

A Piece of My Mind

"Mulago Hospital is always contrasted with a US hospital that seems increasingly utopian with each missing blood test, unavailable antibiotic, and dying patient." From "Collaterals."

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Medical News & Perspectives

Clinicians are attempting to redefine the diagnosis of "eating disorders not otherwise specified," with the goal of improving treatment of patients with a range of severe disturbances in eating behavior.

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PTSD and Risk of Dementia

From the Archives Journals

An article in the June *Archives of General Psychiatry* reports that military veterans with a history of posttraumatic stress disorder (PTSD) have an increased risk of developing dementia. Pitman discusses the association between PTSD and later-life dementia and the possibility that soldiers' precombat intelligence is a mediating factor.

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Commentaries

Rights and responsibilities in health care

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Beyond hemoglobin A_{1c}

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Author in the Room Teleconference

Join David B. Carr, MD, Wednesday, June 16, from 2 to 3 PM eastern time to discuss dealing with older adult drivers with cognitive impairment. To register, go to <http://www.ihl.org/AuthorintheRoom>.

JAMA Patient Page

For your patients: Information about hemorrhagic stroke.

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Long-term Acute Care After Critical Illness

In a retrospective cohort study, Kahn and colleagues examined temporal trends in long-term acute care hospital utilization and patient survival after an episode of critical illness among Medicare beneficiaries hospitalized from 1997 to 2006. Among the authors' findings was that the number of acute care hospitals doubled and the number of long-term acute care admissions tripled in the 10-year study period and that 1-year mortality after long-term acute care hospital admission was 52.2% in the years 2004-2006.

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Outbreak of Linezolid-Resistant *S aureus*

Sánchez García and colleagues report characteristics of an outbreak of linezolid-resistant *Staphylococcus aureus* (LRSA) in an intensive care department in Madrid, Spain. Twelve patients with LRSA were identified; 6 patients died, and 1 death was attributed to LRSA infection. Genotyping identified the same LRSA clone in 11 of the patients, and linezolid resistance was determined to be *cfz* gene mediated. Reduced linezolid use and infection control strategies facilitated rapid control of the outbreak. In an editorial, Gaynes discusses the necessity of appropriate antibiotic use to preserve antibiotic effectiveness.

[SEE PAGE 2260 AND EDITORIAL ON PAGE 2293](#)

Body Checking and Injury Risk in Youth Ice Hockey

Youth ice hockey has one of the highest injury rates among participants in Canada. In a prospective cohort study involving 11- and 12-year-old ice hockey players, Emery and colleagues assessed the risks of injury and concussion when league rules allow or do not allow body checking. The authors found a 3-fold increased risk of all game-related injuries and of injury categories—concussion, severe injury, and severe concussion—among youth ice hockey players in a league that allowed body checking compared with players in a league in which body checking was not allowed.

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Infection Control in Ambulatory Surgical Centers

Ambulatory surgery has been an area of recent growth, but little is known about infection control practices in ambulatory surgery centers. In an analysis of data from an infection control audit, piloted by Centers for Medicare & Medicaid Services, that involved 68 ambulatory surgery centers, Schaefer and colleagues found that lapses in infection control were common in the 5 categories assessed—hand hygiene, injection and medication safety, equipment reprocessing, environmental cleaning, and handling of blood glucose monitoring equipment. In an editorial, Barie discusses the need to address infection risks in ambulatory surgery centers.

[SEE PAGE 2273 AND EDITORIAL ON PAGE 2295](#)

CLINICIAN'S CORNER

Distinguishing Hemorrhagic and Ischemic Strokes

The Rational Clinical Examination

In a systematic review of the literature, Runchey and McGee assessed the diagnostic accuracy of clinical examination in distinguishing hemorrhagic stroke from ischemic stroke. The authors found that certain findings increase the probability of hemorrhagic stroke (eg, coma, neck stiffness, seizures) and other findings decrease the probability (eg, cervical bruit, prior ischemic stroke). However, no finding or combination of findings was definitively diagnostic and diagnostic certainty requires neuroimaging.

[SEE PAGE 2280](#) [CME](#)

