



## Dear Colleague:

We strive to make the *Cleveland Clinic Journal of Medicine* timely and interesting, focusing on important developments in clinical medicine. This issue of the *Journal* highlights the debate surrounding an emerging technology for screening for osteoporosis and the use of beta-blockers to treat heart failure, an approach that once seemed counterintuitive.

We hope you find these and future topics instructive.

### ■ Osteoporosis (page 398)

The development of ultrasound screening technology and release of the bisphosphonate drug alendronate represent important steps forward in the treatment of osteoporosis. Dr. Tonino focuses on these clinical tools as he takes a look at the current state of the art in osteoporosis. In an accompanying editorial, however, Dr. Richmond urges caution in the use of ultrasound screening, until all the data are in.

### ■ Beta-blockers and heart failure (page 428)

Once it was thought that beta-blockers would worsen the downward spiral of heart failure. But as Dr. Eichhorn explains, our growing understanding of the biology of heart failure is showing us that the opposite may be true. With an illustration showing how injury to the heart leads to ventricular dysfunction.

### ■ IM Board Review (page 407)

Varices in the stomach, rather than the esophagus, are an unusual source of gastrointestinal bleeding. Drs. Kongara and Conwell take the reader on the unfolding story of this diagnosis in this installment of the Internal Medicine Board Review.

### ■ Hepatitis C (page 412)

Physicians need to prepare themselves for a tough job: notifying some past blood transfusion recipients that the blood they received may have been contaminated with hepatitis C virus (HCV). Dr. Younossi and Mr. Canuto explain the operation of a federally mandated blood transfusion lookback, how to test patients for HCV infection, and treatment options.

### ■ Rheumatic manifestations of HIV and HTLV-I (page 436)

The T-cell retroviruses HIV-1 and HTLV-I are associated with a wide variety of manifestations, including rheumatic symptoms of several types. Drs. Vassilopoulos and Calabrese draw on their rich experience with these conditions to give us an overview of what we might see in infected patients.

### ■ Lipid-based amphotericin-B (page 423)

We always knew there had to be something good about fat. It now appears that combining the toxic anti-fungal agent amphotericin B with lipid in various forms may reduce its assault on the kidneys. This comes at a cost, however, as reviewed by Drs. Jones and Goldman. With an illustration explaining how these preparations work.

As always, we are interested in what you think of the *Journal*, and your ideas for future topics.

JOHN D. CLOUGH, MD  
Editor-in-Chief  
ccjm@cesmtp.ccf.org