



Dear Colleague:

Here is the lineup for this issue of the *Cleveland Clinic Journal of Medicine*. We hope you find the articles relevant and useful.

■ Amiodarone and heart failure (page 479)

The first choice of an antiarrhythmic agent for a patient with heart failure is usually amiodarone, despite the fact this drug may not reduce mortality. Drs. Bello and Massie discuss the pros and cons as revealed by several important clinical trials.

■ Prescribing for elders (page 470)

The physiological changes of aging have serious consequences for older adults who require medications. Decreased clearance and reduced lean body mass can lead to side effects at lower doses than in younger people, and the increased risk of drug interactions posed by the use of multiple drugs is a common cause of problems. Dr. Leipzig reviews these and other issues related to drug effects in the elderly, and gives some tips for avoiding adverse drug reactions.

■ Prostate cancer screening (page 459)

Screening for prostate cancer has been one of the more hotly debated issues since the introduction of prostate-specific antigen (PSA) tests. Dr. Vaughn gives his perspective on PSA as a screening tool.

■ IM Board Review (page 491)

Movement disorders are difficult to diagnose in their early stages. In this installment of the Internal Medicine Board Review, Drs. Franco-Bronson, Alarcon, and Isaacson discuss a case that presented some difficult diagnostic problems.

■ Women and coronary artery disease (page 464)

Contrary to popular beliefs, women are not free from coronary artery disease. Dr. Wenger, Professor of Medicine at the Emory University School of Medicine, notes that coronary disease is more frequent and severe in women than most of us appreciate, and she discusses risk management for women.

■ Participation in clinical trials (page 497)

Under the best of conditions, discussing with a patient whether he or she should enter a clinical trial is a tricky business. In the current climate of mistrust of the medical establishment, media exposés of abuses in clinical research, to say nothing of the litigious atmosphere, the stakes are higher than ever. Dr. Markman discusses the risks and benefits of cancer clinical trials and suggests how patients should look at these issues when deciding whether to participate.

■ Minimally invasive CABG (page 454)

The familiar anterior chest wall zipper scar may become an anachronism as the cardiothoracic surgeons use minimally invasive techniques to reduce the size of the CABG patch. Dr. Sabik compares the relative merits of traditional vs minimally invasive approaches to bypass surgery, and why the latter is appropriate in selected cases. With an illustration of two surgical procedures.

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

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