

THIS WEEK in the JOURNAL

ORIGINAL ARTICLE

Benazepril plus Amlodipine or Hydrochlorothiazide for Hypertension in High-Risk Patients

The optimal combination drug therapy for treatment of hypertension is not established, although current U.S. guidelines recommend inclusion of a diuretic. This double-blind trial, in which high-risk patients with hypertension were randomly assigned to treatment with benazepril plus either amlodipine or hydrochlorothiazide, showed that benazepril plus amlodipine was superior to benazepril plus hydrochlorothiazide in reducing cardiovascular events in this population.

SEE P. 2417; EDITORIAL, P. 2485; CME, P. 2510

ORIGINAL ARTICLE

Prolonged Therapy of Advanced Chronic Hepatitis C with Low-Dose Peginterferon

Patients with chronic hepatitis C who did not have a sustained viral response to peginterferon and ribavirin were randomly assigned to receive low-dose peginterferon or no treatment for 3.5 years. The clinical and histologic outcomes were not better in patients treated with peginterferon. These findings do not support the use of long-term peginterferon in patients who do not have a sustained virologic response to initial therapy.

SEE P. 2429; CME, P. 2511

ORIGINAL ARTICLE

Tenofovir Disoproxil Fumarate versus Adefovir Dipivoxil for Chronic Hepatitis B

In this randomized comparison of treatment with tenofovir disoproxil fumarate or adefovir dipivoxil for 48 weeks in patients with chronic hepatitis B, tenofovir was more likely to result in viral suppression. The follow-up period was not long enough to assess the resistance patterns, risks, and benefits of long-term treatment.

SEE P. 2442; EDITORIAL, P. 2488

ORIGINAL ARTICLE

Irbesartan in Patients with Heart Failure and Preserved Ejection Fraction

In a multicenter trial, 4128 patients who had heart failure with a preserved ejection fraction were randomly assigned to receive irbesartan or placebo and were followed for a mean of 49.5 months. There were no significant differences between the two study groups in the rate of the primary outcome (death or hospitalization for heart failure).

SEE P. 2456

CLINICAL THERAPEUTICS

Levodopa for Parkinson's Disease

A 62-year-old man presents with Parkinson's disease, and treatment with levodopa is recommended. Levodopa, a naturally occurring amino acid that is metabolized to dopamine in the brain, is considered the most effective drug available for Parkinson's disease. However, after several years of therapy, serious side effects, including motor fluctuations and dyskinesias, may occur.

SEE P. 2468; CME, P. 2509

CLINICAL PROBLEM-SOLVING

Taken Out of Context

A 25-year-old woman with a history of depression, mitral-valve prolapse, and migraine headaches presented to a hospital emergency department with a 3-day history of subjective fever, diffuse arthralgia, and a severe generalized headache that was not characteristic of her previous migraines.

SEE P. 2478

CLINICAL IMPLICATIONS OF BASIC RESEARCH

Cyclosporine and the Podocyte

A direct effect on the podocyte, rather than on the lymphocyte, may underlie the therapeutic effect of cyclosporine in some nephropathies.

SEE P. 2492