

Research

Close Contact Casting for Unstable Ankle Fractures 1455

Among older adults who sustain an unstable ankle fracture, functional outcomes after surgical fixation or traditional plaster casting are often unsatisfactory. In a randomized trial involving 620 adults aged 60 years or older with an acute, unstable ankle fracture, Willett and colleagues compared patient outcomes after close contact casting—a molded below-knee cast with minimal padding—with outcomes after immediate surgical fixation. The authors report that compared with surgery, close contact casting resulted in similar functional outcomes at 6 months. In an Editorial, Sanders discusses outcomes of close contact casting vs surgery for unstable ankle fractures.

📖 Editorial 1451
📄 CME jamanetworkcme.com

Trends in Dietary Supplement Use Among US Adults 1464

Kantor and colleagues examined trends in dietary supplement use among US adults in an analysis of cross-sectional data from 37 958 participants in 7 consecutive National Health and Nutrition Examination Surveys. The authors found overall supplement use was stable between 1999 and 2012, with 52% of US adults reporting any supplement use in the prior 30 days. Use of multivitamins decreased, and trends in use of individual supplements varied across population subgroups. In an Editorial, Cohen discusses consumption of dietary supplements and evidence relating to their health effects.

📖 Editorial 1453
📄 CME jamanetworkcme.com

Association Between Medicaid Expansion and Hospital Finances 1475

The Affordable Care Act allows states the option to expand Medicaid eligibility for uninsured low-income adults—a decision that could have financial implications for hospitals. In an analysis of financial data from hospitals in 19 states that expanded Medicaid in 2014 and hospitals in 25 states that did not, Blavin found that Medicaid expansion was associated with significantly increased Medicaid revenue, decreased uncompensated care costs, and improvements in hospital profit margins.

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Editor in Chief
Howard Bauchner, MD

133 YEARS
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Clinical Review & Education

Probiotics and Prevention of Antibiotic-Associated Diarrhea **1484**

Antibiotic-associated diarrhea is estimated to occur in 11% of pediatric outpatients and 21% of hospitalized children. Probiotics—preparations of nonpathogenic microbes—may prevent antibiotic-associated diarrhea through reinoculation of indigenous intestinal tract flora disturbed by antibiotic use. This JAMA Clinical Evidence Synopsis article by Johnston and colleagues summarizes a Cochrane review of 23 randomized trials (3938 patients total) that evaluated whether co-administration of a probiotic and an antibiotic reduces the risk of antibiotic-associated diarrhea in infants and children. The evidence suggests probiotics are associated with lower rates of antibiotic-associated diarrhea in children and are not associated with an increase in adverse events.

Screening, Evaluation, and Treatment of PAD **1486**

The prevalence of peripheral arterial disease (PAD) is increasing. This JAMA Clinical Guidelines Synopsis article provides a summary of the Society for Vascular Surgery Practice Guidelines for Atherosclerotic Occlusive Disease of the Lower Extremities: Management of Asymptomatic Disease and Claudication. Screening of asymptomatic patients is not recommended. An evidence review found that compared with medical therapy alone, 3 treatment strategies—surgery, endovascular therapy, or exercise therapy—were associated with improved walking distance, claudication symptoms, and quality of life, with little evidence supporting one therapy over another.

Nystagmus and Lower Extremity Hyperalgesia **1488**



A 47-year-old man with a recent history of nausea and vomiting and long-standing severe Crohn disease underwent an elective colectomy. In the postoperative period, he underwent repair of an enterocutaneous fistula. One week later, the patient reported vision changes and a painful burning sensation in both lower extremities. On examination, he had upbeat nystagmus, hyperalgesia, and allodynia in the lower extremities, and a short-term memory deficit. Brain magnetic resonance imaging showed abnormal signals in both medial thalami. What would you do next?



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Author Interview

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