Pentoxifylline With Prednisolone in Alcoholic Hepatitis

Prednisolone or pentoxifylline is recommended for treatment of severe alcoholic hepatitis. Whether combination therapy offers added benefit is not known. Mathurin and colleagues randomly assigned 270 patients with biopsy-proven alcoholic hepatitis to 4 weeks’ treatment with either a combination of prednisolone and pentoxifylline or prednisolone and placebo. The authors report that treatment with pentoxifylline and prednisolone, compared with prednisolone alone, did not result in improved 6-month survival. In an Editorial, Halegoua-De Marzio and Fenkel discuss treatment of severe alcoholic hepatitis.

Effect of Financial Incentives on Hypertension Care

To examine the effect of financial incentives to reward guideline-recommended hypertensive care, Petersen and colleagues randomly assigned 12 Veterans Affairs hospital-based outpatient clinics (staffed by 83 physicians and 42 nonphysician personnel) to receive physician-level (individual) incentives; practice-level incentives; individual- and practice-level incentives; or no incentives (controls). The authors report that individual incentives, but not practice-level incentives or a combination of individual and practice-level incentives, resulted in greater blood pressure control and appropriate response to uncontrolled blood pressure. Compared with controls, none of the incentives resulted in greater use of guideline-recommended medications or increased the incidence of hypotension. In an Editorial, Dolor and Schulman discuss the financial incentives in primary care practice and achievement of population health goals.

Pay-for-Performance Incentives in Small Practices With EHRs

The effect of pay-for-performance (P4P) in small physician practices is largely unknown, and the relationship of electronic health records (EHRs) with chronic disease management capabilities to the small-practice response to P4P has not been explored. In a cluster randomized trial that involved 84 small (<10 physicians) primary care practices in New York City—all of which had the same EHR and access to quality improvement specialists—Bardach and colleagues found that compared with control practices, those randomly assigned to a P4P incentive program achieved modest improvements in cardiovascular care processes and outcomes.
Research (continued)

EHRs and Health Care Use Among Patients With Diabetes 1060
Use of electronic health records (EHRs) is assumed to have beneficial effects on patient health outcomes or health care use, but evidence to support this assumption is limited. Reed and colleagues examined the association between implementing an outpatient EHR and emergency department (ED) visits, hospitalizations, and office visits in a population-based sample of 169,711 patients with diabetes who received care in an integrated delivery system. In a before and after implementation comparison, the authors found that use of an outpatient EHR was associated with modest reductions in rates of ED visits and hospitalizations but not office visits.

Clinical Review & Education

Selective Serotonin Reuptake Inhibitors for Stroke Recovery 1066
Some data suggest that selective serotonin reuptake inhibitors (SSRIs) might improve recovery after stroke. In this JAMA Clinical Evidence Synopsis, Mead and colleagues report results of a systematic review and meta-analysis of data from 52 clinical trials (4059 participants) that compared treatment with an SSRI—given at any dose or for any duration—with placebo or usual care within the first year after a stroke. The authors examined the effect of SSRIs on measures of dependency and disability at the end of treatment and the end of follow-up and found that SSRIs may be associated with less dependence and disability after a stroke and less anxiety and depression—even in patients who are not clinically depressed.

Scalp Pustules in a Patient Receiving Chemotherapy 1068
A patient with stage IV lung cancer developed erythematous follicular papules and pustules on the scalp while undergoing treatment with an epidermal growth factor inhibitor. Potassium hydroxide examination of the lesions was negative. What would you do next?

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