

FROM THE JOURNALS

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Does it Matter How Hypertension is Controlled? Editorial comment by Aram V. Chobanian, NEJM 359:23, December 4, 2008, 2485-2488

From the chairman of JNC-7: contemporary data has increasingly demonstrated that what matters is if HTN is controlled, not how it is achieved. With over 100 drugs to treat HTN, 66% of 73 million American hypertensives are not yet at JNC 7 goals. The ACCOMPLISH trial exposes the inferiority of HCTZ (matched against amlodipine) when combined with the ACEI Benazepril. The article also reports the superiority of chlorthalidone in the ALLHAT trial (double the potency and half life of HCTZ).

Surgical Co-Management: A natural evolution of hospitalist practice. C. Whinney and F. Michota, J Hosp Med, Volume 3, Issue 5, October 2008, 394-397

Examines the evolving role of hospitalists and the distinct advantage of surgical co-management in a team approach, including surgeon, hospitalist, house staff, nurses, case manager, patient and family.

Current Concepts: Implantable Cardioverter-Defibrillators (ICDs) after Myocardial Infarction, Robert Myerburg, NEJM 359:21, November 20, 2008, 2245-2253

With 500,000 Medicare candidates (by current criteria) and an individual cost of \$30,000, something will have to give before we drain the Medicare budget. The author comments on the overuse of ICDs in subgroups with questionable benefits.

Who is Managing Acute Decompensated Heart Failure? The need for a Multidisciplinary Approach, Alpesh Amin, J Hosp Med, Volume 3, Issue S 6, S1-S6, December 15, 2008

The author makes a strong case for an increasing role of the Hospitalist as a key player in the Multi-D management of these patients, especially in light of an inadequate Cardiology workforce for the increasing prevalence of CHF

The Curriculum for the Hospitalized Aging Patient (CHAMP) program: A collaborative faculty development program for hospitalists, general internists and geriatricians. Podrazik et al., J Hosp Med, Vol 3, Issue 5, 384-393
A novel faculty development program to improve the teaching of geriatric medicine and the care of elderly patients.

ID CORNER

William Salzer MD

Fever and Infection in Older Adults

The IDSA has just released practice guidelines for the evaluation of fever and infection in older adults who are in LTCFs. These guidelines are pertinent to hospitalists since many of these patients are admitted to the internal medicine service in acute care hospitals.

High KP et al., Clinical practice guideline for the evaluation of fever and infection in older adult residents of long-term care facilities. 2008 update by the Infectious Disease Society of America. Clin Infect Dis 2009, 48:149-171

<http://www.journals.uchicago.edu/doi/pdf/10.1086/595683>