

## Medical News & Perspectives

Nora Volkow, MD, a groundbreaking scientist in the field of drug addiction who recently became the director of the National Institute on Drug Abuse, brings a passion for research and a reputation as a straight shooter to the job.

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## *E coli* Outbreak in a Contaminated Building

An investigation of an outbreak of *Escherichia coli* O157 infection among attendees at a county fair suggests that a contaminated building on the fairgrounds was the source of infection.

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### CLINICIAN'S CORNER

## A 62-Year-Old Woman With COPD

### Clinical Crossroads

Mrs D, a 62-year-old woman with severe chronic obstructive pulmonary disease (COPD) and frequent acute exacerbations, is receiving maximal medical therapy, including inhaled bronchodilators and corticosteroids, supplemental oxygen, and intermittent noninvasive mechanical ventilation at home. Celli discusses the natural history and management of COPD.

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## New Strategies for HIV Prevention, Treatment

### Call for Papers

Papers on HIV clinical research and related basic medical science and their application to medical practice are invited for a *JAMA* theme issue on HIV/AIDS scheduled to be published in July 2004.

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## JAMA Patient Page

For your patients: Information about cerebral palsy.

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## Prevention of Cerebral Palsy in Preterm and Term Infants

Maternal administration of magnesium sulfate may reduce the risk of cerebral palsy or death in very preterm infants, but evidence has been inconsistent. In this randomized trial of magnesium sulfate given for neuroprotection to women at risk of preterm birth before 30 weeks' gestation, Crowther and colleagues found that at corrected age of 2 years, total pediatric mortality, cerebral palsy in survivors, and combined death or cerebral palsy were reduced in the magnesium sulfate group compared with the placebo group, but none of the differences were statistically significant. Wu and colleagues, in a case-control study of infants born at 36 or more weeks' gestation, found that chorioamnionitis was independently associated with a significantly increased risk of cerebral palsy. In an editorial, Tyson and Gilstrap urge ongoing research in prevention and treatment of cerebral palsy.

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## Warfarin for Stroke Prevention in Atrial Fibrillation

Evidence from randomized trials indicates that warfarin reduces risk of ischemic stroke and other thromboembolic events in patients with atrial fibrillation, but the effectiveness and safety of warfarin therapy in usual clinical practice settings are less clear. In this study of adults enrolled in a health maintenance organization who had nonvalvular atrial fibrillation, Go and colleagues found that risk of ischemic stroke and peripheral embolism was significantly lower among patients who received warfarin than among those who did not receive warfarin. Risk of intracranial hemorrhage, although small, was significantly increased in the warfarin group, but risk of nonintracranial major hemorrhage was not.

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## Olanzapine vs Haloperidol for Schizophrenia

Olanzapine is widely used to treat schizophrenia, but its long-term effectiveness and costs have not been compared in a controlled trial with those of a standard antipsychotic medication. In this 12-month randomized trial comparing olanzapine with haloperidol among adults with schizophrenia or schizoaffective disorder, Rosenheck and colleagues found no significant differences between treatment groups in symptoms of schizophrenia, quality of life, or extrapyramidal symptoms. Olanzapine was associated with a greater reduction in akathisia and with greater improvements in memory and motor function, but weight gain was more frequent and costs were greater than in the haloperidol group.

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## Regionalization of High-Risk Surgery and Travel Times

Regionalization policies that would concentrate selected surgical procedures at higher-volume hospitals may impose unreasonable travel burdens on surgical patients. However, in a simulated trial based on Medicare claims for patients undergoing esophagectomy and pancreatic resection for cancer and US road network data, Birkmeyer and colleagues found that most patients who would be required to have surgery at a higher-volume center would add less than 30 minutes to their travel times, and travel times for some patients would actually decrease.

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## Pulmonary Artery Catheter Use in Critically Ill Patients

Observational studies suggest that use of a pulmonary artery catheter (PAC) in critically ill patients may be harmful. In this randomized trial among patients with shock, acute respiratory distress syndrome, or both, Richard and colleagues found no significant differences in mortality at 28 days between patients who received a PAC and those who did not. Organ dysfunction, need for vasoactive agents, duration of mechanical ventilation, duration of ICU stay, and duration of hospital stay were also not significantly different. In an editorial, Fowler and Cook discuss the controversy about the usefulness of the PAC in critically ill patients and encourage additional clinical research to evaluate this technology.

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