

THIS WEEK in the JOURNAL

ORIGINAL ARTICLE

Inhaled Nitric Oxide in Preterm Infants

In this multicenter, randomized trial of preterm newborns with a birth weight of 1250 g or less who required ventilatory support, the initiation of inhaled nitric oxide between days 7 and 21 of life significantly reduced the risk of death or chronic lung disease and the duration of both hospitalization and supplemental oxygen therapy. Using a regimen of inhaled nitric oxide therapy different from that in the companion report by Kinsella et al., this group also found inhaled nitric oxide to be beneficial in preterm infants with respiratory failure.

SEE P. 343; EDITORIAL, P. 404

ORIGINAL ARTICLE

Low-Dose Inhaled Nitric Oxide in Preterm Infants

In this multicenter, randomized trial of preterm newborns with a birth weight from 500 to 1250 g and with respiratory failure, low-dose inhaled nitric oxide did not significantly reduce death or bronchopulmonary dysplasia overall but reduced this risk in infants with a birth weight of 1000 g or more and reduced the risk of brain injury in the cohort overall. These results support the potential benefits of low-dose inhaled nitric oxide in preterm infants with respiratory failure.

SEE P. 354; EDITORIAL, P. 404

ORIGINAL ARTICLE

Buprenorphine–Naloxone Maintenance in Primary Care

In this randomized trial of addiction treatment in the primary care setting for patients with opioid dependence, brief counseling with once-weekly dispensing of buprenorphine–naloxone did not result in different outcomes than extended counseling and thrice-weekly medication dispensing.

SEE P. 365; CME, P. 435

SPECIAL ARTICLE

Pay-for-Performance Programs in Family Practices in the United Kingdom

In 2004 the U.K. National Health Service introduced a pay-for-performance contract for family practitioners that pays bonuses to physicians based on 146 quality

indicators. Seventy-six indicators assess clinical care for chronic diseases, and the remaining indicators focus on organization of care and patient experience. In the first year of the new program, the median reported achievement on the clinical indicators was 83 percent for U.K. family practices. Family doctors' incomes increased by an average of about \$40,000.

SEE P. 375; EDITORIAL, P. 406

CLINICAL PRACTICE

Difficult-to-Control Hypertension

A 70-year-old woman with a long-standing history of hypertension comes for follow-up. Her medications include atenolol (100 mg daily), hydrochlorothiazide (12.5 mg daily), lisinopril (40 mg daily), and ibuprofen (400 mg twice daily for osteoarthritis). She does not smoke or drink alcohol. Her body-mass index is 32. Her blood pressure (measured three times while she is seated) ranges from 164/92 to 170/96 mm Hg; her pulse rate is 72 per minute. Examination of her ocular fundi reveals arteriolar narrowing. The results of cardiovascular examination are normal. How should she be further evaluated and treated?

SEE P. 385; CME, P. 433

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

A Man with Numbness in the Right Hand and Hypertension

A 36-year-old man had numbness of the hand after an automobile accident and was found to have hypertension. Evaluation disclosed elevated catecholamine levels and a mass in the right adrenal gland. When the patient was 12 years old, a pheochromocytoma had been removed from the left adrenal gland. A diagnostic procedure was performed.

SEE P. 394; CME, P. 434

HEALTH POLICY REPORT

The Troubled Transformation of Britain's National Health Service

The author discusses the challenges and controversies surrounding the transformation of the U.K. National Health Service. In the new system, financial incentives and accountability are being introduced to improve efficiency and quality, waiting times for elective procedures are decreasing, and patients are able to choose their providers.

SEE P. 409