

## Gastroenteritis-Associated Hyperamylasemia

### Prevalence and Clinical Significance

To evaluate the prevalence of hyperamylasemia among patients with acute gastroenteritis and the impact of elevated serum amylase levels on disease course, Ben-Horin et al conducted a retrospective study of amylase results for 1041 patients hospitalized or discharged from the emergency department with a diagnosis of gastroenteritis from April through November 1999. Serum amylase levels were determined in 701 patients and were abnormally elevated in 66 of them (15 of whom were excluded owing to the presence of other possible causes of hyperamylasemia). The authors also compared the clinical and laboratory parameters of hyperamylasemic vs normoamylasemic hospitalized patients with gastroenteritis. Ben-Horin et al conclude that gastroenteritis is associated with a mild to moderate elevation of serum amylase levels in a significant portion of patients and should be included in the differential diagnosis of hyperamylasemia, but that such elevation does not seem to bear clinical significance in terms of the severity of disease as judged by the clinical signs and symptoms, laboratory results, length of hospital stay, and the need for antibiotics.

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## Q Fever During Pregnancy

### Diagnosis, Treatment, and Follow-up

Q fever, caused by *Coxiella burnetii*, may result in abortions, premature deliveries, and stillbirths in infected pregnant women. To evaluate the best treatment strategy for Q fever during pregnancy, Raoult et al examined the prognosis of 17 pregnant women who developed Q fever with and without co-trimoxazole (trimethoprim-sulfamethoxazole) treatment. The outcome of the pregnancy was found to depend on the trimester: abortions occurred in 7 of 7 insufficiently treated patients infected during the first trimester vs 1 of 5 patients infected later. Co-trimoxazole given until delivery protected against abortion (0/4) but not against the development of chronic infections, and it did not significantly reduce the colonization of the placenta (2/4 vs 4/4). The authors conclude that *C burnetii* infections cause abortion and that women who develop Q fever while pregnant should be treated with co-trimoxazole for the duration of pregnancy, specifically when infected during the first trimester.

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## Effect of a Standardized Nurse Case-Management Telephone Intervention on Resource Use in Patients With Chronic Heart Failure

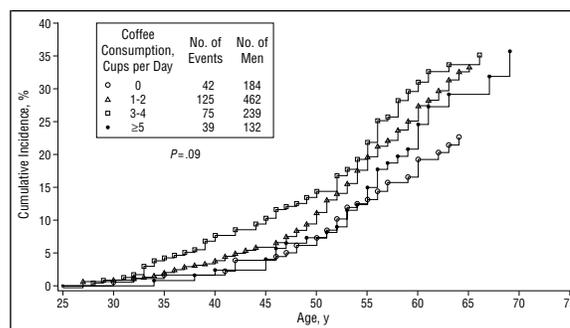
The effectiveness of a standardized telephonic case-management intervention in decreasing resource use was tested in patients with chronic heart failure in a randomized controlled clinical trial. Patients were identified at hospitalization and assigned to receive 6 months of intervention (n=130) or usual care (n=228). Hospitalization rates, readmission rates, hospital days, days to first rehospitalization, multiple readmissions, emergency department visits, inpatient costs, outpatient resource use, and patient satisfaction were measured at 3 and 6 months. The heart failure hospitalization rate was 48% lower ( $P=.005$ ) at 6 months and inpatient costs were 45.5% lower, which more than covered the costs of the intervention. Heart failure hospital days and multiple readmissions were significantly lower in the intervention group as well. The reductions in resource use achieved with this intervention were greater than those usually achieved with pharmaceutical therapy and comparable with other disease management approaches.

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## Coffee Intake and Risk of Hypertension

### The Johns Hopkins Precursors Study

Klag et al studied the change in blood pressure and risk of hypertension associated with coffee drinking in 1017 white men followed up for a median of 33 years. The authors found that coffee drinking was associated with small, statistically significant increases in blood pressure during the long period of follow-up. Coffee drinking was also associated with an increased risk of hypertension, but after taking other confounding variables into account, a dose-response relation was no longer seen. These results suggest that coffee drinking does not play an important role in the development of hypertension.



Incidence of hypertension, by level of coffee intake at baseline in 1017 white men during a median follow-up of 33 years.

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