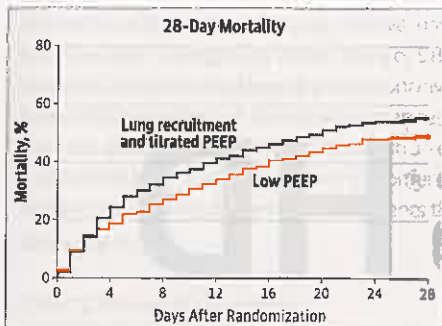


Research

CARING FOR THE CRITICALLY ILL PATIENT

Lung Recruitment in Acute Respiratory Distress Syndrome 1335



In patients with acute respiratory distress syndrome (ARDS), recruitment of collapsed lung units might decrease the risk of ventilator-induced lung injury, but the effect on mortality is not known. The Alveolar Recruitment for Acute Respiratory Distress Syndrome Trial Investigators randomized 1010 patients with moderate to severe ARDS from 120 intensive care units and found that a treatment strategy of lung recruitment and titrated

positive end-expiratory pressure (PEEP) vs a conventional low-PEEP strategy increased 28-day all-cause mortality. In an Editorial, Sahetya and Brower suggest that allowing some lung units to remain closed may be less harmful than aggressive efforts to keep them open.

✚ Editorial 1327

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CARING FOR THE CRITICALLY ILL PATIENT

Management of Blood Pressure During Surgery 1346

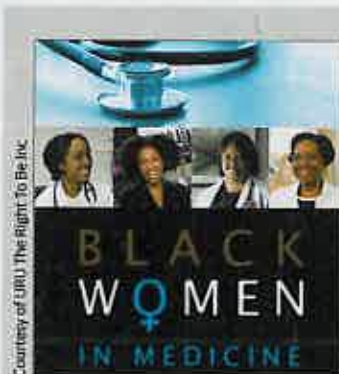
There is no consensus on blood pressure management during surgery to support the perfusion of critical organs. Futier and colleagues randomized 298 high-risk patients undergoing surgery and found that individualized blood pressure management, compared with standard management, reduced the risk of postoperative organ dysfunction. In an editorial, Aronson and Mythen cite recent evidence that intraoperative management of blood pressure is a major risk factor for postoperative organ injury.

✚ Editorial 1330

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Insulin Pump Therapy for Type 1 Diabetes 1358

Pediatric patients with type 1 diabetes who receive pump therapy with rapid-acting insulin have been reported to be at increased risk of ketoacidosis. In a population-based cohort study of 30579 young patients with type 1 diabetes followed up in 446 diabetes centers, Karges and colleagues found that insulin pump therapy, compared with insulin injection therapy, was associated with better glycemic control and lower risks of severe hypoglycemia and ketoacidosis.



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Research (continued)

Fertility in Women With Diminished Ovarian Reserve 1367

Antimüllerian hormone and early follicular phase follicle stimulating hormone and inhibin B, referred to as biomarkers of ovarian reserve, have been promoted as "fertility tests." In a prospective, time-to-pregnancy cohort study of 981 women 30 to 44 years of age without a history of infertility who had been trying to conceive for 3 months or less, Steiner and colleagues found that biomarkers of diminished ovarian reserve, compared with normal ovarian reserve, were not associated with reduced fertility. In an editorial, Santoro suggests that applying findings from studies of infertile women to women who have never attempted to conceive may lead to costly fertility preservation treatments that have no value.

 Editorial 1333

Clinical Review & Education

Using Clinical Prediction Models to Estimate Prognosis 1377

Clinical prediction models can be used to assess the value of diagnostic tests or treatments for individual patients. In this Users' Guide to the Medical Literature, Alba and colleagues explain how a clinical prediction model can be used to assess a patient's absolute risk of an adverse event and to discriminate between patients at higher and lower levels of risk.

 CME jamanetwork.com/learning

Avoiding False-Positive Results in Clinical Trials 1385

Studies that report large numbers of outcomes using the usual statistical significance threshold of .05 may be misleading because there is a high likelihood of falsely concluding that a significant effect is present when none exists. In this JAMA Guide to Statistics and Methods, Yadav and Lewis discuss methods for conducting multiple comparisons while minimizing the risk of a false-positive result.

Treating Patients With Diabetic Foot Syndrome 1387

Patients with diabetes often develop foot ulcers that may heal poorly and ultimately require amputation. In this synopsis of a 2016 guideline developed by the Society for Vascular Surgery, the American Podiatric Medical Association, and the Society for Vascular Medicine, Hart and colleagues discuss approaches to prevent or arrest the progression of diabetic foot syndrome.



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Edward H. Livingston, MD, summarizes and comments on this week's issue.

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