

# THIS WEEK in the JOURNAL

## ORIGINAL ARTICLE

### Overweight, Obesity, and the Risk of Death among Persons 50 to 71 Years Old

This study prospectively examined body-mass index in relation to the risk of death from any cause in more than 500,000 members of the AARP who were 50 to 71 years of age. The risk of death was increased for the highest and lowest categories of body-mass index in both men and women and among both overweight and obese men and women who were healthy and had never smoked. Excess body weight during midlife, including overweight, is associated with an increased risk of death.

SEE P. 763; PERSPECTIVE, P. 758; CME, P. 859

## ORIGINAL ARTICLE

### Body-Mass Index and Mortality in Korean Men and Women

This 12-year prospective Korean cohort study from the National Health Insurance Corporation indicates that the relationship between the risk of death from any cause and body-mass index is J-shaped — higher in underweight, overweight, and obese men and women than in those of normal weight. The association between body-mass index and mortality varies according to the cause of death and is modified by age, sex, and smoking history.

SEE P. 779; PERSPECTIVE, P. 758

## ORIGINAL ARTICLE

### Aneurysm Syndromes Caused by Mutations in the TGF- $\beta$ Receptor

Aggressive arterial aneurysms, such as thoracic aortic aneurysms and aortic dissection, were found to be caused by mutations in the genes encoding the transforming growth factor  $\beta$  (TGF- $\beta$ ) receptor I or II, which are characteristic of the Loays–Dietz syndrome. Screening for these mutations in persons at risk may allow preventive measures to be taken.

SEE P. 788; EDITORIAL, P. 841

## ORIGINAL ARTICLE

### Predicting Death in Chagas' Heart Disease

In a cohort of patients with Chagas' heart disease, multivariate analysis was used to identify six risk factors for

death: New York Heart Association class III or IV, cardiomegaly, left ventricular systolic dysfunction, non-sustained ventricular tachycardia, low QRS voltage, and male sex. These variables were incorporated into a risk score that was validated in a second cohort of patients.

SEE P. 799; PERSPECTIVE, P. 760

## CLINICAL PRACTICE

### Heparin-Induced Thrombocytopenia

A 63-year-old man with coronary artery disease who has recently undergone bypass surgery presents with dyspnea. Laboratory testing reveals a platelet count of 86,000 per cubic millimeter, as compared with 225,000 per cubic millimeter at the time of discharge nine days earlier. Findings on chest radiography are unremarkable; spiral computed tomography of the chest shows a pulmonary embolism. Heparin-induced thrombocytopenia is suspected. What diagnostic studies are warranted, and how should this patient be treated?

SEE P. 809; CME, P. 857

## CURRENT CONCEPTS

### Dystonia

Dystonia is a movement disorder characterized by sustained muscle contractions, repetitive twisting movements, and abnormal postures of the trunk, neck, face, or arms and legs. Dystonia is often confused with spasticity or rigidity and is even mistakenly attributed to psychogenic causes. This review covers recent advances in the causes and treatment of both primary and secondary dystonias, including those that are drug-induced, related to acquired brain lesions, or part of hereditary degenerative syndromes.

SEE P. 818; CME, P. 858

## CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

### A 19-Year-Old Woman with Difficulty Walking

A 19-year-old woman had difficulty walking and painful spasms in her legs and arms, worse at night than in the morning, which had slowly worsened since the age of 8 years. Tremors occurred in her arms, and she had insomnia, anxiety, and irritability. There was no weakness or cognitive impairment. A diagnostic test was performed.

SEE P. 831