Research

Race and Income Disparities in Prescription of Opioids

In this population-based study, Friedman and colleagues used data from California's prescription drug monitoring program to examine the degree to which differential exposure to opioids via the health care system by race/ethnicity and income could be driving the observed social gradient of the current opioid epidemic. Results showed that the race/ethnicity and income pattern of opioid overdoses mirrored prescription rates, suggesting that differential exposure to opioids via the health care system may have induced the large, observed racial/ethnic gradient in the opioid epidemic. Adams and Giroir provide the Invited Commentary.

Association of Ultraprocessed Food and Risk of Mortality

Schnabel and colleagues performed this observational prospective cohort study of 44,551 French adults 45 years or older to assess the association between ultraprocessed foods consumption and all-cause mortality risk. Participants were selected from the French NutriNet-Santé Study and completed at least 1 set of 3 web-based 24-hour dietary records during their first 2 years of follow-up. Ultraprocessed foods were characterized as ready-to-eat or -heat formulations made mostly from ingredients usually combined with additives. After adjustment for a range of confounding factors, an increase in the proportion of ultraprocessed foods consumed was associated with a higher risk of all-cause mortality.

LESS IS MORE

Low-Value Care and Hospital-Acquired Complications

In this cohort study and descriptive analysis of low-value care, Badgery-Parker and colleagues examined the incidence of hospital-acquired complications (HACs) in patients undergoing 1 of 7 procedures for which hospital admission is usually not needed. The 7 procedures included endoscopy, knee arthroscopy, colonoscopy, spinal fusion, endovascular repair of abdominal aortic aneurysm, carotid endarterectomy, and renal artery angioplasty. The highest rates of HACs occurred with spinal fusion, endovascular repair of abdominal aortic aneurysm, carotid endarterectomy, and renal artery angioplasty procedures. For most procedures, the most common HAC was health care-associated infection. These findings suggest that use of these 7 procedures in patients who probably should not receive them could be harmful.

Association of Physician Density and Population Mortality

In this epidemiological study, Basu and colleagues evaluated the association of primary care physician supply and both all-cause and cause-specific mortality by comparing US population and insurance claims data with data on density of primary care physicians and specialist physicians. Results showed an increase in US physicians from 2005 to 2015, although the per capita supply decreased in that time owing to disproportionate losses of primary care physicians in some counties and population increases. Additional primary care physicians and specialist physicians per population was associated with an increase in life expectancy. Zabar and colleagues provide the Invited Commentary.

Clinical Review & Education

Challenges in Clinical Electrocardiography

Enhancing the Sgarbossa Criteria for the Diagnosis of ST Elevation Myocardial Infarction

Opinion

Editor’s Note

561 On the Need for (Only) High-Quality Clinical Practice Guidelines

M Incze and JS Ross

LETTERS

Research Letter

571 Behavioral Health and Burnout Among Physician Mothers Who Care for a Person With a Serious Health Problem, Long-term Illness, or Disability

V Yank and Coauthors

Association of Ultraprocessed Food and Risk of Mortality

574 County-Level Opioid Prescribing in the United States, 2015 and 2017

GP Guy Jr and Coauthors

576 Racial Differences in Opioid Overdose Deaths in New York City, 2017

B Allen and Coauthors

578 | HEALTH CARE POLICY AND LAW

Pharmaceutical Company Payments to Executive Board Members of Professional Medical Associations in Japan

H Saito and Coauthors

580 Assessing the Use of Google Translate for Spanish and Chinese Translations of Emergency Department Discharge Instructions

EC Khoong and Coauthors

582 Evaluation of the Inclusion of Studies Identified by the FDA as Having Falsified Data in the Results of Meta-analyses: The Example of the Apixaban Trials

CA Garmendia and Coauthors

584 Evidence-Based Medicine and the American Thoracic Society Clinical Practice Guidelines

RC Schumacher and Coauthors
Leiba and colleagues performed this retrospective cohort study to investigate the association between established hypertension among otherwise healthy adolescents and future end-stage renal disease. The cohort included 2,658,238 16- to 19-year-old healthy candidates for military service in the Israel Defense Forces between January 1, 1967, and December 31, 2013. The primary outcome was recorded end-stage renal disease, including hemodialysis, peritoneal dialysis, and renal transplant diagnosed at follow-up between January 1, 1990, and December 31, 2014. Results showed that hypertension was associated with a doubling of the risk of future end-stage renal disease in an otherwise healthy adolescent population.

Meyers and colleagues performed this cross-sectional study to characterize trends in switching to and from Medicare Advantage among high-need beneficiaries and to evaluate the drivers of disenrollment decisions. A total of 13,901,816 enrollees were included in the analysis, which showed substantially higher disenrollment from Medicare Advantage plans among high-need and Medicare/Medicaid-eligible enrollees compared with non-high-need enrollees and Medicare-only enrollees. Findings also suggested that star ratings have the strongest association with disenrollment trends, whereas increases in monthly premiums are associated with a greater likelihood of switching plans.

In this registry-based cohort study, Schaefer and colleagues compared adverse event rates up to 3 years after initiation of treatment among patients receiving combination warfarin and aspirin therapy (without a therapeutic indication for aspirin use) vs those receiving warfarin monotherapy. Results showed that at 1 year, patients receiving combination warfarin and aspirin compared with those receiving warfarin only had higher rates of overall bleeding, major bleeding, emergency department visits for bleeding, and hospitalizations for bleeding. Rates of thrombosis were similar at 1 year. Similar overall findings persisted during 3 years of follow-up as well as in sensitivity analyses.

In this cohort study of 3,123 individuals with stages 2 to 4 chronic kidney disease (CKD), Waikar and colleagues assessed whether urinary oxalate excretion was a risk factor for more rapid progression of CKD toward kidney failure. Oxalate is a potentially toxic terminal metabolite that is eliminated primarily by the kidneys but has not been investigated as a potential contributor to more common forms of CKD. Findings from the data analysis showed that higher 24-hour urinary oxalate excretion may be a risk factor for CKD progression as well as end-stage renal disease in individuals with CKD stages 2 to 4. Ix provides the Invited Commentary.

**Risk of Future Renal Disease in Hypertensive Adolescents**

**Adverse Events in Adding Aspirin to Warfarin Therapy**

**Urinary Oxalate Excretion and Risk of CKD Progression**

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**LETTERS (continued)**

**Comment & Response**

**Association of NSAID Use and Renal Complications**

**AV Nodal Wenckebach Masquerading as Infra-His Wenckebach Due to Intratral Conduction Delay**

**Balance Between Best Practice and Patient Satisfaction: Antimicrobial Stewardship in Telemedicine**

**Older People Might Be at Most Serious Risk in Antihypertensive Treatment**

**Medication Effects on Fecal Occult Blood Testing**

**Clarifications Needed on Study of Association Between Physician Burnout and Patient Safety**

**From the American College of Chest Physicians: Guidelines on Conflict-of-Interest Management**

**Correction**

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**HUMANITIES**

**Images From Our Readers**

**American Bison in a Snow Flurry**