ICD Use in Patients With Low Ejection Fraction After MI

Implantable cardioverter-defibrillators (ICDs) are not recommended in the first 6 weeks after myocardial infarction (MI), and uncertainties regarding effectiveness and procedural risks may discourage ICD use among older adults. In an analysis of 2007-2010 registry data from 10,318 Medicare beneficiaries with low ejection fraction after MI, Pokorney and colleagues found that fewer than 1 in 10 eligible patients received an ICD in the year after MI, despite lower risk-adjusted mortality associated with ICD implants. In an Editorial, Hauser discusses underutilization of ICDs in older patients.

Phosphodiesterase Type 5 Inhibitors and Risk of Melanoma

Phosphodiesterase type 5 (PDE5)—the target of oral erectile dysfunction drugs—is part of a pathway implicated in the development of malignant melanoma. In a population-based nested case-control study that included 4065 men with melanoma and 20,325 randomly selected controls without cancer, Loeb and colleagues found that use of PDE5 inhibitors was associated with a modest but statistically significant increased risk of malignant melanoma.
Cannabinoids for Medical Use

In a systematic review, Whiting and colleagues identified 79 randomized trials, involving 6462 participants, that compared cannabinoid use with active comparators or placebo for the treatment of several medical conditions. The authors found moderate-quality evidence supporting cannabinoid treatment of chronic pain and spasticity due to multiple sclerosis or paraplegia. Low-quality evidence suggests cannabinoids may lessen nausea and vomiting due to chemotherapy, foster weight gain in patients with HIV infection, and improve symptoms of sleep disorders or Tourette syndrome. In an Editorial, D’Souza and Ranganathan discuss the need for high-quality evidence to guide decisions about medical marijuana use.

Medical Marijuana for Chronic Pain and Other Diagnoses

Mr Z, a 60-year-old man with a long history of low back pain inadequately relieved by numerous interventions or medications, reports that evening marijuana use improves his sleep and seems to lessen next-day pain. In this Clinical Crossroads article, Hill discusses medical use of marijuana, the quality of the evidence supporting its use, associated risks and benefits, and factors to consider when evaluating patients for medical marijuana certification.

Metformin as Initial Therapy in Type 2 Diabetes

An article in JAMA Internal Medicine reported that among 15 000 patients with private insurance who were initiating oral therapy for type 2 diabetes, only 60% were prescribed metformin. In this From The JAMA Network article, Stern and Murphy discuss the evidence supporting metformin as first-line therapy for type 2 diabetes.

Perioperative β-Blocker Therapy

This JAMA Clinical Guidelines Synopsis by Stern and Cifu summarizes the 2014 update of the American College of Cardiology/American Heart Association Guideline on Perioperative Cardiovascular Evaluation and Management of Patients Undergoing Noncardiac Surgery. Sixteen randomized trials and 1 cohort study (12 391 patients total) were included in the evidence review, which found that benefits of beginning β-blocker therapy in the perioperative period are uncertain and that the current evidence is inadequate to address many questions regarding perioperative use of β-blockers.

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Editor's Audio Summary
Howard Bauchner, MD, summarizes and comments on this week's issue.

Author Reading
Dariush Mozaffarian, MD, PhD, reads his Viewpoint "The 2015 US Dietary Guidelines: Lifting the Ban on Total Dietary Fat."

Author Interview
Interview with Tracy Y. Wang, MD, MHS, MSc, and Sean D Pokorney, MD, MBA, authors of "Implantable Cardioverter-Defibrillator Use Among Medicare Patients with Low Ejection Fraction After Acute Myocardial Infarction"

Interview with Kevin P. Hill, MD, MHS, author of "Clinical Crossroads: Medical Marijuana for the Treatment of Chronic Pain and Other Medical and Psychiatric Problems: A Systematic Review."

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