# In This Issue of JAMA

April 24, 2018 Volume 319, Number 16 Pages 1631-1734

#### Research

# Home-Based Exercise for Peripheral Artery Disease

665

Supervised treadmill exercise improves walking performance in patients with lowerextremity peripheral artery disease, but patients may find it burdensome to attend an exercise center. In a trial that randomized 200 patients with peripheral artery disease, McDermott and colleagues found no improvement in walking performance for a home-based exercise intervention that included a wearable activity monitor and telephone coaching.

**■ CME jamanetwork.com/learning** 

# Antiplatelet Therapy After Coronary Artery Bypass Grafting

677

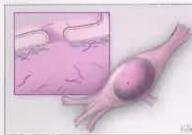
Antiplatelet therapy improves saphenous vein graft patency and decreases the rate of major adverse cardiac events, but it is unclear whether dual antiplatelet therapy provides additional benefit. Zhao and colleagues randomized 500 patients with indications for elective coronary artery bypass grafting and found that ticagrelor plus aspirin significantly increased graft patency vs aspirin alone. In an Editorial, Alexander anticipates that ongoing trials will clarify the effects of dual antiplatelet therapy on clinical outcomes such as ischemic events and bleeding.

Editorial 1661

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# Lonafarnib for Hutchinson-Gilford Progeria Syndrome

1687



Patients with Hutchinson-Gilford progeria syndrome experience multimorbidity and seldom survive past adolescence. Gordon and colleagues conducted a cohort study of 258 patients with Hutchinson-Gilford progeria syndrome and found that treatment with the farnesyltransferase inhibitor lonafarnib, compared with no treatment, was associated with a lower mortality rate after 2.2 years of follow-

up. In an Editorial, Hisama and Oshima emphasize the importance of understanding the biological basis of disease, so that drugs may be repurposed for apparently unrelated conditions with similar genetic pathways.

Editorial 1663

# Humanities



The Arts and Medicine

1642 When You Got the Yams—Kendrick Lamar and the Language of Power in Clinical Encounters BJ Oldfield

Poetry and Medicine

1729 Bells C Bradley

JAMA Revisited

1730 Retrogression in New York City

## **O**pinion

## Viewpoint

1651 Health, Faith, and Science on a Warming Planet

MS Sorondo, H Frumkin, and V Ramanathan

1653 Discharge Destination and Disparities in Postoperative Care RE Burke and SA Ibrahim

1655 Net Neutrality Repeal and the Potential Harm to Medical Education N Cuk and CL Robinson

1657 Molecular Epidemiology and the Transformation of HIV Prevention AM Oster, AM France, and J Mermin

A Piece of My Mind

1659 When Mind Deforms Body NP Morris

#### **Editorial**

1661 Ticagrelor Following Coronary Artery Bypass Grafting: For Better Vein Graft Patency or Better Patient Outcomes? JH Alexander

1663 Precision Medicine and Progress in the Treatment of Hutchinson-Gilford Progeria Syndrome FM Hisama and J Oshima

#### LETTERS

#### Research Letter

1721 Noncommercial Funders'
Policies on Trial Registration,
Access to Summary Results,
and Individual Patient Data Availability
NJ DeVito, I. French, and B Goldacre

1723 Trends in Obesity and Severe Obesity Prevalence in US Youth and Adults by Sex and Age, 2007-2008 to 2015-2016 CM Hales and Coauthors

## Comment & Response

1725 Machine Learning Compared With Pathologist Assessment

1727 Medical Care

for Undocumented Immigrants

1728 Correction

Editor in Chief Howard Bauchner, MD 134 YEARS
OF CONTINUOUS
PUBLICATION

# In This Issue of JAMA

April 24, 2018 Volume 319, Number 16 Pages 1631-1734

## **Clinical Review & Education**

#### RECOMMENDATION STATEMENT

## Fall Prevention for Community-Dwelling Older Adults

1696

Older adults who fall may experience life-threatening injuries such as hip fractures. This US Preventive Services Task Force statement recommends exercise and other interventions for community-dwelling adults aged 65 years or older who are at increased risk for falls.

Related Article 1705 JAMA Patient Page 1734

■ Author Audio Interview jama.com CME jamanetwork.com/learning

#### **EVIDENCE REPORT**

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## **Outcomes of Interventions for Fall Prevention**

1705

In a review of 62 randomized clinical trials that enrolled 35 058 community-dwelling adults aged 65 years and older, Guirguis-Blake and colleagues found that exercise interventions and customized multifactorial interventions were associated with reductions in falls.

Related Article 1696 JAMA Patient Page 1734

## Formula Feedings for Preterm Infants

1717

When human milk is not available for preterm infants, hydrolyzed formula is increasingly used as an alternative to standard cow's milk formula. In this Clinical Evidence Synopsis summarizing a Cochrane review of 11 randomized clinical trials, Ng and colleagues compare hydrolyzed vs standard formulas for the outcomes of feeding intolerance, weight gain, and necrotizing enterocolitis.

#### Prevention of Falls in Older Adult







#### JAMA Patient Page

1734 Prevention of Falls in Older Adults

## **NEWS & ANALYSIS**

#### Medical News & Perspectives

1644 Scientists Call FDA Statement on Bisphenol A Safety Premature

#### The JAMA Forum

1646 Single-Payer Health Care: Opportunities and Vulnerabilities

#### 1648 Health Agencies Update

Scientists Affirm Survey's Value for Impaired Driving Research

Just 4 Weeks of Antibiotics Prevents
Active TB in People With HIV

VA Using Telemedicine to Provide Therapy to Rural Veterans With PTSD

#### 1649 Clinical Trials Update

Better Communication Can Improve HPV Vaccine Rates

Vegetarian and Mediterranean Diets Effective for Weight Loss

Disadvantaged Pain Patients Benefit From Psychological Interventions

Virtual CBT Improves Social Functioning in Psychosis

Prazosin May Not Reduce Nightmares in Veterans With PTSD

## 1650 News From the CDC

Dentists at Risk of Lung Disease?

**ER Opioid Overdoses Increasing** 

## Online @ jama.com



### Editor's Audio Summary

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

## JAMA Network Audio

Podcasts from JAMA and the JAMA Network are available at sites jamanetwork.com/audio/.

### **Author Interview**

AUDIO Interview with Alex H. Krist, MD, MPH, author of "Interventions to Prevent Falls in Community-Dwelling Older Adults: US Preventive Services Task Force Recommendation Statement"

## **Genomics and Precision Health**

A genomics glossary and related articles are available at jamagenetics.com. Departments

1635 Staff Listing

1719 CME Questions

1731 Classified Advertising

1732 Journal Advertiser Index

1733 Contact Information

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JAMA April 24, 2018 Volume 319, Number 16

163