In This Issue of JAMA

July 11, 2017 Volume 318, Number 2 Pages 103-210

Research

Probability

Cumulative

Treatment Regimens for Major Depressive Disorder

Remission of Major Depressive Disorder

1.0

Switch group
Augment-buproprion
Augment-aripiprazole

0.6

0.4

0.2

0 7 14 21 28 35 42 49 56 63 70 77 84 91
Time to Remission, d

Fewer than one-third of patients with major depressive disorder (MDD) achieve remission with their first antidepressant; most treatment guidelines recommend either switching to another antidepressant or adding a pharmacotherapeutic agent. Mohamed and colleagues conducted a randomized clinical trial of 1522 patients with MDD who had not responded to a course of antidepressant

treatment, finding that augmentation with aripiprazole resulted in a modestly increased likelihood of remission compared with switching to bupropion monotherapy. In an Editorial, Fava suggests that evidence from this and other studies supports the use of aripiprazole for patients who have not responded to antidepressant therapies.

Editorial 126

■ CME jamanetwork.com/learning

Alendronate and Hip Fracture in Patients Using Prednisolone

Patients receiving glucocorticoid therapy for inflammatory conditions are at risk for secondary osteoporosis; alendronate has been shown to prevent vertebral fractures in these patients, but the benefit for nonvertebral fractures is less clear. In a retrospective cohort study, Axelsson and colleagues followed 36O4 patients taking prednisolone with and without alendronate and found that alendronate treatment was associated with a significantly lower risk of hip fracture over a median of 1.32 years.

Outcomes of Sleep Apnea Treated With Positive Airway Pressure 15

Sleep apnea can result in episodic hypoxemia and is associated with elevated blood pressure, oxidative stress, inflammation, and hypercoagulation. Yu and colleagues conducted a systematic review and meta-analysis of 10 trials of patients with sleep apnea and found that the use of positive airway pressure, compared with no treatment or sham intervention, was not associated with reduced risks of cardiovascular outcomes or death. In an Editorial, Gottlieb suggests that future trials of interventions for obstructive sleep apnea should be carefully designed to address adherence to treatment and other investigative challenges.

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Clinical Review & Education

Counseling on Diet and Physical Activity: USPSTF Recommendation 167
Adults who adhere to national guidelines for a healthful diet and physical activity have reduced rates of cardiovascular morbidity and mortality. Considering the evidence that behavioral counseling to promote a healthful diet and physical activity may benefit patients without obesity or cardiovascular risk factors, the US Preventive Services Task Force (USPSTF) recommends behavioral counseling for this population. In an Editorial on this

(USPSTF) recommends behavioral counseling for this population. In an Editorial on this and another article in this issue, Greenland and Fuster cite the public health axiom that small improvements in health for the general population may achieve greater overall benefits in disease prevention than targeted interventions for individuals at greatest risk.

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

Counseling on Diet and Physical Activity: Evidence Report

To inform USPSTF deliberations on behavioral counseling for the primary prevention of cardiovascular disease in adults without known cardiovascular risk factors, Patnode and colleagues synthesized findings of a review of 88 trials and found that behavioral interventions led to modest improvements in blood pressure, low-density lipoprotein and total cholesterol levels, and adiposity.

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Dual Antiplatelet Therapy After Coronary Stenting

Dual antiplatelet therapy (DAPT) with aspirin and a PłY₁₂ inhibitor can decrease the risk of coronary thrombosis but may also increase the risk of bleeding. An article published in *JAMA Cardiology* reported that patients who had ischemic or bleeding events while receiving DAPT were at high risk of mortality. In this From The JAMA Network article, Levine emphasizes that DAPT is an effective therapy for patients following myocardial infarction and explains that some adverse events of DAPT can lead directly or indirectly to death but others are best characterized as markers of underlying disease.

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Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease (CVD) Prevention in Adults Without CVD Risk Factors





Recommendation depends on the patient's situation

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Editor's Audio Summary

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

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Author Interview



AUDIO Interview with Susan J. Curry, PhD, author of "Behavioral Counseling to Promote a Healthful Diet and Physical Activity for

Cardiovascular Disease Prevention in Adults Without Cardiovascular Risk Factors: US Preventive Services Task Force Recommendation Statement*

AUDIO Interview with Glenn N. Levine, MD, author of "Balancing Ischemic and Bleeding Risks of Prolonged Dual Antiplatelet Therapy"

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