Calcium-Free vs Calcium-Based Phosphate Binders

In this observational study, Spoendlin and colleagues compared cardiovascular events and mortality in the use of sevelamer (calcium-free phosphate binder) vs calcium acetate (calcium-based phosphate binder) for treatment of hyperphosphatemia in patients 65 years and older with end-stage renal disease who were undergoing hemodialysis. The study cohort was analyzed using the United States Renal Data System linked to Medicare claims data. Results did not suggest increased cardiovascular safety of sevelamer in the routine clinical practice of patients with end-stage renal disease compared with calcium acetate. Kestenbaum and de Boer provide the Invited Commentary.

Effect of Communication Intervention on Cancer Patients

For this cluster randomized clinical trial, Bernacki and colleagues evaluated the use of a communication quality-improvement intervention on goal-concordant care and peacefulness at the end of life among oncology clinicians and patients with advanced cancer in an outpatient setting. The intervention included tools, such as a conversation guide for clinicians; an interactive, skills-based training session for clinicians; and system changes, including routine identification of patients at high risk of death. Results were null with respect to the outcomes of goal-concordant care and peacefulness for decedents; however, the trial demonstrated significant reductions in moderate to severe anxiety and depression symptoms among intervention patients in the total population.

Allocation of Inpatient Time Among First-Year Residents

Chaiyachati and colleagues performed this secondary analysis of time-motion data from participants in a cluster-randomized trial to assess how first-year internal medicine residents allocate time spent working on general medicine inpatient services. Measurements included mean time spent in direct and indirect patient care, education, rounds, handoffs, and miscellaneous activities within a 24-hour period and in each of four 6-hour periods (morning, afternoon, evening, and night). Findings suggested that interns spend more time participating in indirect patient care than interacting with patients or in dedicated educational activities. Moriates and Hudson provide the Invited Commentary.

Disadvantage and Disparities in Smoking Prevalence

In this study of a nationally representative cross-sectional annual household-based probability sample of noninstitutionalized residents, Leventhal and colleagues estimated disparities in smoking prevalence associated with the number of socioeconomic and health-related disadvantages faced by US adults. Through in-home face-to-face interviews, participants self-reported smoking history as well as unemployment, income below the federal poverty line, absence of a high school diploma, disability/limitation interfering with daily functions, serious psychological distress, and heavy drinking. Results demonstrated that US disparities in smoking prevalence were successively larger with each additional disadvantage faced, were expressed in higher smoking initiation odds and lower smoking cessation odds, and widened over time.
Association of a Meal Program and Health Care Use 786
In this retrospective cohort study, Berkowitz and colleagues examined the incidence of inpatient and skilled nursing facility admissions, as well as health care costs, for recipients of home-delivered medically tailored meals. Participants received weekly deliveries of ready-to-consume meals tailored to their specific medical needs under the supervision of a registered dietitian nutritionist and were compared with nonrecipients. Results showed that participation in a medically tailored meal delivery program was associated with significantly fewer inpatient admissions, fewer skilled nursing facility admissions, and less overall medical spending. Mozaffarian and colleagues provide the Invited Commentary.

Creatinine-Based Equations for Estimating GFR 796
For this single-center cross-sectional study of adults aged 65 years and older with varying degrees of kidney impairment, da Silva Selistre and colleagues compared 4 equations used to estimate glomerular filtration rate (GFR) against measurement of inulin. The included equations for estimating GFR were Chronic Kidney Disease–Epidemiology Collaboration, Lund-Malmö Revised, full age spectrum, and Berlin Initiative Study. Results demonstrated that when comparing the 4 plasma creatinine–based GFR-estimating equations with the reference inulin-measuring method, there were no clinically significant differences in terms of bias, precision, or accuracy, though each had limitations regarding accuracy.

Association of Laws for Naloxone Supply and Overdose 805
Abouk and colleagues performed this population-based study to examine fatal opioid overdose rates in states with policies that allow pharmacy distribution of naloxone. State-level changes in fatal and nonfatal overdoses were examined across the 50 US states and the District of Columbia after adoption of naloxone access laws while estimating the magnitude of the association for each year relative to time of adoption. Results showed that states that adopted naloxone access laws granting direct authority to pharmacists experienced statistically significant declines in fatal opioid-related overdoses; however, other types of naloxone access laws appeared not to be associated with decreases or increases in mortality.

5α-Reductase Inhibitors and Mortality in Prostate Cancer 812
This population-based cohort study performed by Sarkar and colleagues examined medical records of men who were treated at Veterans Affairs hospitals for prostate cancer to compare the time to diagnosis and mortality in men previously treated with 5α-reductase inhibitors for benign prostatic hyperplasia with those of men who received different or no treatment. Results demonstrated that men who used prediagnostic 5α-reductase inhibitors had longer time from first elevated prostate-specific antigen test result to diagnosis, higher adjusted prostate-specific antigen at diagnosis, more advanced disease at diagnosis, and worse prostate cancer–specific and all-cause mortality compared with nonusers.