Research

Dentist-Prescribed Opioids and Subsequent Abuse

Schroeder and colleagues completed this cohort study to examine whether opioid prescriptions provided by dental clinicians for pain management of third molar extractions to opioid-naïve US adolescents and young adults was associated with subsequent opioid use and abuse. Patients aged 16 to 25 years were identified using the Optum Research Database and received an outpatient opioid prescription after extraction. Measured outcomes included at least 1 additional filled opioid prescription, at least 1 subsequent health care encounter with a diagnosis of opioid abuse, and death. Results demonstrated that a substantial proportion of adolescents and young adults are exposed to opioids through dental clinicians and that use of these prescriptions may be associated with an increased risk of subsequent opioid use and abuse.

Risk of Death After a Colonoscopy With Normal Findings

For this retrospective cohort study, Lee and colleagues examined the long-term risks of colorectal cancer and colorectal cancer deaths after a negative colonoscopy result, in comparison with unscreened individuals, in a large, community-based setting. The study population consisted of adults who were at average risk for colorectal cancer, defined as without a prior diagnosis of colorectal cancer, inflammatory bowel disease, familial polyposis syndromes, colonic adenomas, or colonic polyps; without a documented family history of colorectal cancer or prior colectomy; and no known history of prior colorectal cancer screening. Results showed that a negative colonoscopy result in average-risk patients was associated with a lower risk of colorectal cancer and related deaths for more than 12 years after examination, compared with unscreened patients.

Use and Outcomes of a Dementia Care Program

In this case-control study, Jennings and colleagues compared the health care utilization and cost outcomes of a comprehensive dementia care program for Medicare fee-for-service beneficiaries with patients in a propensity score–matched cohort. Patients in the dementia care program were comanaged by nurse practitioners and physicians, and the program consisted of structured needs assessments of patients and their caregivers, creation and implementation of individualized dementia care plans, monitoring and revising care plans, referral to community organizations for dementia-related services and support, and consistent access to a clinician for assistance and advice. Results demonstrated that comprehensive dementia care may reduce the number of admissions to long-term care facilities and may be cost neutral or cost saving.

Cessation Interventions for Disadvantaged Smokers

For this randomized clinical trial, Vidrine and colleagues assessed the efficacy of mobile phone–delivered cessation interventions targeted to current cigarette smokers at neighborhood sites serving racial/ethnic minority and socioeconomically disadvantaged individuals. Interventions consisted of nicotine replacement therapy, nicotine replacement therapy plus text messaging, and nicotine replacement therapy plus text messaging plus proactive counseling via mobile phone. The primary outcome was smoking abstinence at 6 months. Findings indicated that assignment to an intervention consisting of text messaging alone may not increase cessation rates for socioeconomically disadvantaged smokers. However, text messaging plus proactive counseling may be an efficacious option.
Research (continued)

**Dialysis Outcomes for Undocumented Immigrants**

Nguyen and colleagues performed this observational study to compare health outcomes, utilization, and costs associated with scheduled vs emergency-only dialysis in undocumented immigrants with end-stage renal disease. Patient enrollment in health insurance and scheduled dialysis was used to estimate the influence of scheduled dialysis on 1-year mortality, utilization, and health care costs when compared with uninsured adults with end-stage renal disease receiving emergency-only dialysis. Results demonstrated that scheduled dialysis was significantly associated with reduced mortality, emergency department visits, hospitalizations, hospital days, and health care costs. Martin provides the Invited Commentary.

**Cancer Screening Nonadherence and Unrelated Mortality**

Pierre-Victor and Pinsky performed this secondary analysis of the Prostate, Lung, Colorectal and Ovarian Cancer Screening trial to investigate the association between nonadherence to cancer screening tests and mortality, excluding mortality from cancers studied in the trial. At baseline, participants completed a self-administered questionnaire, and mortality was ascertained via mailed annual study update questionnaires and searches of the National Death Index. Among participants in a screening trial for multiple cancers, a nonadherence behavior profile marked by nonadherence to protocol screenings was associated with higher overall mortality, excluding deaths from cancers studied in the trial. Grady and Parks provide an Editorial.

**Biobehavioral Environmental Approach to Disability**

In this randomized clinical trial, Szanton and colleagues evaluated whether a home-based program addressing personal and environmental factors reduced disability among older, low-income adults. Participants were interviewed in their home at baseline, 5 months, and 12 months by trained research assistants, and were randomized to either the intervention group or the control group. The intervention group received up to 10 home visits over 5 months by occupational therapists, registered nurses, and home modifiers to address self-identified functional goals by enhancing individual capacity and the home environment. The control group received 10 social home visits by a research assistant. Results demonstrated that adults in the intervention group experienced substantial decrease in disability. Aliberti and Covinsky provide the Invited Commentary.

**Corticosteroid Treatment in Adult Patients With Sepsis**

In this systematic review and meta-analysis, Fang and colleagues reviewed randomized clinical trials that compared administration of corticosteroids with placebo or standard support care in adults with sepsis to determine the efficacy and safety of corticosteroid use in these patients. Findings showed corticosteroid use was associated with reduced 28-day mortality, intensive care unit mortality, and in-hospital mortality. Corticosteroid use was also significantly associated with increased shock reversal, shorter time to resolution of shock, increased vasopressor-free days, shorter intensive care unit stays, and lower Sequential Organ Failure Assessment scores. However, corticosteroid use was also associated with increased risk of hyperglycemia and hypernatremia.