

Research

Behavioral Intervention for Conflict-Related Distress **2609**

In a randomized trial that enrolled 346 adults who lived in a conflict-affected area of Pakistan and were impaired by psychological distress, Rahman and colleagues assessed the efficacy of a multicomponent behavioral intervention—delivered by lay health workers—to address stress-related mental health issues. The authors report that compared with enhanced usual care (psychoeducation and an opportunity to talk in a supportive environment), the lay health worker-administered intervention, which included strategies of problem solving, behavioral activation, social support, and stress management, resulted in clinically significant reductions in anxiety and depressive symptoms at 3 months. In an Editorial, Neugebauer discusses progress in the evaluation of mental health interventions in resource poor countries.

Editorial **2601** Related Article **2618**

CME jamanetworkcme.com

Primary Care Intervention for Mental Health Symptoms **2618**

In a cluster randomized trial that enrolled 573 adult Zimbabwean patients who screened positive for common mental disorders and symptoms of depression, Chibanda and colleagues assessed the effect of a culturally adapted, lay health worker-administered, primary care-based intervention that involved individual problem solving with education and support. The authors found that compared with enhanced usual care, the lay health worker-administered problem-solving intervention resulted in improved mental health symptoms at 6 months.

Editorial **2601** Related Article **2609**

Spending on Personal Health Care and Public Health, 1996-2013 **2627**

US spending on health care continues to increase. To provide estimates of spending on health care by condition (n = 155), age, sex, and type of care, Dieleman and colleagues analyzed data from government budgets, insurance claims, facility and household surveys, and official US records—representing a combined 183 data sources for the years 1996 through 2013. Among the authors' findings was that diabetes, ischemic heart disease, and low back and neck pain accounted for the highest amounts of spending by disease category. In an Editorial, Emanuel discusses ways the nation's health care dollars might be better spent.

Editorial **2604**



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Comment & Response

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2678 Correction

Editor in Chief
Howard Bauchner, MD

133 YEARS
OF CONTINUOUS
PUBLICATION

Research (continued)

Readmission Reduction Program Penalty Effects on Readmissions 2647

The Hospital Readmission Reduction Program (HRRP) imposes financial penalties on hospitals with higher-than-expected readmission rates for fee-for-service Medicare beneficiary patients hospitalized with acute myocardial infarction, heart failure, and pneumonia. In an analysis of 2008-2015 data representing more than 20 million hospital discharges, Desai and colleagues found that compared with nonpenalized hospitals, those subject to HRRP penalties had greater reductions in readmission rates, particularly for the targeted conditions.

Clinical Review & Education

New-Onset Seizures in Adults and Adolescents 2657

Only 2% to 3% of individuals who experience a seizure will develop epilepsy; thus, understanding the underlying etiology of new-onset seizures is key to proper treatment. Based on a review of 99 articles, Gavvala and Schuele present a rational approach to the evaluation of new-onset seizures in adults and adolescents. Important elements of the history and physical examination, electroencephalography and brain imaging findings, and treatment considerations are reviewed.

📺 JAMA Patient Page 2686

🎧 Author Audio Interview jama.com CME jamanetworkcme.com

Staff Safety When Treating Potentially Violent Patients 2669

This article by Roca and colleagues in the JAMA Performance Improvement series presents the following scenario: a patient with paranoid schizophrenia and a history of incarceration for assault was involuntarily admitted to an inpatient psychiatric unit after arrest for setting a fire. While hospitalized, the patient attacked a nurse, causing severe injury. The authors discuss strategies to improve the safety of staff treating potentially violent patients.

🎧 Author Audio Interview jama.com CME jamanetworkcme.com

Intra-articular Corticosteroids for Osteoarthritis of the Knee 2671

This JAMA Clinical Evidence Synopsis article summarizes a Cochrane review of 27 randomized clinical trials (1767 total participants) of intra-articular corticosteroids vs sham injection or no intervention in patients with knee osteoarthritis. The review found that intra-articular corticosteroids may be associated with moderate improvement in pain and a small improvement in physical function in the early weeks after injection. An Editorial by Felson discusses contradictory evidence regarding the effects of corticosteroid injection for knee osteoarthritis.

📰 Editorial 2607

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Editor's Audio Summary

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

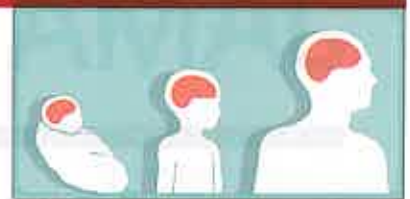


AUDIO Interview with Robert P. Roca, MD, MPH, MBA, author of "Ensuring Staff Safety When Treating Potentially Violent Patients"

Author Interview



AUDIO Interview with Jay R. Gavvala, MD, MSCI, author of "New-Onset Seizure in Adults and Adolescents: A Review"



JAMA Patient Page

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NEWS & ANALYSIS

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Inflammatory Bowel Disease Is More Common Than Earlier Studies Showed

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