

## Research

### Atorvastatin and Acute Kidney Injury After Cardiac Surgery 877

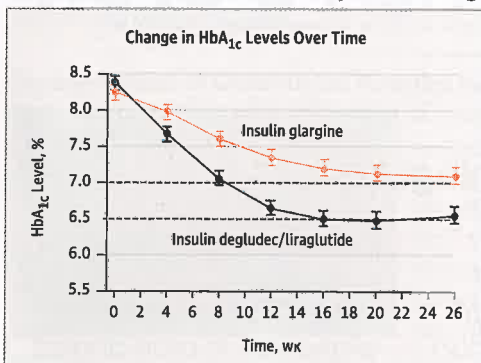
Observational data suggest a reduced risk of postoperative acute kidney injury (AKI) associated with preoperative statin treatment. In a randomized, placebo-controlled trial involving 199 patients who underwent cardiac surgery and were naive to statin treatment and 416 patients taking statins prior to study enrollment, Billings and colleagues found that compared with placebo, high-dose perioperative atorvastatin did not reduce the risk of AKI—either among patients naive to statin treatment or among patients with prior statin use. In an Editorial, Bellomo discusses perioperative statins in patients undergoing cardiac surgery and the risk of AKI.

Continuing Medical Education [jamanetworkcme.com](#) Editorial 873

### RBC Transfusion and Necrotizing Enterocolitis in VLBW Infants 889

The pathogenesis of necrotizing enterocolitis (NEC)—a leading cause of mortality among preterm infants—is unclear, with conflicting data regarding the role of red blood cell (RBC) transfusion and anemia. In a secondary analysis of data from a prospective study that enrolled 600 very low-birth-weight (VLBW) infants—of whom 319 had RBC transfusion exposure and 44 developed NEC—Patel and colleagues found that severe anemia but not RBC transfusion was associated with an increased risk of NEC.

### Insulin Glargine vs Insulin Degludec/Liraglutide 898



Achieving optimal glycemic control is a challenge for many patients with type 2 diabetes, even with insulin therapy. In a multicenter, randomized, open-label trial that enrolled 557 patients with type 2 diabetes that was uncontrolled with insulin glargine plus metformin, Lingvay and colleagues found that 26 weeks of treatment with a fixed ratio of insulin degludec/liraglutide—to a

maximum dose of 50 units of degludec and 1.8 mg of liraglutide—resulted in reductions in hemoglobin A<sub>1c</sub> (HbA<sub>1c</sub>) levels that were noninferior to those achieved with up-titration—with no maximum dose—of insulin glargine. Secondary analyses indicated significantly greater HbA<sub>1c</sub> reduction with insulin degludec/liraglutide.

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## Opinion

### Viewpoint

863 Health System Loyalty Programs: An Innovation in Customer Care and Service  
LF McMahon Jr, R Tipirneni, and V Chopra

865 The Emerging Zika Pandemic: Enhancing Preparedness  
DR Lucey and LO Gostin

867 Antiretroviral Preexposure Prophylaxis: Opportunities and Challenges for Primary Care Physicians  
KH Mayer, DS Krakower, and SL Boswell

869 Oregon's Medicaid Coordinated Care Organizations  
KJ McConnell

### A Piece of My Mind

871 A Place to Stay  
BW Clark

### Editorial

873 Perioperative Statins in Cardiac Surgery and Acute Kidney Injury  
R Bellomo

875 Visual Acuity Screening Among Asymptomatic Older Adults  
P Lee

### LETTERS

#### Research Letter

939 Association Between Having a Highly Educated Spouse and Physician Practice in Rural Underserved Areas  
DO Staiger and Coauthors

#### Comment & Response

941 Hip Fracture Surgery vs Elective Total Hip Replacement

943 Implementing Quality Improvement for Psychosocial Interventions

#### 944 Correction



## Humanities

### The Art of JAMA

848 March 1957 (Starbotten), 1957.  
Wilhelmina Barns-Graham (1912-2004).

### Poetry and Medicine

945 Heart Failure

### JAMA Revisited

946 The Examination of School Children's Eyes and Ears

Editor in Chief  
Howard Bauchner, MD

**132 YEARS**  
OF CONTINUOUS  
PUBLICATION

## Clinical Review & Education

### Screening for Impaired Visual Acuity in Older Adults **908**

This US Preventive Services Task Force (USPSTF) Recommendation Statement by Siu and colleagues addresses primary care visual acuity screening for asymptomatic adults aged 65 years or older. Based on a review of the evidence, the USPSTF concluded that the evidence is insufficient to assess the balance of benefits and harms of screening for visual acuity impairment associated with uncorrected refractive error, cataracts, or age-related macular degeneration. In an Editorial, Lee discusses visual acuity screening among asymptomatic older adults.

📖 Editorial **875** Related Article **915**

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

### Vision Impairment Screening in Older Adults: Evidence Report **915**

Chou and colleagues summarize findings from the US Preventive Services Task Force review and analysis of recent data (2008 to January 2016) regarding the diagnostic accuracy and benefits and harms of primary care screening of asymptomatic older adults for impaired visual acuity. The authors report that screening can identify persons with visual acuity impairment; however, the evidence review found that visual acuity improvement and other clinical outcomes did not differ significantly among older persons undergoing visual acuity screening compared with those not screened.

📖 Editorial **875** Related Article **908**

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### Sudden Onset of Generalized Pustules in a Newborn **934**



A 3-day-old infant developed a widespread pustular rash on his face and trunk. The mother had no history of syphilis, genital herpes, varicella, or vaginal candidiasis. On examination, the infant was alert and afebrile, and some lesions had a "flea-bitten" appearance. Cultures of the pustular content were negative. What would you do next?

### Gonadotropic Interpretation for a Young Man **936**

A 25-year-old man presented with a concern of low energy and an interest in testosterone replacement therapy. The patient denied symptoms of low libido or sexual dysfunction. Examination revealed bilateral descended atrophic testes. Blood tests and a semen analysis were performed. How would you interpret the test results?

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#### Editor's Audio Summary

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

#### JAMA Clinical Reviews Podcasts

Listen to the JAMA Clinical Reviews podcasts, featuring comprehensive reviews of common clinical topics, available at [itunes.com/jamanetwork](http://itunes.com/jamanetwork).

#### Author Interview

**VIDEO** Interview with Michael P. Pignone, MD, MPH, author of "Screening for Impaired Visual Acuity in Older Adults: US Preventive Services Task Force Recommendation Statement"

#### The JAMA Forum

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

## JAMA Patient Page

**954** Screening for Impaired Visual Acuity in Older Adults

## NEWS & ANALYSIS



**860**

### Medical News & Perspectives

**855** Quality of Care Will Be a "Sweet Spot" for *JAMA Cardiology*, Says New Editor in Chief

### 857 The JAMA Forum

Promoting Therapeutic Innovation: What Do We Do About Drug-Device Combinations?

### 859 JAMA Infographic

Mortality Rates for Children Younger Than 5 Years, 1990-2013

### 860 Lab Reports

Hyperactive Innate Immunity at Birth Associated With Food Allergies

Enzyme Discovery May Lead to New Treatments for Metabolic Disorders

Scientists Identify Genes Critical to Development of Leukemia

Scientists Generate 3D Images of Cardiac Cell Connectors

### 861 News From the FDA

Making Devices Cyber Safe

Learning About French Trial Death

New Treatment for Liposarcoma

## Departments

**843** Staff Listing

**938** CME Questions

**947** JAMA Network Abstracts

**949** Classified Advertising

**952** Journal Advertiser Index

**953** Contact Information

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