

Medical News & Perspectives

New findings reveal a potential new source of whooping cough symptoms and an underrecognized cause of a serious tickborne illness.

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Viewpoints

Choosing wisely; making smart care decisions

[SEE PAGE 1801](#)

Studying alternative medicines

[SEE PAGE 1803 AND AUDIO AUTHOR INTERVIEW AT \[www.jama.com\]\(http://www.jama.com\)](#)

Survey nonresponse bias

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A Piece of My Mind

"I encourage my patients to call me or e-mail me, so why not use cell phones and texting to communicate?" From "Next: Text."

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Editor's Audio Summary

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

www.jama.com

Authors in the Room Teleconference

Join Michael J. Blaha, MD, MPH, and Rita F. Redberg, MD, MSc, Wednesday May 16, from 2 to 3 PM eastern time to debate whether a healthy 55-year-old man should receive statin therapy. To register, go to <http://www.ihf.org/AuthorintheRoom>.

JAMA Patient Page

For your patients: Information about urinary tract infection.

[SEE PAGE 1877](#)

Fish Oil Supplements and Hemodialysis Graft Patency

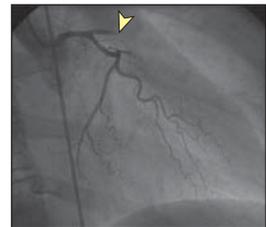
Arteriovenous grafts—once the predominant vascular access for hemodialysis—are associated with a high rate of thrombosis. In a randomized, placebo-controlled trial involving 201 patients with new arteriovenous grafts, Lok and colleagues examined the effect of fish oil—known to have antiproliferative, antioxidant, and vasodilatory effects—on hemodialysis graft patency. The authors found that compared with placebo, fish oil supplements initiated 7 days after graft surgery did not significantly decrease the proportion of grafts that thrombosed or required radiological or surgical intervention. In an editorial, Dixon discusses the use of fish oil and antiplatelet agents to improve hemodialysis graft patency.

[SEE PAGE 1809 AND EDITORIAL ON PAGE 1859](#)

Abciximab or Aspiration Thrombectomy

Intracoronary abciximab delivered to the infarct lesion site and manual aspiration thrombectomy are proposed strategies to reduce distal thrombus embolization and to improve outcomes after primary percutaneous coronary intervention (PCI). Stone and colleagues assessed the efficacy of these 2 interventions in a randomized trial that involved 452 patients with early anterior ST-segment elevation myocardial infarction who were undergoing primary PCI. The authors report that infarct size at 30 days was significantly reduced among patients randomly assigned to receive intracoronary abciximab (vs no abciximab) but not among patients randomly assigned to undergo aspiration thrombectomy (vs no thrombectomy).

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Brachytherapy vs Whole-Breast Irradiation

Brachytherapy is an alternative to whole-breast irradiation after lumpectomy for breast cancer; however, the effectiveness of this approach is not established. In a retrospective population-based cohort study of 92 735 Medicare beneficiaries with breast cancer, Smith and colleagues compared rates of subsequent mastectomy, complications, and survival among women treated with brachytherapy vs whole-breast irradiation. They found that patients treated with brachytherapy had higher rates of subsequent mastectomy and complications but similar survival as patients receiving whole-breast radiation.

[SEE PAGE 1827 AND AUTHOR VIDEO INTERVIEW AT \[www.jama.com\]\(http://www.jama.com\)](#)

Characteristics of Registered Clinical Trials

In an examination of characteristics of 40 970 interventional clinical trials in cardiology, mental health, and oncology registered in ClinicalTrials.gov between October 2007 and October 2010, Califf and colleagues found that most trials were small (≤ 100 participants) and demonstrated significant heterogeneity in methodological factors important for generating reliable evidence, including randomization, blinding, and oversight by data monitoring committees. In an editorial, Dickersin and Rennie discuss the evolution of clinical trial registries and further improvements needed in the information included in trial registries.

[SEE PAGE 1838 AND EDITORIAL ON PAGE 1861](#)

CLINICIAN'S CORNER

Depression in Adults With Comorbid Conditions

Mr J is a 52-year-old man with a long history of disabling depression. He has been treated intermittently with counseling and psychotropic medications without complete symptom resolution. In addition to depression, he has hypertension, hyperlipidemia, and chronic low back pain. Whooley discusses the diagnosis and treatment of depression in primary care settings; the importance of collaborative, team-based care; patient self-management, structured psychotherapy, and pharmacotherapy; and indications for referral.

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