In This Issue of JAMA

Research

Choice of Analgesics for Acute Extremity Pain 1661
Opioid analgesics are often used in emergency departments for the treatment of acute pain. In a randomized clinical trial by Chang and colleagues of 416 patients with moderate to severe acute extremity pain seen at 2 urban emergency departments, there were no statistically significant or clinically important differences in pain relief at 2 hours comparing single-dose treatment with ibuprofen and acetaminophen with 3 different opioid and acetaminophen combination analgesics. In an Editorial, Kyriacou suggests that nonopioid treatment of acute pain may decrease the risk of long-term opioid dependence.

Editorial 1655

Increases in US Health Care Spending 1668
Spending on health care in the United States is higher than in any other country and is increasing. Dieleman and colleagues extracted data for 155 health conditions, 36 age and sex groups, and 6 types of care from the Global Burden of Disease 2015 study and the Institute for Health Metrics and Evaluation’s US Disease Expenditure 2013 project. The investigators found that increases in US health care spending from 1996 through 2013 were largely related to increases in health care service price and intensity. In an Editorial, Conway notes that more than a third of the annual increase in spending is attributable to aging and growth of the population, but other drivers of spending are potentially modifiable.

Editorial 1655

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Inflammatory Bowel Disease Regimens and Lymphoma 1679
Drug regimens can maintain remission in patients with inflammatory bowel disease (IBD), but some therapies may be associated with an increased risk of lymphoma. In a nationwide cohort study of 189,289 adult patients with IBD, Lemaitre and colleagues found that the use of thiopurine monotherapy or anti–tumor necrosis factor monotherapy was associated with a small but statistically significant increased risk of lymphoma compared with exposure to neither medication; the risk was greater with combination therapy than with either treatment used alone.

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Research (continued)

Preventing Falls in Older Adults

Older adults who experience falls are at increased risk of anxiety, depression, severe injury, and death. Tricco and colleagues conducted a systematic review and meta-analysis of 283 randomized clinical trials of interventions to prevent falls in patients aged 65 years or older and found that exercise alone or combined with other interventions was associated with a decreased risk of injurious falls compared with usual care. In an Editorial, Larson suggests that clinicians should explore their patients’ readiness to engage in physical activity and tailor their recommendations accordingly.

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Clinical Review & Education

Antiepileptic Agents and Congenital Malformations

In this Clinical Evidence Synopsis summarizing a Cochrane review of 49 observational cohort studies and 1 randomized clinical trial, Bromley and colleagues discuss treatment options for the management of epilepsy during pregnancy.

Screening for Chronic Obstructive Pulmonary Disease

In this JAMA Clinical Guidelines Synopsis of a 2017 guideline developed by the Global Initiative for Chronic Obstructive Lung Disease, Press and colleagues discuss the role of spirometry in patients with symptoms of airflow obstruction.

Urine Drug Screen Metabolites and Impurities

This JAMA Diagnostic Test Interpretation by Nagpal and colleagues presents a 50-year-old woman taking prescription methadone, morphine, and other medications for chronic pain from steroid-related vertebral fractures. Her new primary care physician ordered a comprehensive urine drug screen. How would you interpret these results?

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