

## Research

### Testosterone Treatment and Coronary Artery Plaque **708**

Recent studies have yielded conflicting results about the cardiovascular risks of testosterone therapy. In a trial of 170 men aged 65 years and older with low testosterone levels and symptoms suggestive of hypogonadism, Budoff and colleagues found that treatment with testosterone gel for 1 year compared with placebo was associated with a significantly greater increase in coronary artery noncalcified plaque volume. In an Editorial on this and another article in this issue on testosterone therapy and age-related cognitive function, Handelsman suggests that physicians should consider the cardiovascular risks associated with off-label testosterone use.

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### Testosterone Treatment and Cognitive Function **717**

Studies have suggested that reduced circulating testosterone concentration may contribute to age-related cognitive decline. In a trial of 493 men who met criteria for age-associated memory impairment, Resnick and colleagues found that treatment with testosterone for 1 year compared with placebo was not associated with improved memory or other cognitive functions. In an Editorial on this and an article in this issue on testosterone therapy and coronary artery plaque, Handelsman discusses the lack of evidence that testosterone has rejuvenating effects.

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### Collaborative Care for Depressive Symptoms in Older Adults **728**

Collaborative care provided by a case manager under the principles of chronic disease management is effective for people with depression meeting diagnostic thresholds, but its ability to reduce depressive symptoms in high-risk populations has not been studied. In a trial of 705 participants aged 65 years or older with subthreshold depression, Gilbody and colleagues found that collaborative care compared with usual care resulted in a statistically significant difference in depressive symptoms at 4-month follow-up. However, the difference was small and of uncertain clinical importance. In an Editorial, Kroenke suggests that further research may identify patients with subthreshold depression who are most likely to benefit from treatment.

📖 Editorial 702

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Editor in Chief  
Howard Bauchner, MD

**133 YEARS**  
OF CONTINUOUS  
PUBLICATION

## Research (continued)

### Fibrinogen Concentrate for Intraoperative Bleeding **738**

Excessive bleeding is one of the most common complications in cardiac surgery. To avoid adverse events associated with red blood cell transfusions, intraoperative bleeding is often treated with coagulation factor replacement therapies, although their efficacy has not been established. To determine whether fibrinogen concentrate infusion reduces intraoperative blood loss, Bilecen and colleagues enrolled 120 patients undergoing elective, high-risk cardiac surgery with intraoperative bleeding and randomized them to receive either fibrinogen concentrate or placebo. There was no significant difference between the groups in the volume of blood loss, indicating a lack of benefit of fibrinogen.

## Clinical Review & Education

### Adjusted Analyses in Studies Addressing Therapy and Harm **748**

Bias in observational studies can result from unequal distributions of prognostic factors between patients exposed or not exposed to an intervention. The purpose of this Users' Guide to the Medical Literature is to introduce readers to fundamental concepts underlying adjustment as a way of dealing with prognostic imbalance and to the basic principles and relative trustworthiness of various adjustment strategies. In an Editorial, Goodman and colleagues explain why observational studies based on large volumes of data ("big data") may be just as susceptible to misinterpretation as smaller observational studies owing to poor data quality, poor fit with the causal question, or design bias.

**Editorial 705**

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

### Cellulitis **760**

An article in *JAMA Dermatology* reported that inflammatory dermatoses of the lower extremity are often misdiagnosed as cellulitis and treated with antibiotics. In this From The JAMA Network article, Moran and Talan discuss the challenges in diagnosing lower extremity cellulitis and in determining which patients could be treated without hospitalization.

### Management of Chronic Insomnia **762**

The diagnostic criteria for chronic insomnia include difficulty falling asleep or staying asleep 3 or more nights per week, for at least 3 months, with accompanying distress or daytime dysfunction. Treatment options for chronic insomnia include behavioral therapy, cognitive behavioral treatment for insomnia, and pharmacotherapy. In this JAMA Clinical Guidelines Synopsis, Medalie and Cifu discuss a guideline developed by the American College of Physicians recommending cognitive behavioral treatment for insomnia as initial therapy for all adult patients with chronic insomnia disorder.

## Online @ jama.com



### Editor's Audio Summary

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

### Critical Care Content

Read the collection of JAMA Network articles on critical care at [jamanetwork.com/journals/jama/pages/scm](http://jamanetwork.com/journals/jama/pages/scm).

### Author Interview

**VIDEO** Interview with Peter J. Snyder, MD, author of "Testosterone Treatment and Coronary Artery Plaque Volume in Older Men With Low Testosterone" and "Testosterone Treatment and Cognitive Function in Older Men With Low Testosterone and Age-Associated Memory Impairment"



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