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Next Week in the Journal

MARCH 31, 2005

Integrity of the NIH

Robert Steinbrook

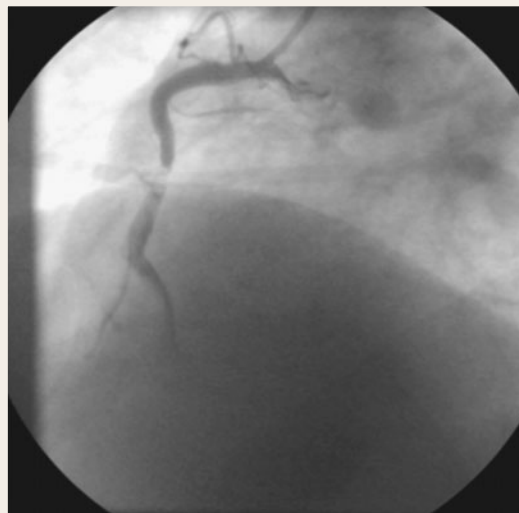


This Week in the Journal

MARCH 24, 2005

ORIGINAL ARTICLE

Clopidogrel with Fibrinolysis in Myocardial Infarction



To establish reperfusion within the infarct-related coronary artery, acute myocardial infarction is often treated with a combination of fibrinolytic agents, heparin, and aspirin. Despite this therapy, reperfusion is unsuccessful in some patients and reocclusion occurs in others. The addition of the antiplatelet agent clopidogrel to the regimen substantially improved the rate of reperfusion without a sig-

nificant increase in bleeding complications. The results of this study should prompt rethinking of the protocol for reperfusion therapy in patients with acute myocardial infarction.

SEE P. 1179; EDITORIAL, P. 1248

ORIGINAL ARTICLE

**Mental Illness
after Parental Bereavement**

In a large study that made use of national registers in Denmark, the authors show that the relative risk of a first hospitalization for psychiatric illness was significantly higher among parents who lost a child than among those who did not and was higher among bereaved mothers than among bereaved fathers.

SEE P. 1190

ORIGINAL ARTICLE

**Chemotherapy Alone
for Localized Lymphoma**

This large trial of the treatment of localized aggressive lymphoma in patients under the age of 60 years compared intensive chemotherapy with chemotherapy plus involved-field radiotherapy. Superior overall and disease-free survival rates were obtained with intensive chemotherapy alone.

Treatment of the B-cell lymphomas is in flux. Is a trial of chemotherapy of B-cell lymphomas outdated because it does not include rituximab, a monoclonal antibody against B cells? We cannot be sure. Given a five-year overall survival rate of 90 percent with intensive chemotherapy alone, there is little room for substantial improvement.

SEE P. 1197; EDITORIAL, P. 1250

ORIGINAL ARTICLE

**Sudden Death from Cardiac Causes
in Obstructive Sleep Apnea**

The risk of sudden death from cardiac causes is highest between the hours of 6 a.m. and noon and is lowest from midnight to 6 a.m. This study found that in patients with obstructive sleep apnea, this pattern is altered — the risk of sudden death from cardiac causes was much higher from midnight to 6 a.m. than during the other hours of the day. The increase in risk may be due to a higher incidence of episodes of apnea and hypopnea during these hours.

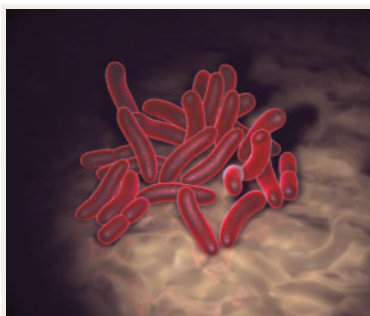
SEE P. 1206; CME, P. 1279

CLINICAL PRACTICE

Pertussis — Not Just for Kids

Six weeks ago, a 45-year-old woman noticed a scratchy feeling in her throat that has now progressed to more than 20 episodes of severe, spasmodic coughing per day. Her coughing spells are worse at night and are sometimes associated with gagging and vomiting. Her adolescent son and several of his friends had similar illnesses several weeks before the onset of her symptoms, and they continue to cough. How should the patient be assessed for possible pertussis? Should she be treated and, if so, how? Could this illness have been prevented?

SEE P. 1215; CME, P. 1278



B. pertussis

MEDICAL PROGRESS

Polycystic Ovary Syndrome

The polycystic ovary syndrome is one of the most common hormonal disorders affecting women. It has multiple components — reproductive, metabolic, and cardiovascular — with health implications for the patient's entire life span. This review addresses current concepts regarding the diagnosis, cause, and treatment of the condition.

SEE P. 1223; CME, P. 1277

CASE RECORDS OF THE
MASSACHUSETTS GENERAL HOSPITAL**A Man with Acute Respiratory Failure**

A 67-year-old man was admitted to the hospital with acute respiratory failure. He had never smoked, had not traveled, but had recently been exposed to bird droppings. Cultures and serologic test results were negative. With antibiotic therapy and respiratory support, his symptoms rapidly improved over 48 hours. Three days after discharge, his symptoms returned shortly after using his hot tub, and again abated rapidly after admission to his local hospital.

SEE P. 1238

SOUNDING BOARD

**Health Care Vouchers —
A Proposal for Universal Coverage**

Emanuel and Fuchs outline their proposal for a universal health care voucher system. Americans would receive vouchers to purchase coverage from their choice of private health plans. The system would replace Medicaid, Medicare, and employer-based insurance. The authors propose funding vouchers with a national value-added tax and argue that this would control costs, because increases in health care spending would require public approval of tax increases.

SEE P. 1255; EDITORIAL, P. 1252

**Do We Really Want Broad Access
to Health Care?**

In the United States, about 45 million people do not have health insurance. Mongan and Lee argue that even though most Americans say they believe in access to health care for all, the public is not willing to pay for it. They urge health care providers to assume a leadership role and advocate for the tax increases necessary to provide health insurance to everyone.

SEE P. 1260; EDITORIAL, P. 1252