

Medical News & Perspectives

Recent glitches in the electronic medical records system at Veterans Affairs medical centers, including some problems that contributed to medical errors, highlight potential risks associated with wider adoption of such systems.

[SEE PAGE 919](#)

Commentaries

Reforming health care

[SEE PAGES 963 AND 965](#)

Status of xenotransplantation

[SEE PAGE 967](#)

JAMA Classics

Coronary artery bypass surgery

[SEE PAGE 970](#)

Medical Education

Call for Papers

Authors are encouraged to submit manuscripts for an upcoming *JAMA* theme issue.

[SEE PAGE 972](#)

Author in the Room Teleconference

Join Steven A. Schroeder, MD, March 18, from 2 to 3 PM eastern time to discuss smoking cessation in patients with psychiatric illness. To register, go to <http://www.ihf.org/AuthorintheRoom>.

Audio Commentary

Dr DeAngelis summarizes and comments on this week's issue.

www.jama.com

JAMA Patient Page

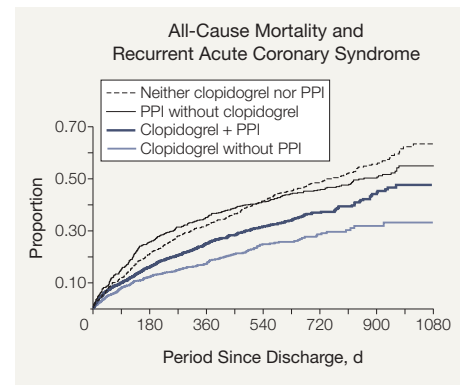
For your patients: Information about *Clostridium difficile* colitis.

[SEE PAGE 988](#)

Proton Pump Inhibitors and Clopidogrel Efficacy

Clopidogrel and aspirin are often prescribed to patients following acute coronary syndrome to reduce the risk of recurrent cardiovascular events. To reduce the risk of gastrointestinal bleeding associated with the antiplatelet effects of clopidogrel and aspirin therapy, patients may be prescribed proton pump inhibitor (PPI) medications. However, some mechanistic evidence suggests that PPI medications may decrease the platelet inhibitory effects of clopidogrel. To investigate the clinical significance of this potential interaction, Ho and colleagues assessed outcomes in a cohort of 8205 patients who had been hospitalized for acute coronary syndrome and were prescribed clopidogrel with or without a PPI. The authors found that concomitant use of clopidogrel and PPI after acute coronary syndrome was associated with a higher risk of all-cause mortality or rehospitalization for acute coronary syndrome compared with clopidogrel therapy without PPI.

[SEE PAGE 937](#)



Efficacy of Live Attenuated Influenza Vaccine

A trivalent inactivated influenza vaccine for intramuscular administration was first developed and tested in US military personnel in the 1940s and since the 1950s has been used annually to prevent influenza. In 2003, a live attenuated influenza vaccine was developed for intranasal application and has been used increasingly for immunization of military personnel. Although some data suggest that the live virus vaccine has superior efficacy compared with the inactivated virus vaccine among young children, efficacy data from adult populations are limited. To inform military vaccination policy and to assess the effectiveness of the live virus vaccine in a healthy young adult population, Wang and colleagues investigated the incidence of health care encounters related to pneumonia and influenzalike illness among active-duty service members eligible for influenza vaccination and stationed in the United States during the 2004-2005, 2005-2006, and 2006-2007 influenza seasons. The authors found that immunization with the trivalent inactivated influenza vaccine was associated with lower rates of health care encounters for pneumonia and influenza compared with the live virus vaccine or no immunization, particularly among military personnel with a history of influenza vaccination.

[SEE PAGE 945](#)

CLINICIAN'S CORNER

Patient With Recurrent *C difficile*-Associated Diarrhea

Clinical Crossroads

Mr S is a 76-year-old man with a history of cadaveric renal transplantation in 1988 and 1998 and urinary retention due to spinal stenosis and benign prostatic hypertrophy, which is managed with an indwelling Foley catheter. Following antibiotic treatment for a urinary tract infection, he has had recurrent episodes of *Clostridium difficile*-associated diarrhea, for which he has received metronidazole, oral vancomycin, cefpodoxime, and ciprofloxacin. He is currently taking oral vancomycin and rifaximin, which has resulted in a reduction in stool frequency and improved stool consistency. Kelly discusses the pathogenesis, epidemiology, risk factors, prevention, and treatment of *C difficile*-associated diarrhea.

[SEE PAGE 954](#) [CME](#)