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Next Week in the Journal

JANUARY 20, 2005

Rehabilitating the Wounded from Iraq

James Peake

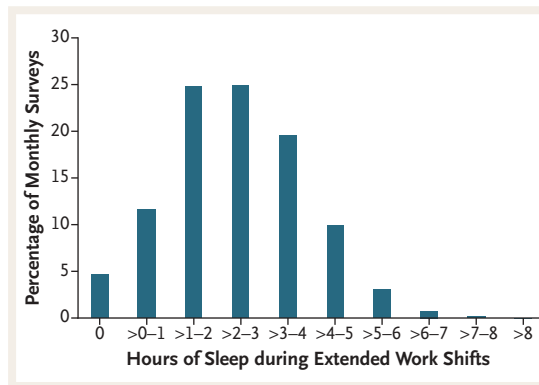


This Week in the Journal

JANUARY 13, 2005

ORIGINAL ARTICLE

Interns' Extended Work Shifts and the Risk of Motor Vehicle Crashes



Interns often work shifts lasting more than 24 hours. Since they usually get little sleep under such circumstances, they are at high risk for motor vehicle crashes. This study found that interns have more than double the risk of being in a motor vehicle crash after working an

extended shift, as compared with the risk after a normal shift.

The sleep deprivation consequent to medical training puts trainees — and, by implication, the public — at risk for motor vehicle accidents.

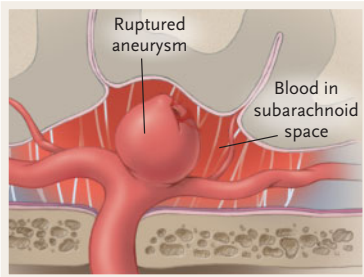
SEE P. 125; EDITORIAL, P. 196; CME, P. 215

ORIGINAL ARTICLE

Intraoperative Hypothermia during Intracranial-Aneurysm Surgery

Neurologic deficits are common after surgery for subarachnoid hemorrhage due to a ruptured intracranial aneurysm. In this study, the use of mild intraoperative hypothermia (target body temperature, 33°C) to prevent neurologic deficits after surgery had no protective effect. However, the patients enrolled in this study were at relatively low risk, and it is unclear whether intraoperative hypothermia may have benefits in higher-risk patients.

SEE P. 135; PERSPECTIVE, P. 121



ORIGINAL ARTICLE

The Risk of Hemorrhage after Radiosurgery for Cerebral Arteriovenous Malformations

Among a large cohort of patients with cerebral arteriovenous malformations, the risk of cerebral hemorrhage declined significantly after radiosurgery, even before there was angiographic evidence of obliteration of the malformation. The risk of hemorrhage declined further after angiographic obliteration, although it was not eliminated.

This large, retrospective series provides information on the magnitude of the reduction in the risk of hemorrhage after radiosurgery for cerebral arteriovenous malformations.

SEE P. 146; PERSPECTIVE, P. 121

ORIGINAL ARTICLE

Risk of Fracture after Androgen Deprivation for Prostate Cancer

A study of the records of more than 50,000 men with newly diagnosed prostate cancer found that androgen-deprivation treatment, either as gonadotropin-releasing hormone agonists or orchiectomy, increases the risk of fracture and of hospitalization due to fracture.

The relative risk of fracture associated with androgen deprivation was only modestly increased overall, but given the high incidence of prostate cancer and the increasing use of such treatment, the risks and benefits of androgen deprivation require reassessment, especially when the benefit is unclear.

SEE P. 154

CLINICAL PRACTICE

Attention Deficit–Hyperactivity Disorder

A mother brings in her eight-year-old son for evaluation after he is suspended from riding the school bus for jumping out of his seat, teasing other children, and not following directions. He spends two to three hours a night with homework that he never successfully completes. His mother wants to know whether he has attention deficit–hyperactivity disorder. How should he be evaluated and treated?

SEE P. 165; CME, P. 213

DRUG THERAPY

Insulin Analogues

In the 1990s, the value of glycemic control in the management of diabetes became incontrovertible. The interest in producing insulin formulations that are safer than previous formulations and that more closely duplicate the basal and mealtime components of endogenous insulin secretion has yielded insulin analogues with action profiles that afford more flexible treatment regimens and a lower risk of hypoglycemia. This article examines the use of these newer insulins in clinical practice.

SEE P. 174; CME, P. 214

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

A Woman with Difficulty Walking, Headache, and Nausea

A 35-year-old woman noticed unsteadiness of gait that worsened over several days, followed by a headache and nausea. She increasingly lost her balance, and on one occasion she fell.

On examination, cognition and sensation were normal; cranial nerves were normal, and she had left-sided ataxia. Imaging studies showed an enhancing mass in the corpus callosum and right cerebral hemisphere. The differential diagnosis and management are discussed.

SEE P. 185