Sustaining Tobacco Abstinence Postpartum

Levine and colleagues evaluated the relative effectiveness of 2 different approaches to preventing postpartum smoking relapse. Women received postpartum-adapted smoking relapse prevention intervention and were randomly assigned to cognitive behavioral intervention with content and strategies to address concerns about mood, stress, and weight or a time- and attention-controlled comparison. Overall, 38%, 34%, and 24% of the sample maintained biochemically confirmed sustained tobacco abstinence at 12, 24, and 52 weeks’ postpartum, respectively, with no differences between interventions. Depressive symptoms and perceived stress significantly improved, and women with fewer depressive symptoms and less perceived stress were more likely to achieve abstinence. Cognitive behavioral intervention designed to address postpartum concerns about mood, stress, and weight did not differentially improve rates of sustained tobacco abstinence postpartum relative to a time- and attention-controlled comparison. All women reported improvements in mood and stress, and the experience of fewer depressive symptoms, as well as less stress related to sustained abstinence.

Flibanserin and Hypoactive Sexual Desire Disorder in Women

In a systematic review and meta-analysis of 5 published studies and 3 unpublished studies including nearly 6000 women, Jaspers and colleagues found that treatment with flibanserin, on average, resulted in half of 1 additional satisfying sexual event per month while substantially increasing the risk of dizziness, somnolence, nausea, and fatigue. Overall, the quality of the evidence was very low. Before flibanserin can be recommended in guidelines and clinical practice, future studies should include women from diverse populations, particularly women with comorbidities, medication use, and surgical menopause.

Free-Text Prescriber Notes in E-prescribing

Dhavle and colleagues analyzed the optional free-text Notes field in a sample of ambulatory new e-prescriptions and found that nearly 15% included prescriber notes. Of these, approximately two-thirds contained inappropriate content or content more appropriate for an existing designated data field available in the widely implemented National Council for Prescription Program’s SCRIPT standard 10.6 version. Dhavle and colleagues also found that a significant proportion of prescriber notes included directions for patients that conflict with information in the standard patient instructions field of the e-prescription message, therefore introducing potential patient safety risks.

Older Americans and Interacting Drug Combinations

Qato and colleagues used a population-based study of 2351 nationally representative participants to evaluate how the use of prescription and over-the-counter medications and dietary supplements among older US adults has changed between 2005 and 2011 and found that older adults are increasingly using multiple medications and supplements with more than two-thirds regularly using 5 or more and 1 in 6 potentially at risk for a major drug-drug interaction. The majority of these interacting regimens involved cardiovascular medications and dietary supplements such as statins, antiplatelets, and omega-3 fish oil increasingly used between 2010 and 2011.

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Preventability and Causes of Readmission

In an observational study of 1000 general medicine patients readmitted within 30 days of discharge, Auerbach and colleagues sought to determine readmission preventability and opportunities for care improvement by using data from multiple viewpoints and a structured dual physician review process to better understand the issues involved with readmitted patients. Of the patients studied, more than one-fourth had readmissions that were potentially preventable. In these patients, problems with the initial decision to admit the patient in the emergency department, discharging a patient prematurely, difficulty keeping postdischarge appointments, and not knowing who to contact after discharge were the most common factors associated with potentially preventable readmissions. These results suggest that while risks for preventable readmissions span multiple phases of care, targets for focused improvements can be identified.

Invited Commentary 493 Related Article 496

The HOSPITAL Score and Avoidable Hospital Readmissions

Identifying which patients are at high risk for 30-day hospital readmission is challenging. The simple, previously developed HOSPITAL prediction model showed promising accuracy but needed to be validated in other populations. In a retrospective study, Donzé and coauthors use a large multinational multicenter retrospective cohort study including 117 065 adults to externally validate the HOSPITAL score and found that the HOSPITAL score identified patients at high risk of 30-day potentially avoidable readmission with high accuracy, moderately high discrimination, and excellent calibration. This score has the potential to identify patients in need of more intensive transitional care interventions to prevent avoidable hospital readmissions.

Invited Commentary 493 Related Article 496

Syncope and Motor Vehicle Crash Risk

In a Danish nationwide cohort study, NUMÉ and colleagues found that syncope was associated with a 2-fold risk of motor vehicle collisions compared with the general population, a risk that remained elevated throughout a follow-up of 5 years. The study suggests that patients with syncope are at increased risk of motor vehicle crashes, but as the absolute risk was relatively small, syncope should be considered as one of several factors in a broad assessment of fitness to drive rather than an absolute criterion.

Invited Commentary 510 Continuing Medical Education jamanetworkcme.com

Interventional Cardiology in China From 2001 to 2011

In the China PEACE-Retrospective CathPCI Study, Zheng and colleagues used a nationally representative sample of 11 241 patients undergoing coronary catheterization and percutaneous coronary intervention (PCI) at 55 urban Chinese hospitals in 2001, 2006, and 2011 to provide a detailed overview of the trends in the practice of interventional cardiology and found that the practice of interventional cardiology evolved over time, with a 21-fold increase in PCI volume, broad adoption of domestically procedure drug-eluting stents and radial access, and reduced risk of bleeding complications. However, there were substantial gaps in assessing the quality of care that could serve as targets of future quality improvement efforts.

Invited Commentary 521 Related Article 524