

CORRESPONDENCE

- 2013 Nevirapine plus Zidovudine to Prevent Mother-to-Child Transmission of HIV
- 2015 Recurrent Venous Thromboembolism in Men and Women
- 2019 Endothelial Cells in B-Cell Lymphomas
- 2019 The Antibiotic Pipeline
- 2020 Ciguatera Poisoning
- 2021 Circumpapillary Retinal Ridge in the Shaken-Baby Syndrome
- 2021 Gluten Contamination of Commercial Oat Products in the United States

BOOK REVIEWS

- 2023 The Stored Tissue Issue: Research, Ethics, and Law in the Era of Genomic Medicine
- 2024 Tuberculosis
- 2025 Novel Vaccination Strategies

CONTINUING MEDICAL EDUCATION

- 2029 Special Cure
- 2030 Hypersensitivity to Hymenoptera Stings
- 2031 Mass Treatment with Single-Dose Azithromycin for Trachoma

Next Week in the Journal

NOVEMBER 11, 2004

"Ethnic" Drugs

M. Gregg Bloche



This Week in the Journal

NOVEMBER 4, 2004

ORIGINAL ARTICLE

Preventing Microalbuminuria in Type 2 Diabetes

In a multicenter, double-blind, placebo-controlled, randomized study, subjects with type 2 diabetes mellitus and hypertension but normal urinary albumin levels were treated with an angiotensin-converting-enzyme (ACE) inhibitor (trandolapril) and a non-dihydropyridine calcium-channel blocker (verapamil) alone or in combination to investigate whether treatment could forestall the development of microalbuminuria, which heralds diabetic nephropathy. The use of trandolapril alone or with verapamil appeared to be effective, whereas verapamil alone was no better than placebo.

ACE inhibition may prevent or retard the development of microalbuminuria in patients with type 2 diabetes mellitus.

SEE P. 1941; PERSPECTIVE, P. 1934

ORIGINAL ARTICLE

Angiotensin II–Receptor Inhibition and ACE Inhibition in Type 2 Diabetes

Both angiotensin II–receptor blockers and angiotensin-converting-enzyme (ACE) inhibitors are renoprotective, but direct, long-term comparisons of their use in patients with diabetes have not been conducted. This prospective, multicenter, double-blind comparison of telmisartan (an angiotensin II–receptor blocker) and enalapril (an ACE inhibitor) in 250 subjects with type 2 diabetes and early nephropathy found that the two agents were associated with similar decrements in the glomerular filtration rate.

Telmisartan is not inferior to enalapril in providing long-term renoprotection in persons with type 2 diabetes and early nephropathy.

SEE P. 1952; PERSPECTIVE, P. 1934



ORIGINAL ARTICLE

Mass, Single-Dose Treatment to Prevent Trachoma

Trachoma, an important cause of blindness, is caused by infection with *Chlamydia trachomatis*. In a Tanzanian community in which trachoma was endemic, the residents each received a single dose of azithromycin. After 24 months, the infection had virtually been eradicated from the community. If carefully conducted, a program involving a single dose of an antibiotic can be highly effective in preventing this infectious cause of blindness and may obviate the need for the currently recommended programs of annual treatment.

SEE P. 1962; EDITORIAL, P. 2004; CME, P. 2031

ORIGINAL ARTICLE

Mutations in the Glucocerebrosidase Gene and Parkinson's Disease in Ashkenazi Jews

An association between parkinsonism and type 1 Gaucher's disease has been described. The present study examined the relevance of mutations in the glucocerebrosidase gene (*GBA*), which cause Gaucher's disease, to idiopathic Parkinson's disease. A clinic-based series of 99 Ashkenazi patients with idiopathic Parkinson's disease were screened for six *GBA* mutations. Thirty-one patients (31.3 percent) carried one or two mutant *GBA* alleles.

The results suggest that heterozygosity for a *GBA* mutation may predispose people to Parkinson's disease.

SEE P. 1972; PERSPECTIVE, P. 1937

CLINICAL PRACTICE

Hypersensitivity to Hymenoptera

A 29-year-old man reports that he has been stung by a bee or wasp outside his door, where he had previously noted a nest. Skin itching, diffuse hives, swelling of his arms and legs, tightness in his throat, dizziness, and difficulty talking developed immediately, and he was taken to a local clinic where he received epinephrine and antihistamines. He was observed for two hours, and all symptoms resolved. How should his case be managed subsequently?

SEE P. 1978; CME, P. 2030

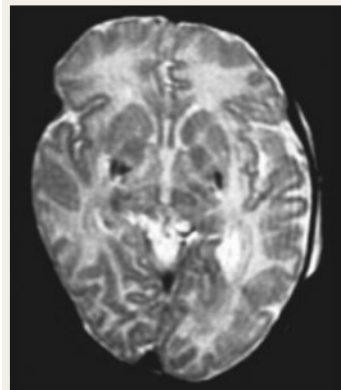


MEDICAL PROGRESS

Neonatal Brain Injury

More than 95 percent of infants who have neonatal stroke survive to adulthood, and many have residual motor or cognitive disabilities. This article makes the point that recognition of at-risk newborns by means of advanced methods of neuroimaging, combined with a plan for rational intervention, may result in the prevention or the reduction in the incidence of lifelong disabilities such as cerebral palsy, epilepsy, and behavioral and learning disorders.

SEE P. 1985



CLINICAL PROBLEM-SOLVING

Special Cure

A 42-year-old white man presented with a history of eight months of pain in his low back, hips, ankles, and feet. He had begun experiencing progressively severe pain during a 16-month period of incarceration, to the extent that he was having difficulty walking. He had also lost weight (from 76.2 to 67.6 kg) without a change in diet.

SEE P. 1997; CME, P. 2029

SOUNDING BOARD

May Pharmacists Refuse to Fill Prescriptions for Emergency Contraception?

Several reports have detailed cases in which pharmacists have refused to fill prescriptions for emergency contraception. Should pharmacists have the right to refuse access to these medications? This Sounding Board article discusses arguments for and against the right to refuse and proposes a balanced solution to the problem.

SEE P. 2008