

## Research

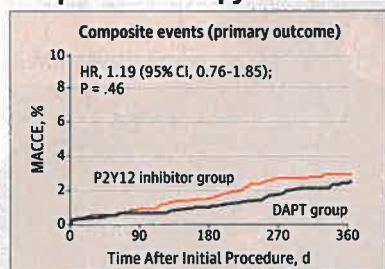
### Shortening the Course of Dual Antiplatelet Therapy 2414

Patients who have undergone percutaneous coronary intervention with a drug-eluting stent may not require a prolonged course of dual antiplatelet therapy (DAPT). Watanabe and colleagues for the STOPDAPT-2 Investigators randomized 3045 patients who had undergone percutaneous coronary intervention with a cobalt-chromium everolimus-eluting coronary stent and found that 1 month of DAPT followed by clopidogrel monotherapy, compared with 12 months of DAPT with aspirin and clopidogrel, resulted in a significantly lower rate of a composite of cardiovascular and bleeding events. In an Editorial, Ziada and Moliterno suggest that shortening the course of DAPT may be appropriate for patients with newer-generation stents who have a reduced risk of atherosclerosis.

Editorial 2409 Related Article 2428

Audio Interview [jama.com](http://jama.com) CME [jamanetwork.com/learning](http://jamanetwork.com/learning)

### Antiplatelet Therapy After Percutaneous Coronary Intervention 2428



Dual antiplatelet therapy (DAPT) after percutaneous coronary intervention decreases the risk of stent thrombosis but increases the risk of major bleeding. Hahn and colleagues for the SMART-CHOICE Investigators randomized 2993 patients who were undergoing percutaneous coronary intervention with drug-eluting stents and found that P2Y12 inhibitor monotherapy after 3 months of DAPT, compared with prolonged DAPT, resulted in noninferior rates of major adverse cardiac and cerebrovascular events (MACCE).

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Editorial 2409 Related Article 2414

Audio Interview [jama.com](http://jama.com)

### Validation of a Disease Threshold for Airway Obstruction 2438

Establishing a threshold for clinically important airway obstruction may facilitate the early detection and treatment of chronic obstructive pulmonary disease (COPD). Bhatt and colleagues analyzed longitudinal data for 24207 adults and identified a disease threshold for airway obstruction that accurately discriminated COPD-related hospitalization and mortality. In an Editorial, Vestbo and Lange suggest that further research is needed to classify COPD by mechanisms of disease.

Editorial 2412

CME [jamanetwork.com/learning](http://jamanetwork.com/learning)



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Editor in Chief  
Howard Bauchner, MD

**135 YEARS**  
OF CONTINUOUS  
PUBLICATION



## Clinical Review & Education

### Did This Patient Have Cardiac Syncope? **2448**

The most common causes of transient loss of consciousness with spontaneous recovery attributable to a reduction in cerebral perfusion are cardiac syncope, reflex syncope, and orthostatic hypotension. This article in the JAMA Rational Clinical Examination series by Albassam and colleagues reviews the clinical diagnosis of cardiac syncope.

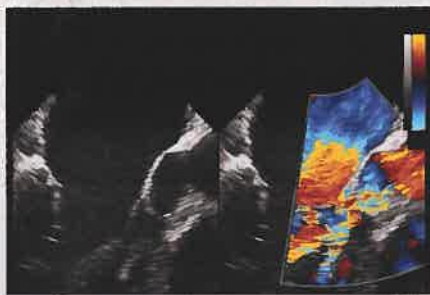
## WOMEN'S HEALTH

### Menopausal Hormone Therapy **2458**

Menopausal vasomotor symptoms can adversely affect sleep, daily functioning, and quality of life. This JAMA Insights article by Shifren and colleagues discusses the benefits and risks of menopausal hormone therapy.

Author Audio Interview [jama.com](http://jama.com)

### A Man With Fever, Dyspnea, and Hypotension **2460**



This JAMA Clinical Challenge by Oh and colleagues presents a 61-year-old man with fever, hemodynamic instability, and signs of pulmonary edema. What would you do next?

## Online @ jama.com



### Editor's Audio Summary

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

### Audio Interview



Ed Livingston, MD, and Gregory Curfman, MD, discuss dual antiplatelet therapy for patients undergoing percutaneous coronary intervention.



### Author Audio Interview

Andrew A. Nierenberg, MD, author of "Evolving Issues in the Treatment of Depression"



Jan L. Shifren, MD, author of "Menopausal Hormone Therapy"

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