

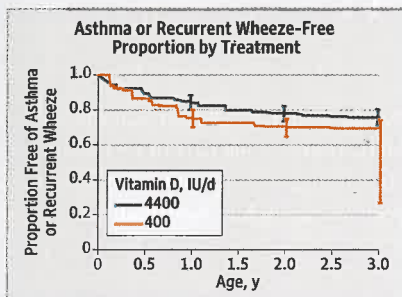
Research

Vitamin D₃ Supplement in Pregnancy and Childhood Wheezing 353

Observational data suggest that increased vitamin D intake during pregnancy may reduce the risk of wheezing in early childhood. In a clinical trial examining this relationship, Chawes and colleagues randomly assigned 623 women to receive vitamin D₃ (2400 IU/d) or placebo beginning in pregnancy week 24 and continued through 1 week postpartum. All women received 400 IU/d of vitamin D₃ as part of usual pregnancy care. The authors report that compared with 400 IU/d of vitamin D₃, use of 2800 IU/d did not result in a statistically significantly reduced risk of persistent wheeze in their offspring through age 3 years.

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Antenatal Vitamin D and Asthma or Recurrent Wheezing 362



In a randomized trial involving 881 pregnant women, Litonjua and colleagues assessed whether prenatal vitamin D supplementation—4400 IU/d compared with 400 IU/d—can prevent asthma or recurrent wheeze in early childhood. The authors found that compared with vitamin D 400 IU/d—the amount in a prenatal vitamin—supplementation with 4400 IU/d significantly increased vitamin D levels in the women but

was not associated with a significantly lower incidence of asthma or recurrent wheeze in their children through 3 years of age. In an Editorial, von Mutius and Martinez discuss inconclusive findings from clinical trials of prenatal vitamin D supplementation for early childhood asthma prevention.

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Comparative Efficacies of Smoking Cessation Therapies 371

In a 3-group open-label randomized trial involving 1086 adult smokers motivated to quit smoking, Baker and colleagues assessed the comparative efficacy of 12 weeks' treatment with the nicotine patch, varenicline, or combination nicotine replacement (nicotine patch and nicotine lozenge) for smoking cessation. The authors found the 3 treatments produced comparable rates of smoking abstinence at 26 weeks' follow-up.



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Editor in Chief
Howard Bauchner, MD

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Clinical Review & Education

Screening for Depression in Adults

380

This US Preventive Services Task Force (USPSTF) Recommendation Statement by Siu and colleagues addresses screening for depression in adults. The USPSTF recommends screening for depression in the general adult population, including older adults and pregnant and postpartum women. Summary findings from the USPSTF evidence review of the benefits and harms of screening for depression in adults; the accuracy of depression screening instruments; and the benefits and harms of treatment are presented. In an Editorial, These discusses progress and unrealized potential in primary care screening and treatment for depression.

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📺 Author Audio Interview and Author Video Interview jama.com CME jamanetworkcme.com

Screening, Treatment of Depression in Pregnancy and Postpartum

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This Evidence Report for the US Preventive Services Task Force by O'Connor and colleagues summarizes the evidence relating to benefits and harms of depression screening and treatment in pregnant and postpartum women and evidence relating to the diagnostic accuracy of selected depression screening instruments in this population.

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Analyzing Repeated Measurements Using Mixed Models

407

Longitudinal studies often include multiple, repeated measurements from each study participant, which are more likely to be similar to each other than measurements from different patients—a correlation to consider in analyses of the study data. This JAMA Guide to Statistics and Methods article by Detry and Ma discusses advantages and limitations of mixed-model analysis, a method that accounts for factors assumed to be the same and those likely to vary substantially across a cohort of patients.

Immunotherapies and Outcomes in Relapsing-Remitting MS

409

This JAMA Clinical Evidence Synopsis by Tramacere and colleagues summarizes a Cochrane review (39 clinical trials; 25 113 patients total) of immunotherapies for relapsing-remitting multiple sclerosis (MS). Immunotherapies associated with the greatest benefit for relapse prevention and those with the highest risk of discontinuation due to adverse events were identified.

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Editor's Audio Summary

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

Author Interview

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The JAMA Forum

Insightful commentary on the political aspects of health care from leading health economists, health policy experts, and legal scholars

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