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B.F. MANDELL

POINT AND COUNTERPOINT ...

Interpreting the COURAGE trial. Is medical therapy as good as PCI in stable angina? Two views

We are fortunate to have a point-counterpoint between Dr. William Boden, the principal investigator of the Clinical Outcomes Utilizing Percutaneous Coronary Revascularization and Aggressive Drug Evaluation (COURAGE) trial, and Dr. Dean Kereiakes, a leading interventional cardiologist.

D.L. BHATT

POINT.

Interpreting the COURAGE trial. It takes COURAGE to alter our belief system

We found that as an initial management strategy in patients with stable coronary artery disease, percutaneous coronary intervention did not reduce the incidence of death, myocardial infarction, or other major cardiovascular events when added to optimal medical therapy.

W.E. BODEN

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Interpreting the COURAGE trial. PCI is not better than medical therapy for stable angina? Seeing is not believing

COURAGE had several problems, and tells us nothing new.

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Screening for coronary heart disease by means of an imaging test is not supported by evidence and is not endorsed by professional societies or the US Preventive Services Task Force.

M.S. LAUER

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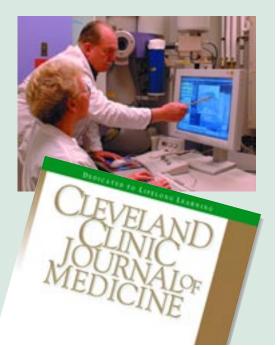
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- Cautious hope in treating pulmonary hypertension
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Aminosalicylates are the first-line therapy for patients with mild to moderate active ulcerative colitis. Infliximab is now approved for moderately to severely active ulcerative colitis in patients who have had an inadequate response to conventional therapy.

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Managing knee osteoarthritis before and after arthroplasty

Primary care physicians play a key role in the diagnosis and nonoperative management of knee osteoarthritis, including monitoring for problems in patients who have undergone knee replacement surgery.

J. ROSNECK, C.A. HIGUERA, N. TADROSS, V. KREBS, AND W.K. BARSOUM

MEDICAL GRAND ROUNDS

Hypertension from Framingham to ALLHAT: 672 Translating clinical trials into practice

Most people with hypertension are still not being adequately treated. Newer drugs have not surpassed diuretics in efficacy and safety. Rather than trying to develop newer, more expensive agents, our priority should be to treat more patients and to treat them more aggressively.

D. LEVY

REVIEW...

Electroconvulsive therapy: What the internist needs to know

Despite its bad reputation, electroconvulsive therapy is safe and effective for treating a number of psychiatric disorders. For some patients, it is the only therapy that works.

M. PANDYA, L. POZUELO, AND D. MALONE

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