# In This Issue of JAMA

September 26, 2017 Volume 318, Number 12 Pages 1081-1198

#### Research

#### **Genotype-Guided Warfarin Dosing**

Warfarin dose requirements vary widely, resulting in frequent emergency department visits for adverse events. Gage and colleagues randomized 1650 patients undergoing elective hip or knee arthroplasty who were treated with perioperative warfarin and found that genotype-guided warfarin dosing reduced the combined risk of major bleeding, international normalized ratio of 4 or greater, venous thromboembolism, or death. In an Editorial, Emery acknowledges that genotype-guided algorithms may decrease the harms of anticoagulation, but suggests that clinical dosing algorithms are likely to be simpler and less expensive.

Editorial 1110

### Low-Dose Oxygen Supplementation in Adults With Acute Stroke 112

Supplemental oxygen for patients with stroke might prevent hypoxia and secondary brain damage but could also have adverse effects such as vasoconstriction and pulmonary toxicity. In a randomized clinical trial of 8003 nonhypoxic patients with acute stroke, Roffe and colleagues found that low-dose oxygen supplementation did not reduce death or disability at 3 months.

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#### **Chronic Respiratory Disease Mortality in the United States**

County-Level Mortality From Chronic Obstructive Pulmonary Disease, 2014

Geographically precise annual estimates of chronic respiratory disease mortality might illuminate health disparities. Dwyer-Lindgren and colleagues estimated age-standardized mortality rates by county for 4 616 711 deaths due to chronic respiratory diseases and identified disparities in mortality rates by county, sex, and diagnosis. In an Editorial, Mannino and Sanderson recommend major investments in smoking cessation and the prevention

of harmful occupational exposures, as well as the development of disease-modifying treatments to prevent progression to disability and death.

Editorial 1113

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#### Research (continued)

#### Biotin Ingestion and Interference With Immunoassays

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Ingestion of nutritional supplements containing biotin might decrease the accuracy of immunoassays that rely on biotin binding to detect low levels of analytes. In a preliminary study by Li and colleagues of 6 healthy adult participants and 11 hormone and nonhormone analytes measured by 37 immunoassays, ingesting 10 mg/d of biotin for 1 week was associated with clinically important assay interference,



#### Clinical Review & Education

#### **Delirium in Older Adults**

1161

Delirium is a life-threatening but often preventable complication of acute illness, surgery, or hospitalization. Oh and colleagues review the clinical management of delirium, with an emphasis on nonpharmacologic approaches.

Author Audio Interview jama.com CME jamanetwork.com/learning

#### **Diagnosing Invasive Aspergillosis**

tors when taken for months or years.

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This JAMA Diagnostic Test Interpretation article by Miceli and Kauffman presents a 67-year-old man receiving prednisone for granulomatous polyangiitis who was hospitalized with a 2-week history of worsening dyspnea and dry cough. Blood and bronchoal-veolar lavage fluid were evaluated for suspected invasive pulmonary aspergillosis. How do you interpret the results?

From The Medical Letter: Long-term Use of Proton Pump Inhibitors 1177
This Medical Letter on Drugs and Therapeutics discusses the safety of proton pump inhibi-

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#### **Author Interview**







AUDIO Interview with Tammy T. Hshieh, MD, MPH, Esther S. Ch, MD, PhD, and Sharon K. Inouye, MD, MPH, authors of "Delirium in Older Persons: Advances in Diagnosis and Treatment"

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