The Physician-Surrogate Relationship

When a patient’s cognitive abilities are impaired, physicians must work together with surrogates to make medical decisions for the patient. Surrogates are usually close family members who are making decisions in the midst of strong emotions such as grief and loss. Torke et al outline unique features of the physician-surrogate relationship and provide guidelines for clinicians who are making decisions together with surrogates. The authors recommend establishing a relationship early in the patient’s care, actively acknowledging the surrogate’s emotions, and focusing on consensus building.

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Cardiovascular Disease and Subsequent Kidney Disease

It has been established that chronic kidney disease is a risk factor for cardiovascular disease; however, it is uncertain if cardiovascular disease is an independent risk factor for kidney disease. Using community-based studies, Elsayed et al demonstrated that the presence of cardiovascular disease is independently associated with subsequent decline in kidney function and development of kidney disease. These results should increase awareness of the risk factors associated with the development and progression of kidney disease and could stimulate further investigations regarding the complicated interrelationship between cardiovascular disease and chronic kidney disease.

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Diabetes Mellitus, Glycemic Control, and Incident Depressive Symptoms Among 70- to 79-Year-Old Persons

Using data from the Health Aging and Body Composition (Health ABC) study, Maraldi et al investigated the prospective relationship between diabetes and the risk of depressive symptoms in a sample of well-functioning older persons and evaluated the extent to which diabetes-related diseases and impairments may mediate this relationship. Results from this study demonstrate that among this cohort, diabetes is associated with increased risk of depressed mood over a mean follow-up of about 6 years. In particular, older adults with diabetes had an almost 2-fold increased risk of developing recurrent depressed mood. The increased risk of depressed mood was mainly observed among diabetic participants with poor glycemic control, and glycosylated hemoglobin level was an independent predictor of recurrent depressed mood among subjects with diabetes. Increasing evidence underlines the importance of key geriatric outcomes, such as depression, as diabetes complications.

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Effect of a Traditional Mediterranean Diet on Lipoprotein Oxidation

This multicenter, randomized, controlled, parallel trial compared the effect of 2 types of traditional Mediterranean diets (TMDs), one supplemented with virgin olive oil (VOO) and the other with mixed nuts, with that of a low-fat diet on markers of lipid oxidative damage and endogenous antioxidant status. Participants included 372 subjects at high cardiovascular risk (210 women and 162 men) aged 55 to 80 years. The TMD participants received nutritional education and either free VOO for all the family (1 L/wk) or free nuts (30 g/d). After the 3-month interventions, mean (95% confidence interval [CI]) oxidized low-density lipoprotein (LDL) levels decreased in the TMD + VOO (−10.6 U/L [−14.2 to −6.1 U/L]) and in the TMD + nuts (−7.3 U/L [−11.2 to −3.3 U/L]) groups, without changes in the low-fat group (−2.9 U/L [−7.3 to 1.5 U/L]). Change in oxidized LDL level in the TMD + VOO group reached significance vs that of the low-fat group (P ≤ .02). Malondialdehyde changes in mononuclear cells paralleled those of oxidized LDL. No changes in serum glutathione peroxidase activity were observed. Thus, individuals at high cardiovascular risk who improved their diet toward a TMD pattern showed significant reductions in their cellular lipid level and LDL oxidation.

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Prevalence of Cardiovascular Risk Factors and the Serum Levels of 25-Hydroxyvitamin D in the United States

Several epidemiological and clinical studies have suggested that there is an excess risk of hypertension and diabetes among persons with suboptimal intake of vitamin D. This secondary analysis of data from the third National Health and Nutrition Examination Survey examined the association between serum levels of 25-hydroxyvitamin D (25(OH)D) and select cardiovascular disease risk factors including hypertension and diabetes among US adults. The levels of 25(OH)D were lower in women and elderly and racial/ethnic minorities, and lower levels of 25(OH)D were associated with higher rates of obesity, hypertension, and diabetes.

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