Research

Representativeness of RCT Cohorts in Kidney Disease 1316
Smyth and colleagues performed this meta-analysis to determine if participants in large, multicenter dialysis randomized clinical trials (RCTs) were similar to the general population undergoing dialysis in terms of age, comorbidities, and mortality rate. A total of 189 trials, including 80,104 participants, were identified after searching 3 major databases across a 10-year period. Results demonstrated that trial participants were significantly younger, more likely to be male, and less likely to have diabetes or diabetic nephropathy than patients in the US national registry. Moreover, the mortality rate of dialysis-dependent patients recruited to large, multicenter RCTs was substantially lower than that of registry patients, both overall and when only studies recruiting participants from the United States were considered. Ross and Covinsky provide the Editor’s Note.

Association of Plant-Based Diet and Risk of Type 2 Diabetes 1335
For this systematic review and meta-analysis of prospective observational studies, Qian and colleagues evaluated the role for plant-based dietary patterns in the primary prevention of type 2 diabetes among adults. A total of 9 studies were identified, totaling 307,099 participants. Results demonstrated that higher adherence to plant-based dietary patterns was associated with a lower risk of type 2 diabetes. This association was strengthened when healthy plant-based foods, such as fruits, vegetables, whole grains, legumes, and nuts, were included in the pattern. Findings were broadly consistent in several prespecified subgroups and in sensitivity analyses.

Stress Test–Induced Myocardial Ischemia and Clinical Events 1345
In this cohort study, Garzillo and colleagues assessed the association of myocardial ischemia documented during exercise stress testing with major adverse cardiovascular events or changes in the ventricular function in patients with multivessel coronary artery disease. Participants were previously randomized to medical therapy, percutaneous coronary intervention with bare metal stents, or coronary artery bypass grafting, and cardiovascular events (overall mortality, myocardial infarction, and revascularization for refractory angina) were tracked from the time of randomization to the end of the 10-year follow-up. Results showed that patients with stress-induced myocardial ischemia showed similar rates of adverse cardiovascular events and ventricular function changes compared with patients without stress-induced ischemia.

Harms and Benefits of Guidelines for Hematuria Evaluation 1352
This microsimulation modeling study by Georgieva and colleagues evaluated current guidelines for testing hematuria in adults and compared the harms, advantages, and costs associated with each. The 5 guidelines included were Dutch, Canadian Urological Association, Kaiser Permanente, Hematuria Risk Index, and American Urological Association. The American Urological Association guidelines missed detection for the fewest number of cancers compared with the detection rate of the Hematuria Risk Index and Kaiser Permanente guidelines. The Canadian Urological Association and Dutch guidelines missed detection for a larger number of cancers but had no radiation-induced secondary cancers. The American Urological Association guidelines cost approximately double the other 4 guidelines. Bauer and colleagues provide the Invited Commentary.

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1429 Comparison of Services Available in 5-Star and Non–5-Star Patient Experience Hospitals
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1430 Understanding the Nature and Extent of Pharmaceutical Industry Payments to Nonphysician Clinicians
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Cascade of Diabetes Care in the United States, 2005-2016
Kazemian and colleagues performed this population-based study to examine the changes in care from 2005 to 2016 for patients with diabetes in the United States. Nationally representative, serial cross-sectional studies included in the 2005-2016 National Health and Nutrition Examination Survey were evaluated. Of 2488 individuals, approximately 1 in 4 adults with diagnosed diabetes achieved the composite goal in the United States. No significant improvement in any of the individual targets was observed between 2005 and 2016, and gaps in achieving diabetes care targets, particularly among young (18-44 years of age), female, and nonwhite adults, persisted during the study period. Ali and Shah provide the Invited Commentary.

Acupuncture as Adjunctive Therapy for Stable Angina
For this randomized clinical trial, Zhao and colleagues investigated the efficacy and safety of acupuncture as adjunctive therapy to antianginal therapies in reducing frequency of angina attacks in patients with chronic stable angina. The 20-week trial was conducted in outpatient and inpatient settings at 5 clinical centers in China. Adults 35 to 80 years of age with chronic stable angina were randomly assigned to receive acupuncture on the acupoints on the disease-affected meridian, acupuncture on the acupoints on the nonaffected meridian, sham acupuncture, or no acupuncture. Results demonstrated that acupuncture on the acupoints in the disease-affected meridian significantly reduced the frequency of angina attacks compared with acupuncture on the acupoints on the nonaffected meridian, sham acupuncture, and no acupuncture.

Assessment of Rapid Response Teams for Cardiac Arrest
This qualitative study by Dukes and colleagues evaluated differences in design and implementation of rapid response teams at top-performing and non-top-performing sites for survival of in-hospital cardiac arrest. An analysis was performed of data from semistructured interviews of hospital staff members (nurses, physicians, administrators, and staff) during site visits to 9 hospitals. Distinct differences were found in the organizational structure and function of rapid response teams. Top-performing hospitals feature rapid response teams with dedicated staff without competing responsibilities, serve as a resource for bedside nurses in surveillance of at-risk patients, collaborate with nurses during and after a rapid response, and can be activated by a member of the care team without fear of reprisal.

Effect of Professional Coaching Intervention on Physicians
In this pilot randomized clinical trial, Dyrbye and colleagues explored the effect of individualized coaching on physician burnout, job satisfaction, and well-being. A total of 6 coaching sessions were facilitated by a professional coach for 88 practicing physicians in the departments of medicine, family medicine, and pediatrics who volunteered for coaching. After 6 months of professional coaching, participating physicians had a significant reduction in emotional exhaustion and overall symptoms of burnout, as well as improvements in overall quality of life and resilience.

Invited Commentary
1386
Ali and Shah provide the Invited Commentary.

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