

Research

Frozen vs Fresh Fecal Transplant for Recurrent *C difficile* Infection 142

Fecal microbiota transplantation (FMT) is a promising—but not readily available—intervention for recurrent *Clostridium difficile* infection. In a randomized noninferiority trial involving 232 adults with recurrent or refractory *C difficile* infection, Lee and colleagues found similar proportions of patients receiving frozen (and thawed) FMT or fresh FMT—both administered by enema—achieved clinical resolution of diarrhea at 13 weeks. In an Editorial, Malani and Rao discuss use of frozen stool to expand access to FMT.

◀ Editorial 137

Mental Health Conditions Among Bariatric Surgery Patients 150

Dawes and colleagues undertook a systematic review (68 relevant studies identified, representing >50 000 patients) to assess the prevalence of mental health conditions among bariatric surgery candidates and recipients and to examine whether preoperative mental health conditions are associated with health outcomes following surgery. The authors found that mental health conditions are common among bariatric surgery patients—particularly depression and binge eating disorder. The evidence is inconsistent regarding the association between preoperative mental health and postoperative weight loss. Moderate-quality evidence supports an association between bariatric surgery and lower rates of depression after surgery.

Accuracy of Equations to Predict Risk of Kidney Failure 164

Tangri and colleagues previously developed and validated kidney failure risk equations using demographic and laboratory data from Canadian patients. To assess the accuracy of the equations across different geographic regions and patient populations, Tangri and colleagues from the Chronic Kidney Disease Prognosis Consortium completed a meta-analysis of data from 721 357 patients enrolled in 31 multinational studies. The authors found that the kidney failure risk equations developed in a Canadian population showed high discrimination and adequate calibration when applied to the multinational cohorts.

Lung Volume Reduction Coil Treatment for Severe Emphysema 175

Therapeutic options are limited in severe emphysema. Lung volume reduction treatment using coils—a minimally invasive bronchoscopic intervention—induces parenchyma compression and restores lung recoil. In a multicenter randomized trial involving 100 patients with bilateral severe emphysema, Deslée and colleagues found that compared with usual care, bronchoscopic placement of nitinol coils resulted in improved exercise capacity at 6 months. Short-term costs were high. In an Editorial, Scirba and colleagues discuss optimal patient selection for lung volume reduction strategies.

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Editor in Chief
Howard Bauchner, MD

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Clinical Review & Education

Constipation: Diagnostic and Therapeutic Advances **185**

Chronic constipation is a common patient complaint that accounts for approximately 8 million physician visits, annually. Based on a review of the literature (2005 to 2015; 21 studies and 12 reviews or meta-analyses identified for inclusion), Wald discusses recent advances in the treatment of chronic idiopathic and opioid-induced constipation. Studies assessing the efficacy of prokinetic agents, intestinal secretagogues, stimulant laxatives for chronic idiopathic constipation, and agents to treat opioid-induced constipation—particularly peripherally restricted μ -opioid receptor antagonists—are summarized. A suggested algorithm for treating patients with chronic idiopathic constipation, including those with constipation refractory to available medication, is presented.

📖 Related Articles **192** and **194** JAMA Patient Page **214**

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Assessment and Treatment of Chronic Constipation in Adults **192**

This JAMA Clinical Guidelines Synopsis by Stern and Davis summarizes the 2013 American Gastroenterological Association Medical Position Statement on Constipation, which addresses evaluation and treatment of adults with chronic constipation. An algorithmic approach to patient assessment and treatment is outlined. The guideline suggests that most patients can be treated effectively without undertaking extensive testing.

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From The Medical Letter: Naloxegol **194**

This Medical Letter on Drugs and Therapeutics article provides information about naloxegol—a derivative of the opioid antagonist naloxone—approved for oral treatment of opioid-induced constipation in adults with chronic noncancer pain. Efficacy, safety, and adverse event data from clinical trials of naloxegol are summarized.

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Author Interview

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