

Research

Choice of Analgesics for Acute Extremity Pain 1661

Opioid analgesics are often used in emergency departments for the treatment of acute pain. In a randomized clinical trial by Chang and colleagues of 416 patients with moderate to severe acute extremity pain seen at 2 urban emergency departments, there were no statistically significant or clinically important differences in pain relief at 2 hours comparing single-dose treatment with ibuprofen and acetaminophen with 3 different opioid and acetaminophen combination analgesics. In an Editorial, Kyriacou suggests that nonopioid treatment of acute pain may decrease the risk of long-term opioid dependence.

📖 Editorial 1655

Increases in US Health Care Spending 1668

Spending on health care in the United States is higher than in any other country and is increasing. Dieleman and colleagues extracted data for 155 health conditions, 36 age and sex groups, and 6 types of care from the Global Burden of Disease 2015 study and the Institute for Health Metrics and Evaluation's US Disease Expenditure 2013 project. The investigators found that increases in US health care spending from 1996 through 2013 were largely related to increases in health care service price and intensity. In an Editorial, Conway notes that more than a third of the annual increase in spending is attributable to aging and growth of the population, but other drivers of spending are potentially modifiable.

📖 Editorial 1657

📺 CME jamanetwork.com/learning

Inflammatory Bowel Disease Regimens and Lymphoma 1679

Drug regimens can maintain remission in patients with inflammatory bowel disease (IBD), but some therapies may be associated with an increased risk of lymphoma. In a nationwide cohort study of 189 289 adult patients with IBD, Lemaître and colleagues found that the use of thiopurine monotherapy or anti-tumor necrosis factor monotherapy was associated with a small but statistically significant increased risk of lymphoma compared with exposure to neither medication; the risk was greater with combination therapy than with either treatment used alone.

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Humanities

The Arts and Medicine

1634 Portraits in Health Policy
T BrownGold

Poetry and Medicine

1717 Rituximab / Bendamustine
CS Halberstadt

JAMA Revisited

1721 Care of the Aged

Opinion

Viewpoint

1645 Potential Health Implications
Related to Fracking
RA Wilke and JW Freeman

1647 Targeting Immune Checkpoints
In Cancer Therapy
SL Topalian

1649 Knowledge for Precision
Medicine: Mechanistic Reasoning and
Methodological Pluralism
MR Tonelli and BH Shirts

1651 Vaccination Challenges in
Confronting the Resurgent Threat
From Yellow Fever
LH Chen and DH Hamer

A Piece of My Mind

1653 Despite My Best Intentions
JS Kahn

Editorial

1655 Opioid vs Nonopioid
Acute Pain Management in the
Emergency Department
DN Kyriacou

1657 Factors Associated With Increased
US Health Care Spending: Implications
for Controlling Health Care Costs
PH Conway

1659 Evidence Supports Action to
Prevent Injurious Falls in Older Adults
EB Larson

LETTERS

Research Letter

1708 Labeling Accuracy
of Cannabidiol Extracts Sold Online
MO Bonn-Miller and Coauthors

1709 Association of Trial Registration
With Reporting of Primary Outcomes
in Protocols and Publications
A-W Chan and Coauthors

Comment & Response

1711 Alendronate and Hip Fracture
in Patients Using Glucocorticoids

1713 Challenges in Implementing
Personalized Care Planning

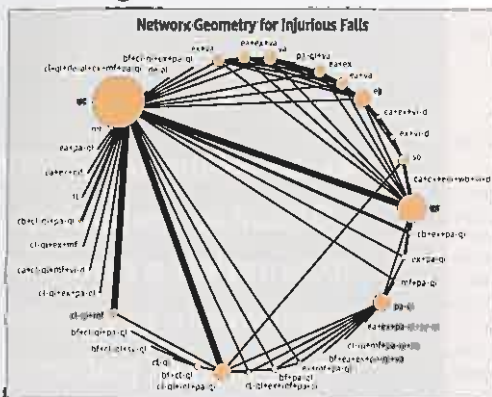
1714 Persistence of Penicillin Allergy

Editor in Chief
Howard Bauchner, MD

134 YEARS
OF CONTINUOUS
PUBLICATION

Research (continued)

Preventing Falls in Older Adults



1687

Older adults who experience falls are at increased risk of anxiety, depression, severe injury, and death. Tricco and colleagues conducted a systematic review and meta-analysis of 283 randomized clinical trials of interventions to prevent falls in patients aged 65 years or older and found that exercise alone or combined with other interventions was associated with a decreased risk of injurious falls compared with usual

care. In an Editorial, Larson suggests that clinicians should explore their patients' readiness to engage in physical activity and tailor their recommendations accordingly.

Editorial 1659

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Clinical Review & Education

Antiepileptic Agents and Congenital Malformations

1700

In this Clinical Evidence Synopsis summarizing a Cochrane review of 49 observational cohort studies and 1 randomized clinical trial, Bromley and colleagues discuss treatment options for the management of epilepsy during pregnancy.

Screening for Chronic Obstructive Pulmonary Disease

1702

In this JAMA Clinical Guidelines Synopsis of a 2017 guideline developed by the Global Initiative for Chronic Obstructive Lung Disease, Press and colleagues discuss the role of spirometry in patients with symptoms of airflow obstruction.

Urine Drug Screen Metabolites and Impurities

1704

This JAMA Diagnostic Test Interpretation by Nagpal and colleagues presents a 50-year-old woman taking prescription methadone, morphine, and other medications for chronic pain from steroid-related vertebral fractures. Her new primary care physician ordered a comprehensive urine drug screen. How would you interpret these results?

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Editor's Audio Summary

Howard Bauchner, MD, summarizes and comments on this week's issue.

Research Ethics Site

Important documents and discussions of ethical principles are available at sites.jamanetwork.com/research-ethics.

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JAMA Patient Page
1728 Polypharmacy

NEWS & ANALYSIS

Medical News & Perspectives

1639 Bioethics Panels Open Door Slightly to Germline Gene Editing

Bench to Bedside

1641 Gene Editing Provides Clues to Why Cancer Immunotherapy Often Fails

The JAMA Forum

1642 Republicans Will Own Whatever Happens to the ACA and Health Care Reform

1644 News From the FDA

First Biosimilar to Treat Cancer

Duodenoscope Design Aimed at Infection Prevention

Intravenous Lymphoma Drug Approved

Departments

1629 Staff Listing

1706 CME Questions

1722 Classified Advertising

1726 Journal Advertiser Index

1727 Contact Information

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