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The immune function of older adults decreases with age, conferring increased susceptibility to influenza while also rendering vaccination less effective. Two approved influenza vaccines have been created specifically to enhance immune responses in older adults; both provide enhanced levels of protection for older adults compared with conventional influenza vaccines.

874 **Brain Tumors**

J. Ricardo McFaline-Figueroa and Eudocia Q. Lee

Brain tumors are common in the general population and can present with focal neurological symptoms, seizures, or headaches, while some are asymptomatic and are found incidentally. The management of brain tumors and their complications requires complex coordination of care among medical oncologists, radiation oncologists, neurosurgeons, and primary care providers.

883 **Emerging Trends in Pain Medication Management: Back to the Future: A Focus on Ketamine**

Meredith W. Crumb, Candace Bryant, and
Timothy J. Atkinson

The discovery of nonopioid agents for pain management has become particularly important considering the ongoing opioid epidemic. Ketamine is a nonopioid agent that has been shown to reduce chronic pain and may prevent the development of pain. Adverse psychological effects can be mitigated by dose and be managed with pretreatment or co-administration of other medications.



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887 Contemporary Management of Ischemic Mitral Regurgitation: A Review

Yader Sandoval, Paul Sorajja, and Kevin M. Harris

Ischemic mitral regurgitation occurs relatively frequently in patients with coronary artery disease and is associated with an increased long-term risk. In select patients, mitral valve surgery or catheter-based therapy may be undertaken with careful consideration of the underlying pathophysiology, surgical risk, and expected long-term outcomes.

896 Update in Outpatient General Internal Medicine: Practice-Changing Evidence Published in 2017

Mark L. Wieland, Jason H. Szostek, Majken T. Wingo, Jason A. Post, and Karen F. Mauck

One hundred forty articles from influential internal medicine journals were reviewed to determine their relevance to outpatient general internal medicine practice. Seven topics were seen to be among those which may be considered practice-changing: the results, limitations, and implications for practicing clinicians for each topic are outlined here.

CONCISE ADVICE FOR CLINICIANS

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CLINICAL RESEARCH STUDIES

933 Effectiveness and Safety of Rivaroxaban Versus Warfarin in Frail Patients with Venous Thromboembolism

Craig I. Coleman, Alexander G.G. Turpie, Thomas J. Bunz, and Jan Beyer-Westendorf

Frailty predicts poorer outcomes in patients receiving anticoagulation therapy. Frail patients experiencing a venous thromboembolism and given rivaroxaban experienced less recurrent venous thromboembolism, with at least as good bleeding outcomes, as patients who were prescribed warfarin.

939 Reduction in Unnecessary Red Blood Cell Folate Testing by Restricting Computerized Physician Order Entry in the Electronic Health Record

Thomas E. MacMillan, Patrick Gudgeon, Paul M. Yip, and Rodrigo B. Cavalcanti

The red blood cell folate laboratory test has limited clinical utility. In the current study, restricting RBC folate ordering resulted in a large and sustained reduction in folate testing. Significant cost savings were achieved. There was no significant clinical impact of the intervention on the diagnosis of folate deficiency.

- 945 Gender Differences in Antithrombotic Treatment for Newly Diagnosed Atrial Fibrillation: The GLORIA-AF Registry Program**
Michał Mazurek, Menno V. Huisman, Kenneth J. Rothman, Miney Paquette, Christine Teutsch, Hans-Christoph Diener, Sergio J. Dubner, Jonathan L. Halperin, Kristina Zint, Lionel Riou França, Shihai Lu, and Gregory Y.H. Lip on behalf of the GLORIA-AF Investigators

Effective stroke prevention in atrial fibrillation requires oral anticoagulation. Globally, the prevalence of anticoagulant use is similar in women and men. The decision to prescribe oral anticoagulation seems to depend predominantly on guideline-related differences in stroke risk stratification rather than on gender.

- 956 Baseline Blood Pressure, the 2017 ACC/AHA High Blood Pressure Guidelines, and Long-Term Cardiovascular Risk in SPRINT**
Muthiah Vaduganathan, Manan Pareek, Arman Qamar, Ambarish Pandey, Michael H. Olsen, and Deepak L. Bhatt

The 2017 American College of Cardiology/American Heart Association guidelines are expected to increase the prevalence of hypertension and identify a greater number of at-risk patients who will ultimately experience cardiovascular events. These guidelines may potentially improve awareness of hypertension and highlight the need for appropriate risk-reduction strategies.

- 961 Reducing Hospital Toxicity: Impact on Patient Outcomes**
Richard V. Milani, Robert M. Bober, Carl J. Lavie, Jonathan K. Wilt, Alexander R. Milani, and Christopher J. White

Routine hospital care is often disruptive to a patient's intrinsic circadian rhythm, which is further compounded by loss of personal control of health information. Modest changes in hospital routines can be implemented that reduce circadian disruption and enhance free flow of information to patients. These changes result in measurable improvements in hospital length of stay, readmission, and subjective measures of satisfaction.

- 967 Outcomes in a Community-Based Intensive Cardiac Rehabilitation Program: Comparison with Hospital-Based and Academic Programs**
Charles Katzenberg, Edna Silva, M. Jean Young, and Greg Gilles

A community-based intensive cardiac rehabilitation program – more comprehensive and integrative than traditional cardiac rehabilitation – resulted in improvements in risk factors and a low incidence of adverse events, and showed cost effectiveness. These results compare favorably with those of hospital-based and academic institutional programs.



AJM ONLINE

Please note that articles with an “e” page designation are available only in the online version of the Journal at www.amjmed.com.

CLINICAL RESEARCH STUDIES

- 972.e1 Association of Anemia with Venous Thromboembolism in Acutely Ill Hospitalized Patients: An APEX Trial Substudy**
Gerald Chi, C. Michael Gibson, Adrian F. Hernandez, Russell D. Hull, Syed Hassan A. Kazmi, Ahmed Younes, Sargun S. Walia, Anmol Pitliya, Amandeep Singh, Farima Kahe, Arzu Kalayci, Tarek Nafee, Mathieu Kerneis, Fahad AlKhalfan, Alexander T. Cohen, Robert A. Harrington, and Samuel Z. Goldhaber

Anemia is associated with the risk of venous thromboembolism among hospitalized medical patients. Low hemoglobin increases the odds of thromboembolism after adjusting for risk factors and thromboprophylaxis. Hemoglobin measurement refines the risk assessment model for venous thromboembolism.

972.e9 Estimating Time Physicians and Other Health Care Workers Spend with Patients in an Intensive Care Unit Using a Sensor Network

Rachel Butler, Mauricio Monsalve, Geb W. Thomas, Ted Herman, Alberto M. Segre, Philip M. Polgreen, and Manish Suneja

Physicians and nurses spend a minority of their time on an intensive care unit in direct patient contact; nurses spend far more time than physicians. Physicians spent more than twice as much time in a work room, where review of records and documentation occurs, than with all of their patients combined. Sensor networks can be used to measure contact time between health care workers and patients under their care in the intensive care unit setting.

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- 987 Strength in Numbers: A Team-Based Approach to Managing Patients with Hyponatremia**
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