Forgoing Treatment at the End of Life in 6 European Countries

Comprehensive data about the practice of withholding or withdrawing potentially life-prolonging treatment are scarce. Tracing a large sample of death certificates in 6 European countries, Bosshard and colleagues studied the incidence of different types of treatment forgone and analyzed the main background characteristics.

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Unintended Medication Discrepancies at the Time of Hospital Admission

An accurate medication use history at the time of hospital admission and discharge is becoming recognized as an important factor in preventing adverse drug events. In this study of 151 elderly medical patients receiving at least 4 prescribed drugs, it was found that 54% had at least 1 unintended medication discrepancy at the time of hospital admission. The most common type of discrepancy involved the omission of a medication that the patient was taking prior to admission (46% of all discrepancies). Based on consensus review, 39% of the unintended discrepancies had the potential to worsen the patient's clinical condition or cause discomfort. Strategies to improve the accuracy of the admission medication history include computer systems that allow the transfer of prescription information between primary and secondary care, as well as closer teamwork between physicians and clinical pharmacists.

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Integrating Palliative Care Into Heart Failure Care

Heart failure is a condition for which palliative care and hospice care can be appropriate. The disease's increasing prevalence and predilection for elderly patients with significant comorbidity underscores the need to integrate these modes of care into the acute care model that has dominated heart failure treatment. Hauptman and Havranek provide an algorithm to assist the clinician in determining the appropriate timing of hospice referral for patients with advanced heart failure.

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Invasive Amebiasis as an Emerging Parasitic Disease in Patients With Human Immunodeficiency Virus Type 1 Infection in Taiwan

Hung and colleagues aimed to assess the seroprevalence of invasive amebiasis using indirect hemagglutination antibody assay and determined the rate of intestinal colonization by Entamoeba histolytica and Entamoeba dispar determined by fecal antigen and polymerase chain reaction tests among human immunodeficiency virus (HIV)-infected persons and HIV-uninfected controls. Of 634 HIV-infected persons, 39 (6.2%) had a high indirect hemagglutination antibody titer compared with 10 (2.3%) of 429 HIV-uninfected controls with gastrointestinal symptoms and 0 of 178 HIV-uninfected healthy controls (P<.001). Forty (12.1%) of 332 HIV-infected persons and 2 (1.4%) of 144 HIV-uninfected controls were colonized with E histolytica or E dispar (P<.001). Ten (25.0%) of the 40 stool specimens from HIV-infected persons contained E histolytica. These findings demonstrate that HIV-infected persons in Taiwan are at increased risk for invasive amebiasis because of a higher frequency of intestinal colonization with E histolytica.

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Type 2 Diabetes, Glycemic Control, and Continuous Positive Airway Pressure in Obstructive Sleep Apnea

Sleep-disordered breathing (SDB) is common in patients with obesity and type 2 diabetes mellitus and is independently associated with hypertension, obesity, and cardiovascular disease. It has previously been shown that insulin resistance is related to the severity of SDB. Using a 72-hour continuous glucose-monitoring system and hemoglobin A1c (HbA1c) level measurements, Babu and colleagues evaluated the effect of treating SDB with continuous positive airway pressure (CPAP) in patients with type 2 diabetes mellitus. Continuous positive airway pressure treatment of SDB improved glycemic control. Furthermore, patients compliant with CPAP therapy demonstrated superior improvement in HbA1c and blood glucose levels compared with noncompliant patients. In compliant patients, the duration of effective CPAP treatment was significantly correlated with improvement in HbA1c level.

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