

## Research

### Outcomes of Hospitalization During Return ED Visits **663**

The rate of return visits to the emergency department (ED) has been proposed as a measure of the quality of emergency care. In an analysis of more than 9 million adult ED visits to 424 hospitals in New York and Florida, Sabbatini and colleagues found that compared with patients hospitalized during an index ED visit and having no return visit to the ED, patients who were initially discharged from the ED and admitted during a return visit to the ED had lower in-hospital mortality, intensive care unit admission rates, and in-hospital costs and had longer lengths of stay. In an Editorial, Adams discusses quality metrics for emergency care.

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### Interstitial Lung Abnormalities and All-Cause Mortality **672**



Interstitial lung abnormalities (ILA)—specific patterns of increased lung density seen on computed tomographic scans in persons with no prior history of interstitial lung disease—are associated with reductions in lung capacity, exercise capacity, and gas exchange. Putman and colleagues assessed whether these abnormalities are associated with increased mortality in an analysis of data from 4 separate prospective cohort studies (11691 total participants). The authors report that over median

follow-up times of 3 to 9 years, the presence of ILAs on chest computed tomography was associated with an increased risk of all-cause mortality.

### Detecting Acute HIV Infection in a High-Prevalence Population **682**

Acute HIV infection contributes disproportionately to HIV transmission. In a multisite, prospective, within-individual comparison study that involved 86 836 individuals at high risk of HIV infection who sought HIV screening, Peters and colleagues compared the performance of an HIV antigen/antibody (Ag/Ab) combination assay with the reference standard—pooled HIV RNA testing. The authors report that HIV screening using an HIV Ag/Ab combination assay following a negative rapid HIV test detected 82% of acute HIV infections detectable by pooled HIV RNA testing.

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## Humanities

### The Art of JAMA

**640** *Waiting Room*, circa 1936.  
Philip Evergood (1901-1973).

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### JAMA Revisited

**709** *Cancer of the Breast: Figures Which Show That Education Can Increase the Number of Cures*

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S Galea and GJ Annas

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A Thurston

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JG Adams

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M Silverstein and J Radesky

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Editor in Chief  
Howard Bauchner, MD

**132 YEARS**  
OF CONTINUOUS  
PUBLICATION

## Clinical Review & Education

### Screening for Autism Spectrum Disorder in Young Children **691**

This US Preventive Services Task Force (USPSTF) Recommendation Statement by Siu and colleagues addresses screening for autism spectrum disorder (ASD) in young children without a diagnosis of ASD or developmental delay and for whom no concerns of ASD have been raised by parents, other caregivers, or health care professionals. Based on a review of the evidence on the accuracy, benefits, and potential harms of brief screening instruments for ASD administered during routine primary care visits, the USPSTF concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening for ASD in this population. In an Editorial, Silverstein and Radesky discuss complexities and consequences of universal ASD screening.

◀ Editorial **661** JAMA Patient Page **718**

➤ Author Audio Interview [jama.com](http://jama.com) Continuing Medical Education [jamanetworkcme.com](http://jamanetworkcme.com)

### Screening for Prediabetes and Type 2 Diabetes **697**

This JAMA Clinical Guidelines Synopsis by Laiteerapong and Cifu summarizes the 2015 US Preventive Services Task Force Guideline for abnormal blood glucose and type 2 diabetes screening in overweight and obese adults. The USPSTF recommends screening every 3 years, commencing at age 40 years; however, screening may be considered at a younger age in persons with a family history of diabetes, a personal history of gestational diabetes or polycystic ovary syndrome, or persons who are members of racial/ethnic minority groups known to be at increased risk of diabetes.

### Hyperpigmented Reticulated Patch in an Older Man **699**



Bae and colleagues present the case of a 67-year-old man who was receiving rituximab for membranous nephropathy and who was noted to have a large, painless, and nonpruritic hyperpigmented and reticulated patch on his back. When questioned, the patient acknowledged the patch had been present for several months. He reported a 40-year history of heating pad use for chronic back pain, but he denied a history of heating pad-related burns or thermal trauma. What would you do next?

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### Editor's Audio Summary

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

### Author Interview

**AUDIO** Interview with David C. Grossman, MD, MPH, author of "Screening for Autism Spectrum Disorder in Young Children: US Preventive Services Task Force Recommendation Statement"

## ➤ Online @ [jamainternalmedicine.com](http://jamainternalmedicine.com)

**VIDEO** Interview with Jennifer L. Wolff, PhD, author of "A National Profile of Family and Unpaid Caregivers Who Assist Older Adults With Health Care Activities"

### 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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