

**Large-Scale Validation of the Centor and McIsaac Scores to Predict Group A Streptococcal Pharyngitis**

In this study, Fine et al performed national-scale validations of the Centor and McIsaac scores for predicting group A streptococcal pharyngitis. Leveraging retail health data from more than 200 000 patients with sore throat, the study provides more precise estimates of a patient’s risk of group A streptococcal infection based on a geographically diverse population, thus aiding clinical decision making.

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**Smoking and All-Cause Mortality in Older People**

This systematic review with meta-analysis by Gellert et al aimed to provide an overview on the empirical evidence of the association of smoking with all-cause mortality in people 60 years and older. Seventeen studies from 7 countries were identified after a systematic literature search. Current smoking was associated with increased all-cause mortality in all studies; relative mortality (RM) of current smokers compared with never smokers was 1.83 (95% CI, 1.65-2.03) in meta-analysis. A moderate decrease of RM with increasing age was observed, but mortality remained increased up to the highest ages. Furthermore, a dose-response relationship of the amount of smoked cigarettes and premature death was found. Former smokers also showed increased mortality (meta-analysis: RM, 1.34; 95% CI, 1.28-1.40), but excess mortality compared with never smokers clearly decreased with duration of cessation. Smoking remains a strong risk factor for premature mortality also at older age.

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**Outcomes of Patients Admitted for Observation of Chest Pain**

Low-risk chest pain is a common cause for hospital admission, but there are no guidelines regarding the appropriate use of stress testing for such patients. This study examined the rates of stress testing and 30-day outcomes in adult patients admitted to a tertiary center with low-risk chest pain over a 2-year period. Among 2107 patients admitted with low-risk chest pain, 70% underwent stress tests, but only 13% of test results were abnormal. Pre-test probability was strongly associated with an abnormal test result but played a minor role in determining who underwent a stress test. Within 30 days, only 4.7% of patients with abnormal test results underwent revascularization and only 2 (1.1%) were readmitted for myocardial infarction.

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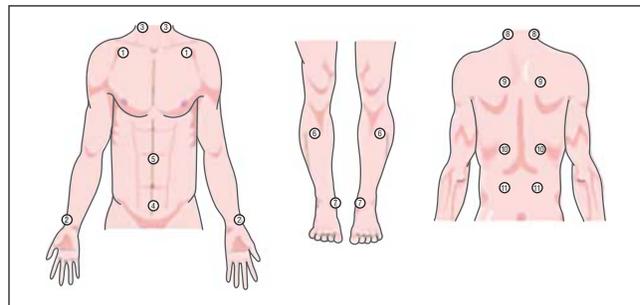
**Exercise Testing in Asymptomatic Patients After Revascularization**

Given the controversy regarding the appropriateness of stress imaging in asymptomatic patients after revascularization, Harb et al evaluated whether predictors of increased risk by exercise echocardiography could lead to interventions that change outcome. Even though mortality was associated with ischemia on exercise echocardiography (hazard ratio, 2.10; 95% CI, 1.05-4.19;  $P = .04$ ), many patients did not undergo repeated revascularization. Outcomes were similar in all groups. The main predictors of outcome were clinical and stress testing findings rather than echocardiographic features. The authors suggest that careful consideration is warranted before the screening of asymptomatic patients is considered appropriate at any stage after revascularization.

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**A Randomized, Placebo-Controlled Trial of Acupuncture in Patients With Chronic Obstructive Pulmonary Disease (COPD)**

Dyspnea on exertion is a major symptom of COPD, which is predicted to be the third leading cause of death worldwide by 2020. Suzuki et al conducted a randomized,



Acupuncture points used.

placebo-controlled trial of acupuncture on COPD. Results of the study clearly demonstrated that a 12-week intervention of acupuncture markedly reduced dyspnea during the 6-minute walking test (mean [SD] Borg scale score was reduced from 5.5 [2.8] to 1.9 [1.5]), which was accompanied by improvement in the reduction in SpO<sub>2</sub> (oxygen saturation as measured by pulse oximetry) and extended walking distance during 6 minutes, while those in the placebo-acupuncture group showed no significant improvement. Pulmonary functions and the nutritional status was also improved in the acupuncture group. These results indicate that acupuncture could be a useful adjunct to standard care for COPD.

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