Cost Effectiveness. Despite this, patients reported greater satisfaction with their care. Cox were not different during follow-up and the intervention demonstrated no incremental physical function, quality of life, psychological morbidity, and self-reported symptoms was 2 to 3 times greater during post-ICU hospital stay, but a wide range of measures of next 12 months. Compared with existing care, the frequency and intensity of therapies providing greater illness-specific information. The intervention was delivered from intensive care unit (ICU) discharge until hospital discharge, and patients were followed for the next 12 months. Compared with existing care, the frequency and intensity of therapies was 2 to 3 times greater during post-ICU hospital stay, but a wide range of measures of physical function, quality of life, psychological morbidity, and self-reported symptoms were not different during follow-up and the intervention demonstrated no incremental cost effectiveness. Despite this, patients reported greater satisfaction with their care. Cox and Hough provide an Invited Commentary.

Invited Commentary 911

Zoledronic Acid for Osteoporosis in Frail Elderly Women 913
More than 85% of institutionalized elderly persons have osteoporosis, yet most are untreated and have been excluded from the pivotal osteoporosis trials. Greenspan and colleagues conducted a 2-year randomized, double-blind, placebo-controlled clinical trial to determine the safety and impact on bone density of a single dose of zoledronic acid in this population. They randomized 181 frail women, including those with cognitive impairment, immobility, and multimorbidity. Treatment improved hip and spine bone density, but it was associated with a nonsignificant increase in fractures and mortality. These results emphasize the need for a fracture reduction study in this frail cohort. Lindsay provides an Invited Commentary.

Invited Commentary 921

Corticosteroid Injection Before Exercise Therapy for Knee OA 923
Osteoarthritis (OA) of the knee is the most frequent form of arthritis causing pain and disability. Combined nonpharmacological and pharmacological treatments are recommended as the optimal treatment approach. In this randomized clinical trial, Henriksen and colleagues compared intra-articular injections of corticosteroids with placebo injections given 2 weeks prior to a 12-week exercise therapy program in a sample of 100 patients with knee OA. Outcomes evaluated at both short-term and long-term follow-up visits included self-reported pain and other knee OA-related symptoms, physical function, and imaging and laboratory markers of inflammation. The researchers conclude that there were no significant differences between the groups in any of these outcomes at any follow-up visit.

Intra-aortic Balloon Pump Therapy for Acute MI 931
Intra-aortic balloon pump (IABP) therapy is a widely used intervention for acute myocardial infarction (MI) with shock. Guidelines, which previously strongly recommended it, have recently undergone substantial change. Ahmad and colleagues conducted separate random-effects meta-analyses of the randomized clinical trials (RCTs) and observational studies, covering over 17 000 patients. In the population studied by RCTs, IABP therapy did not improve mortality in acute MI. The observational studies, which studied 7-fold more patients, showed conflicting associations between IABP and outcome. Importantly, however, they also report details of baseline imbalance that when accounted for allow their findings to be reconciled with those of RCTs. Ross provides an Editor’s Note.

Editor’s Note 939 Related Article 941
In-Hospital CPR and Survival in Adults Receiving Dialysis

Understanding cardiopulmonary resuscitation (CPR) practices and outcomes can help to support advance care planning in patients receiving maintenance dialysis. Using registry data and linked Medicare claims, Wong and colleagues conducted a retrospective cohort study to characterize patterns and outcomes of in-hospital CPR among a nationally representative cohort of Medicare beneficiaries receiving maintenance dialysis. They found that in this population, compared with other nondialysis populations, in-hospital CPR use was nearly 20 times greater and long-term survival after an episode of CPR was more limited. These findings highlight the importance of advance care planning in patients receiving maintenance dialysis. Wilhelm-Leen and Chertow provide an Invited Commentary.