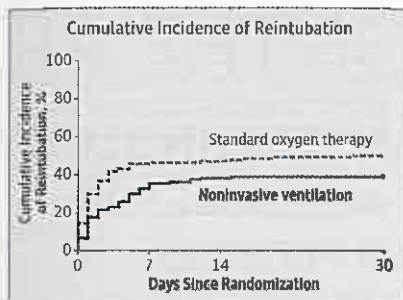


Research

Noninvasive Ventilation and Risk of Reintubation in Hypoxemia 1345



In a multicenter trial involving 293 patients who developed hypoxemic respiratory failure within 7 days of abdominal surgery, Jaber and colleagues assessed the risk of reintubation among patients who were randomly assigned to receive standard oxygen therapy vs noninvasive ventilation (NIV) delivered through a face mask. The authors report that use of NIV compared with standard oxygen therapy reduced the

risk of tracheal reintubation for any cause within 7 days of treatment assignment. In an Editorial, Spoletini and colleagues discuss the use of NIV or high-flow nasal oxygen for postextubation hypoxemia.

✎ Editorial 1340 Related Article 1354

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Postextubation Oxygen Therapy, Reintubation in Low-Risk Patients 1354

Among mechanically ventilated critically ill patients, high-flow nasal cannula oxygen therapy after extubation improves oxygenation compared with standard oxygen therapy. Conclusive data about rates of reintubation are lacking. In a multicenter randomized trial involving 527 adult patients receiving mechanical ventilation who were scheduled for extubation and at low risk for reintubation, Hernández and colleagues found that patients randomly assigned to receive high-flow nasal oxygen therapy had lower rates of reintubation at 72 hours than did patients assigned to standard oxygen therapy.

✎ Editorial 1340 Related Article 1345

Pain and Physical Function After Bariatric Surgery 1362

Obesity can be associated with joint pain and physical limitations. King and colleagues assessed changes in pain and physical function in the first 3 years following bariatric surgery in a multicenter cohort study that enrolled 2458 adults undergoing bariatric surgery for severe obesity. The authors found that a large percentage of patients experienced clinically meaningful improvement from baseline in pain, physical function, and walk time over 3 years; however, the percentage of patients with improvement in pain and function decreased in the second and third years following surgery.

📺 Author Video Interview jama.com



Humanities

The Art of JAMA
1318 *Into Bondage*, 1936
Aaron Douglas (1899-1979)

Poetry and Medicine
1407 MRI

JAMA Revisited
1408 *E Pluribus Unum* Forever
Compulsory Health Insurance

Opinion

Viewpoint

1329 *Era 3* for Medicine and Health Care
DM Berwick

1331 How Well Is the Affordable Care Act Doing? Reasons for Optimism
EJ Emanuel

1333 Better Health Care: A Way Forward
D Blumenthal

1335 Halfway There? Health Reform Starts Now
R Lavizzo-Mourey

A Piece of My Mind

1337 Say What You Mean, Mean What You Say
A Fantry

Editorial

1339 The Future of US Health Care Policy
H Bauchner and PB Fontanarosa

1340 High-Flow Nasal Oxygen or Noninvasive Ventilation for Postextubation Hypoxemia: Flow vs Pressure?
G Spoletini, E Garpestad, and NS Hill

1343 Screening, Case-Finding, and Outcomes for Adults With Unrecognized COPD
FJ Martinez and GT O'Connor

LETTERS

Research Letter

1400 Expenditures and Prices of Antihyperglycemic Medications in the United States: 2002-2013
X Hua and Coauthors

Comment & Response

1402 Breast Cancer Screening: Benefit or Harm?

1403 Clinical Breast Examination and Breast Cancer Screening Guideline

1404 Screening Mammography and Age Recommendations

1406 Correction

Editor in Chief
Howard Bauchner, MD

132 YEARS
OF CONTINUOUS
PUBLICATION

Clinical Review & Education

Screening for Chronic Obstructive Pulmonary Disease **1372**

This US Preventive Services Task Force (USPSTF) Recommendation Statement addresses screening for chronic obstructive pulmonary disease (COPD) in asymptomatic adults who do not recognize or report respiratory symptoms. Based on a review of the evidence on whether screening improves the delivery and uptake of targeted preventive services or improves health outcomes, the USPSTF recommended against screening for COPD in asymptomatic adults. In an Editorial, Martinez and O'Connor discuss population-based screening for unrecognized COPD and case-finding among asymptomatic patients with risk factors.

Editorial **1343** Related Article **1378**

Author Audio Interview jama.com JAMA Patient Page **1419** CME jamanetworkcme.com

Screening for COPD: Evidence Report **1378**

Guirguis-Blake and colleagues summarize findings from the US Preventive Services Task Force review of the evidence relating to screening asymptomatic adults for chronic obstructive pulmonary disease (COPD). Thirty-three studies met the criteria for inclusion in the review. The authors found no direct evidence to determine the effectiveness of screening using questionnaires or office-based pulmonary function testing or the benefits of treatment in screen-detected populations.

Editorial **1343** Related Article **1372**

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Treatment of Actinic Keratosis **1394**

An article in *JAMA Dermatology* reported that a single course of fluorouracil cream, 5%—applied twice daily for up to 4 weeks—resulted in a reduced number of actinic keratoses for longer than 2 years in a high-risk group of patients. This From The JAMA Network article by Lebwohl discusses treatment options for actinic keratosis.

Postprocedural Blue Toes **1396**



Three weeks after undergoing coronary artery bypass graft surgery, a patient presented with altered mental status, acute kidney injury, and dusky discoloration of the distal extremities. He had painful, blue macules and papules on several toes and red macules on his hands. Laboratory examination revealed eosinophilia. What would you do next?

Online @ jama.com



Editor's Audio Summary

Phil B. Fontanarosa, MD, summarizes and comments on this week's issue.

JAMA Cardiology

The JAMA Network welcomes *JAMA Cardiology* to the family of journals. cardiology.jamanetwork.com

Author Interview

VIDEO Interview with Wendy C. King, PhD, author of "Change in Pain and Physical Function Following Bariatric Surgery for Severe Obesity"

AUDIO Interview with William R. Phillips, MD, MPH, author of "Screening for Chronic Obstructive Pulmonary Disease: US Preventive Services Task Force Recommendation Statement"

Screening for COPD



Not recommended

JAMA Patient Page

1419 Screening for Chronic Obstructive Pulmonary Disease

NEWS & ANALYSIS

Medical News & Perspectives

1322 US Hospitals Prepare for Penis Transplants

1324 The JAMA Forum Replacing the Affordable Care Act and Other Suggested Reforms

1326 JAMA Infographic Recent Trends in Prescription Drug Costs

1327 Lab Reports Compound Reverses Memory Deficits in Model of Schizophrenia

Sialylated Sugars in Breast Milk Help Gut Microbes Promote Infant Growth

Noncoding RNA May Help Treat Heart Disease

1328 News From the FDA New Option for Treating Epilepsy

Another Call to Switch Reprocessors

Skull Clamps Are Slipping

Departments

1313 Staff Listing

1398 CME Questions

1409 JAMA Network Abstracts

1411 Classified Advertising

1416 Journal Advertiser Index

1418 Contact Information

Instructions for Authors

jama.com/public/Instructionsforauthors.aspx