

THIS WEEK in the JOURNAL

ORIGINAL ARTICLE

Epoetin Alfa in Critically Ill Patients

In this randomized, placebo-controlled trial, the investigators administered epoetin alfa or placebo to 1460 medical, surgical, or trauma patients between 48 and 96 hours after admission to the intensive care unit. Treatment with epoetin alfa did not reduce the percentage of patients receiving a red-cell transfusion (the primary outcome) but did appear to reduce mortality in patients with trauma. However, this therapy was also associated with an increase in the incidence of thrombotic events.

SEE P. 965; EDITORIAL, P. 1037

ORIGINAL ARTICLE

Genetic Variant Common to Two Autoimmune Diseases

Susceptibility to rheumatoid arthritis and systemic lupus erythematosus has been linked to a region on chromosome 2q. Fine-mapping of this locus, in patients with rheumatoid arthritis and in patients with lupus, traces the association to a single variant of the gene *STAT4*, which encodes a transcription factor activated by cytokines.

SEE P. 977

ORIGINAL ARTICLE

Dronedaron for Maintenance of Sinus Rhythm in Atrial Fibrillation or Flutter

In two multicenter, randomized trials, the antiarrhythmic agent dronedarone was compared with placebo for the maintenance of sinus rhythm in patients with atrial fibrillation. With pooled data from the two trials, the median time to the recurrence of atrial fibrillation was 116 days in the dronedarone group and 53 days in the placebo group.

SEE P. 987; EDITORIAL, P. 1039

ORIGINAL ARTICLE

A Pacing Strategy for Reducing the Risk of Atrial Fibrillation

This report describes a special programming of pacemakers to reduce the risk of atrial fibrillation in patients with symptomatic bradycardia due to sinus-node disease. The pacing algorithm was designed to minimize the extent of ventricular paced beats in order to reduce ventricular desynchronization. The approach successfully reduced the risk of atrial fibrillation and provides a clinically useful alternative to standard pacing.

SEE P. 1000; CME, P. 1067

CLINICAL PRACTICE

Hypertriglyceridemia

A healthy 45-year-old man is found on routine screening to have hypertriglyceridemia. He does not have diabetes, and he takes no medications. His father died at 55 years of age in an automobile accident, his mother is healthy at the age of 67 years, and he has two healthy older brothers. His body-mass index is 28. His fasting triglyceride level is 400 mg per deciliter, total cholesterol 230 mg per deciliter, LDL cholesterol 120 mg per deciliter, and HDL cholesterol 30 mg per deciliter. How should his case be assessed and managed?

SEE P. 1009; CME, P. 1065

CURRENT CONCEPTS

Control of Neglected Tropical Diseases

In addition to malaria, tuberculosis, and human immunodeficiency virus infection, several other infectious diseases are associated with substantial morbidity and mortality. In particular, 13 tropical diseases infect billions of people and cause disabilities such as blindness and heart failure, especially in persons who live in impoverished conditions. This review article describes approaches to the global control of these diseases.

SEE P. 1018

CLINICAL PROBLEM-SOLVING

A Stitch in Time

A 64-year-old man with a history of coronary artery disease and peripheral vascular disease was admitted with a several-month history of fevers, chills, and fatigue. These symptoms began after he underwent percutaneous coronary intervention with placement of a stent in the left anterior descending coronary artery 10 months previously. A 5-day course of ciprofloxacin led to temporary relief of his symptoms, which returned 1 week after discontinuation of the antibiotic.

SEE P. 1029; CME, P. 1066

SOUNDING BOARD

Sustaining the Engine of U.S. Biomedical Discovery

Academic medical centers are where most of the research sponsored by the National Institutes of Health (NIH) is performed. In the past decade, the centers have scaled up their research operations as the NIH budget doubled but now face shortfalls as fewer proposals are funded. In this Sounding Board article, an argument is made for more robust long-term NIH support.

SEE P. 1042