

**FROM THE JOURNALS**

KYLE MOYLAN MD

**Azithromycin for Prevention of Exacerbations of COPD**

Albert, RK et al., NEJM 2011; 365:689-698

COPD exacerbations are frequently encountered by hospitalists and more effective strategies for prevention are needed. This randomized controlled trial tested the hypothesis that daily antibiotics could prevent acute COPD exacerbations; patients received azithromycin 250 mg or placebo daily. Those receiving azithromycin had fewer exacerbations, including the proportion of patients who went 1 year without an exacerbation (68% vs. 57%). However, patients receiving azithromycin developed more macrolide resistance and hearing impairment.

**Holter Monitoring in syncope: diagnostic yield in octogenarians**

Kuhne, M et al., J Am Geriatr Soc 2011; 59(7): 1293-1298

In this retrospective study, the medical records of 475 octogenarians who wore a Holter monitor for the evaluation of syncope were reviewed; abnormalities were found in 16.6% but only 11% were thought to be diagnostic. The author reports that the rate of similar abnormalities in patients < 80 years of age was 6%. This retrospective study cannot prove that the abnormalities caused the syncope but reinforces the fact that the evaluation of syncope is complex and should be guided by a careful history and physical before embarking on a reflexive workup. Other studies have demonstrated that the measurement of orthostatic blood pressure is one of the highest yield diagnostic tests and, of course, is much less expensive.

**Trimethoprim-sulfamethoxazole induced hyperkalemia in elderly patients receiving spironolactone: nested case control study**

Antoniou, T et al., BMJ 2011; 343:d5228 doi: 10.1136/bmj.d5228 (Original) PMID: 21911446

Trimethoprim is structurally similar to amiloride and can induce hyperkalemia via reduced tubular excretion. This case-control study examined almost 7000 admissions for hyperkalemia. Patients taking spironolactone who were given trimethoprim-sulfa had a 12-fold increased risk of admission for hyperkalemia compared to patients given amoxicillin. For patients on spironolactone who develop a UTI, the authors estimate that 60% of admissions for hyperkalemia could be avoided if trimethoprim was not used.

**Risk of fractures requiring hospitalization after an initial prescription for zolpidem, alprazolam, lorazepam or diazepam in older adults**

Finkle, WD et al., J Am Geriatr Soc doi: 10.1111/j.1532-5415.2011.03591.x

Zolpidem has been increasingly used as a "safe alternative" to benzodiazepines as a sleep aid in elderly patients. This retrospective cohort study demonstrated that new prescriptions for zolpidem were associated with an increased risk of nonvertebral fractures and dislocations; in fact, the risk of injury with zolpidem exceeded risks for alprazolam and lorazepam. There is currently no safe sedative-hypnotic for older patients with insomnia.

**ID CORNER**

WILLIAM SALZER MD

**GUIDELINES FOR USE OF ANTIMICROBIALS IN NEUTROPENIA**

The IDSA has updated its practice guidelines for the management of febrile neutropenia in cancer patients: Freifeld, AG et al., Clinical practice guidelines for the use of antimicrobial agents in neutropenic patients with cancer: 2010 update by Infectious Disease Society of America, Clin Infect Dis 2011; 52:e56-e93

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