Research

**LESS IS MORE**

**Monthly Vitamin D Treatment for Decline Prevention**

Bischoff-Ferrari and colleagues compared monthly higher doses of vitamin D (60 000 IU of vitamin D₃ or 24 000 IU of vitamin D₃ plus calcifediol) with monthly 24 000 IU vitamin D₃ and found that the higher doses were effective in achieving a threshold of at least 30 ng/mL 25-hydroxyvitamin D at 6 and 12 months. However, both higher doses conferred no benefit on the prevention of functional decline and increased falls in patients 70 years and older with a prior fall event.

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**Mailed Nicotine Patches and Tobacco Cessation**

Cunningham and colleagues mailed nicotine patches to a cohort of adult smokers recruited across Canada. The study participants did not receive behavioral support on tobacco cessation. Cunningham and colleagues found that providing a 5-week supply of nicotine patches via mail resulted in more than a doubling of 30-day abstinence quit rates at a 6-month follow-up compared with a no intervention control group that did not receive nicotine patches. Importantly, those who did not receive nicotine patches were unaware that the nicotine patches were being offered to others. Because this instance of nicotine replacement therapy was performed without behavioral assistance, the results of this trial provide evidence for the effectiveness of nicotine patches as a tobacco cessation aid in real-world settings.

**LESS IS MORE**

**Reducing Low-Value Diagnostic Testing**

Fenton and colleagues tested the effectiveness of a standardized patient-based intervention designed to boost resident physician skill and patient-centeredness during encounters with patients who request low-value diagnostic tests. Within 2 academic primary care clinics, the intervention had no detectable effect on patient-centeredness, use of targeted counseling techniques, or ordering of requested low-value tests during postintervention visits with unannounced standardized patients, but standardized patients were significantly more satisfied with intervention physicians.

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**Low Back Pain Prevention**

Steffens and colleagues found that exercise—alone or in combination with education—probably prevents back pain. In contrast, education alone, back belts, shoe insoles, and ergonomic interventions may not prevent back pain or sick leave due to back pain. Because back pain is a major worldwide disease, these findings have potential significant implications on both the clinical level and policy level.

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