Cognitive Behavioral Therapy for Comorbid Insomnia

Cognitive behavioral therapy for insomnia (CBT-I) is the current gold standard nonpharmacological treatment for insomnia disorders. To examine the efficacy of CBT-I for insomnia comorbid with psychiatric and/or medical conditions, Wu and colleagues conducted a meta-analysis of 37 randomized clinical trials with an adult patient population meeting criteria for insomnia and a co-occurring condition and found medium to large improvements in sleep efficiency, sleep onset latency, wake after sleep onset, and sleep quality. There were also overall small improvements in comorbid outcomes, which were greater in psychiatric populations than in medical populations. Wu and colleagues concluded that CBT-I is effective for improving insomnia symptoms and sleep parameters for patients with comorbid insomnia.

Invited Commentary 1492
Older Patients and Information Sharing

Elderly patients share control-of-health information with family members or other informal caregivers to help meet changing needs. Patient portals can be helpful for viewing health information and communicating with clinicians, but few explicitly support caregiver roles. Crotty and colleagues conducted a study with older patients and family caregivers to best balance the needs of patients and their caregivers to better design portal access for proxies. Crotty and colleagues found that information sharing may lead to unintended consequences and that control over information is a dynamic process.

Physician-Delivered 5As and Smoking Cessation

The National Lung Screening Trial demonstrated a reduction in lung cancer mortality among participants screened with low-dose computed tomography vs chest radiography. In February 2015, Medicare announced its decision to cover annual lung screening for patients with a significant smoking history. These guidelines promote smoking cessation treatment as an adjunct to screening, but the frequency and effectiveness of physician-delivered smoking cessation interventions following lung screening are unknown. Park and colleagues performed a matched case-control study of 3336 National Lung Screening Trial participants who were smokers at enrollment and prevalence of physician-delivered 5As (Ask, Advise, Assess, Assist, and Arrange follow-up) following lung screening. Associated smoking behavior changes were then examined.

Lung Cancer Screening and Motivation to Quit Smoking

A concern about offering current smokers lung cancer screening is that it may be perceived as an alternative to quitting. Zeliadt and colleagues interviewed veterans who were offered screening during routine primary care visits as part of a rollout of a lung cancer screening program and found that nearly all patients offered screening believed they would benefit. Patients with no suspicious findings were eager to interpret the results as evidence that smoking was not causing them harm. When small nodules were identified that did not require immediate action, many patients described feeling that screening had caught their disease early and repeated imaging would continue to provide protection. These findings suggest that there are many ways screening can exacerbate cognitive bias and potentially lower motivation to quit smoking among long-term smokers.

HEALTH CARE REFORM

Allopurinol Use and Risks of Fatal Hypersensitivity Reactions

Allopurinol is a conventional first-line drug used for treating hyperuricemia and gout. However, it has been associated with fatal hypersensitivity reactions in rare cases. In this nationwide population-based study of Taiwanese adults, Yang and colleagues found that the annual incidence of allopurinol hypersensitivity was 4.68 per 1000 new users and related death was 0.39 per 1000 new users. Female sex, high initial dose, age older than 60 years, and comorbid renal or cardiovascular disorders were all associated with increased risk, particularly among patients with asymptomatic hyperuricemia and either chronic kidney diseases or cardiovascular disorders.

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