

## Research

### Reevaluation of Physician-Diagnosed Asthma in Adults 269

In a prospective cohort study of 613 adults with a history of physician-diagnosed asthma in the past 5 years, Aaron and colleagues assessed whether a diagnosis of current asthma could be ruled out and asthma medications stopped. Participants were assessed with peak flow and symptom monitoring, spirometry, and bronchial challenge tests, and daily asthma medications were gradually tapered. The authors report that current asthma was ruled out in 203 study participants (33.1%) who were not using daily asthma medications or had medications weaned. In an Editorial, Hollingsworth and O'Connor discuss diagnosis and remission of adult-onset asthma.

Editorial 262

CME [jamanetworkcme.com](http://jamanetworkcme.com)

### Diabetes and Cause-Specific Mortality in China 280

The prevalence of diabetes has increased substantially in China. Bragg and colleagues assessed the proportional excess mortality associated with diabetes in an analysis of data from 512 869 adult participants in a nationwide prospective study. The authors found that diabetes was associated with increased mortality from a range of cardiovascular and non-cardiovascular diseases. Although diabetes was more common in urban areas, diabetes-related excess mortality was greater in rural areas. In an Editorial, Chan discusses the epidemic of diabetes and diabetes-associated mortality in China.

Editorial 264

CME [jamanetworkcme.com](http://jamanetworkcme.com)

### Prognostic Accuracy of the SOFA Score for In-Hospital Mortality 290

In a retrospective cohort study of 184 875 adults admitted to the intensive care unit with suspected infection, Raith and colleagues assessed the prognostic accuracy of the Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score, the quick SOFA (qSOFA) score, and the systemic inflammatory response syndrome criteria for in-hospital mortality. The authors report that an increase in the SOFA score of 2 or more had greater prognostic accuracy for in-hospital mortality than the SIRS criteria or qSOFA score. In an Editorial, Lamontagne and colleagues discuss use of the qSOFA score for rapid identification of patients with suspected infection who have, or will likely develop, sepsis.

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## Opinion

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Editor in Chief  
Howard Bauchner, MD

**133 YEARS**  
OF CONTINUOUS  
PUBLICATION

## Research (continued)

### Prognostic Accuracy of Sepsis-3 Criteria Among Patients in the ED 301

In a multicenter cohort study that enrolled 879 consecutive patients who presented to the emergency department (ED) with suspected infection, Freund and colleagues assessed the validity of the Sepsis-3 criteria, particularly the qSOFA score, in this setting. The authors report that use of the qSOFA score was associated with greater prognostic accuracy for in-hospital mortality than the systemic inflammatory response syndrome criteria or severe sepsis.

Editorial 267

## Clinical Review & Education

### Latex Allergy 309

This article by Minami and colleagues in the JAMA Performance Improvement series presents the following scenario: a woman with a history of a latex allergy presented for colectomy and ureteral stent placement. After a sign-in and time-out, the urology team placed bilateral ureteral stents and inserted a Foley catheter. Prior to progressing to the next portion of the case, the urology and nursing teams identified that a latex Foley catheter had been inserted. What would you do next?

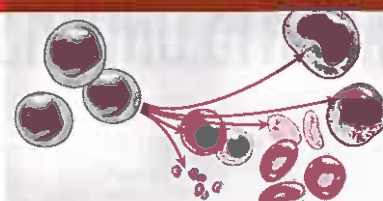
Author Audio Interview [jama.com](http://jama.com) CME [jamanetworkcme.com](http://jamanetworkcme.com)

### Antifungals and Prevention of Fungal Infection in ICU Patients 311

Invasive fungal infections are important causes of morbidity and mortality among critically ill patients. This JAMA Clinical Evidence Synopsis by Cortegiani and colleagues summarizes a Cochrane review (22 randomized trials; 2761 total patients) that assessed the association of antifungal treatments administered prior to diagnosis of an invasive fungal infection with subsequent rates of invasive fungal infection and mortality among nonneutropenic critically ill patients in the intensive care unit (ICU).

### From The Medical Letter: Epinephrine Auto-Injectors 313

The high price of epinephrine auto-injectors EpiPen and EpiPen Jr may prompt patient queries about alternative products to treat anaphylaxis. This article from *The Medical Letter on Drugs and Therapeutics* provides summary information about Adrenaclick and its generic equivalent—the only alternatives to EpiPen products currently available in the United States. Adrenaclick and its generic equivalent are not considered interchangeable with the EpiPen products due to differences in design and instructions for use.



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### Editor's Audio Summary

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



### Author Interview

AUDIO Interview with Cynthia Barnard, PhD, MBA, MSJS, author of "Management of a Patient With a Latex Allergy"



AUDIO Interview with Griffin P. Rodgers, MD, director of NIDDK, on the new Nutrition Research Task Force at NIH.

### Statins for Primary Prevention

Read the latest recommendations about use of statins to prevent CVD and related research from across The JAMA Network at <http://sites.jamanetwork.com/statins/>.

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