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Low bone density is not a one-size-fits-all disorder. We need to carefully consider the diagnostic and therapeutic options before assuming that low bone density is osteoporosis.

B.F. MANDELL

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### Treating the renal patient who has a fracture: Opinion vs evidence 684

The patient with chronic renal disease who has a fracture remains a unique management challenge. Opinions on treatment abound, but without adequate evidence to back them up.

M. COCO



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No. Dual renin-angiotensin system blockade has never been shown to reduce the rates of morbidity or death from any cause.

F.H. MESSERLI AND M. YUZEFPOLSKAYA

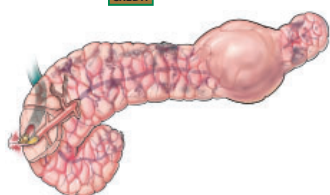


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Evidence-based guidelines on managing acute pancreatitis are available, but many physicians are not following them.

T. STEVENS, M.A. PARSI, AND R.M. WALSH



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CURRENT DRUG THERAPY .....

**Prasugrel for acute coronary syndromes: Faster, more potent, but higher bleeding risk** 707

Prasugrel (Effient) is faster and more consistent in its effects, but patients at high bleeding risk should still receive clopidogrel (Plavix).

L.D. LAZAR AND A.M. LINCOFF

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**Fragility fractures in chronic kidney disease: An opinion-based approach** 715

When a patient with chronic kidney disease suffers a fragility fracture, a key question is whether the patient has osteoporosis or, instead, renal osteodystrophy. Bone densitometry does not help in this distinction.

P.D. MILLER



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**An algorithm for managing warfarin resistance** 724

Some patients need higher-than-expected doses of warfarin to reach their target INR. The cause can be acquired (poor compliance, drug interactions) or hereditary.

O. OSINBOWALE, M. AL MALKI, A. SCHADE, AND J.R. BARTHOLOMEW

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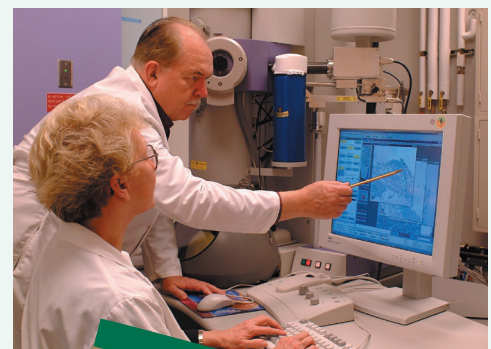
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