive function worsened between the first year and the fifth year of follow-up, as is consistent with the natural history of Parkinson's disease.

SEE P. 1925; PERSPECTIVE, P. 1888

## SPECIAL ARTICLE

**Effects of Bereavement on Family Caregivers of Persons with Dementia**

The authors describe the experience of family caregivers who provided end-of-life care to patients with dementia. During the year before the patient's death, many caregivers reported feeling that they were "on duty" 24 hours a day and had symptoms of depression. These symptoms often resolved after the death of the patient, and 72 percent of caregivers reported that the death was a relief for them. These findings highlight the demanding and stressful nature of end-of-life care provided by family members to patients with dementia.

SEE P. 1936; PERSPECTIVE, P. 1891

## MEDICAL PROGRESS

**Opioid Therapy for Chronic Pain**

A difficult decision for physicians who treat patients with chronic pain not associated with terminal disease is whether and how to prescribe opioid therapy, which can relieve pain and improve mood and level of functioning in many such patients. This review considers current guidelines for opioid therapy in patients with chronic pain unrelated to malignant conditions and outlines caveats, areas of uncertainty, and management strategies.

SEE P. 1943

## CLINICAL IMPLICATIONS OF BASIC RESEARCH

**Nerves, Fat, and Insulin Resistance**

The results of ablation of the parasympathetic nervous system in fat deposits in mice suggest that activity of this system increases the rate of synthesis of fat and may therefore lead to different rates of fat accumulation in various parts of the body.

SEE P. 1966

