Research

**Brief Intervention for Patients With Problematic Drug Use** 1736
The effective integration of substance use disorder interventions into health care settings such as emergency departments is a high priority in health care today. In this study, Bogenschutz and colleagues contrasted the effects of a brief intervention with telephone boosters with the effects of screening, assessment, and referral to treatment (SAR) and those of minimal screening only in a sample of 1285 emergency department patients with relatively high severity of drug use. Outcomes evaluated at follow-up visits included self-reported days using the patient-defined primary problem drug, days using any drug, days of heavy drinking, and drug use based on analysis of hair samples. The authors found that there were no significant differences between groups in any of the substance use outcomes, with the exception of a higher rate of hair samples positive for their primary drug of abuse in the SAR group than in either of the other 2 groups.

**Association of Arterial Catheters and Mortality** 1746
Clinical effectiveness of frequent use of expensive and potentially harmful arterial catheters in intensive care units has not been formally evaluated in clinical studies. Gershengorn and colleagues conducted a propensity-matched cohort analysis to determine whether an association exists between arterial catheter use and hospital mortality in mechanically ventilated medical intensive care unit patients. The researchers found that arterial catheters were not associated with improvements in hospital mortality and recommend that randomized clinical trials are conducted to further evaluate the utility of these frequently used devices.

**Intermittent vs Continuous Proton Pump Inhibitors** 1755
Current guidelines recommend a bolus of intravenous proton pump inhibitor (PPI) followed by continuous PPI infusion after endoscopic therapy in patients with high-risk bleeding ulcers; substitution of intermittent PPI therapy, if similarly effective, would decrease resource use. In a systematic review and meta-analysis of 13 studies and 1691 patients, Sachar and colleagues found intermittent PPI to be noninferior to continuous PPI infusion for the primary outcome of rebleeding. Results were also comparable for other predefined clinical outcomes such as red blood cell transfusion, hospital stay, need for urgent intervention, and mortality.

***LESS IS MORE***

**Medications of Questionable Benefit Used in Advanced Dementia** 1763
Little is known about the use of medications of questionable benefit among patients with advanced dementia. In this nationwide study of 5406 US nursing home residents with advanced dementia, Tjia and colleagues found that the majority (54%) were prescribed at least 1 medication of questionable benefit. Use was lower among residents with advanced dementia who had eating problems or a do-not-resuscitate order or who were enrolled in hospice; use was greater among residents of facilities with high levels of feeding tube use and in certain geographic areas of the United States including the South Central and Pacific census regions. Questionable medication use accounted for 35% of these residents’ total average 90-day medication expenditures. Sachs provides an Invited Commentary on improving prescribing practices late in life.

Invited Commentary 1771
Continuing Medical Education jamanetworkcme.com

Opinion

**Perspective**

1723 Balanced Coagulopathy in Cirrhosis—Clinical Implications
JR Roberts and K Bambha

1724 More Than Skin Deep—The Costs of Antibiotic Overuse
VE Nambudiri

1725 Does My Patient Still Need This Central Venous Catheter?
P Patel and Coauthors

**LETTERS**

**Research Letter**

1837 Trends in Pathogens Among Patients Hospitalized for Pneumonia From 1993 to 2011
SB Smith and Coauthors

1839 Contemporary Nationwide Patterns of Self-reported Prostate-Specific Antigen Screening
JD Sammon and Coauthors

1842 Watch What You Eat: Action-Related Television Content Increases Food Intake
A Tal and Coauthors

1843 Association Between Emergency Department Length of Stay and Rates of Admission to Inpatient and Observation Services
E Carrier and Coauthors

1847 Timeliness of Care in US Emergency Departments: An Analysis of Newly Released Metrics From the Centers for Medicare & Medicaid Services
ST Le and RV Hsia

1849 Renal Artery Revascularization: Updated Meta-analysis With the CORAL Trial
AA Bavry and Coauthors

1852 Altering Overture of Cardiac Telemetry in Non-Intensive Care Unit Settings by Hardwiring the Use of American Heart Association Guidelines
R Dressler and Coauthors

1856 National Use of Proton Pump Inhibitors From 2007 to 2011
ME Johansen and Coauthors

1858 Uptake of Generic Drug Discount Program Among Vulnerable Populations
SH Hong and SH Tak

1860 Use of Internist’s Free Time by Ambulatory Care Electronic Medical Record Systems
CJ McDonald and Coauthors
Lack of Public Evidence About Implantable Devices

Implanted medical devices do not require clinical trials to be cleared for market by the US Food and Drug Administration (FDA); instead, the applicant must provide the FDA and the public with scientific evidence that the new device is “substantially equivalent” to a device already on the market, called “predicate” devices. Zuckerman and colleagues found that scientific evidence of substantial equivalence was publicly available for only 8 of a sample of 50 newly cleared implants (16%) that went on the market from 2008 through 2012 and for 31 of their 1105 predicates (3%). Dietrich and Sharfstein provide an Invited Commentary on improving medical device regulation.

Invited Commentary: Lack of Public Evidence About Implantable Devices

Quality of Care for Elderly Patients With Pneumonia

The efficacy and adherence of US acute care hospitals to publicly report pneumonia care procedures is uncertain. Lee and coauthors examined annual performance rates for 7 procedures reported by Medicare in 1 818 979 cases of pneumonia in elderly, fee-for-service Medicare recipients hospitalized across the United States. All 7 processes of care were independently associated with reduced odds of 30-day mortality, and many were associated with reduced odds of readmission.

Efficacy of Device-Guided Breathing for Hypertension

Device-guided breathing is a form of biofeedback and is recommended (level B) by the American Heart Association as a nonpharmacological option for hypertension treatment. In this meta-analysis of individual patient data from blinded, randomized trials with active control groups, Landman and colleagues show that device-guided breathing has no relevant effects on office blood pressure in patients with hypertension.

Sex Differences in Mortality Among Patients With STEMI

Although outcomes in patients with ST-segment elevation myocardial infarction (STEMI) have improved in the past 2 decades, a sex disparity exists in survival, with women having higher mortality than men. Pancholy and coauthors conducted a systematic review and meta-analysis to explore the gender gap in survival for patients with STEMI, including 35 observational studies representing 18 555 women and 49 981 men with STEMI treated using primary percutaneous coronary intervention. Findings from unadjusted analyses showed a 2-times higher risk for in-hospital all-cause mortality and a 1.5-times higher risk for 1-year all-cause mortality in women compared with men, but this association significantly attenuated when adjusted for differences between sexes in baseline cardiovascular risk profile and clinical presentation with STEMI.

Invited Commentary: Sex Differences in Mortality Among Patients With STEMI

LETTERS (continued)

1863 Antidepressant Dosage and Suicidal Ideation
P Courtet and Coauthors

1865 Inpatient Attire: An Opportunity to Improve the Patient Experience
EG McDonald and Coauthors

1867 The Cost of Defensive Medicine on 3 Hospital Medicine Services
MB Rothberg and Coauthors

1868 Underrepresentation of Women, Elderly Patients, and Racial Minorities in the Randomized Trials Used for Cardiovascular Guidelines
MR Sardan and Coauthors

1870 Readmissions in the Era of Patient Engagement
J Howard-Anderson and Coauthors

Comment & Response

1873 Risks and Benefits of Antihypertensive Medications in Older Adults

1874 New EMA Policy—Further Measures Needed to Support Comparison Effectiveness Assessments

Invited Commentary

1841 It Is Time to Stop Screening for Prostate Cancer
V Prasad

1846 Overcrowded Emergency Departments: Is Sunlight Enough of a Disinfectant?
JD Schuur

1851 The Kidney Connection: Holy Grail or Wild Goose Chase?
DM Safley and AK Chhatriwalla

1855 A Call for Evidence-Based Telemetry Monitoring: The Beep Goes On
N Najafi

Editor’s Note

1872 Preventable Readmission—Is It in the Eye of the Beholder?
MH Katz

1875 Correction

Departments

1716 Staff Listing
1717, 1763 CME Articles
1877 Classified Advertising
1877 Journal Advertiser Index
1879 Contact Information
1880 CME Questions

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