

'Interpreting Key Trials': Doing what we do best

Clinical trials are the cornerstone of medical practice, but it isn't always easy for busy clinicians to translate data from academic

reports into clear, pragmatic clinical guidance.

That's why reviewing the implications of major new studies is a high priority for the Cleveland Clinic Journal of Medicine, and it's why we are especially proud of this issue's two "Interpreting Key Trials" articles. This feature exemplifies one of the things the CCJM does best — swiftly translate results of important trials into

practical clinical advice for physicians.

In this issue are summaries and interpretations of the findings of the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT)¹ and a report from the National Heart, Lung, and Blood Institute

Acute Respiratory Distress Syndrome (ARDS) Network.²

In the article on ALLHAT (page 429), Dr. Donald Vidt summarizes why an arm of the study that used the alpha-blocker doxazosin (Cardura) was terminated early, and the implications for using this drug as a first-line antihypertensive, in combination with other antihypertensive agents, and as monotherapy for benign prostatic hyperplasia. Not all the answers to questions raised by this trial are in yet, but Dr. Vidt, who is an ALLHAT investigator and CCJM associate editor, gives us a timely, seasoned perspective.

In the ARDS article (page 435), Dr. Herbert Wiedemann, a member of the ARDS Network steering committee and former CCJM editor-in-chief, and Dr. Alejandro Arroliga, an investigator in the study and a CCIM associate editor, outline the results that showed that a "low-stretch" ventilation strategy can

decrease mortality in this often-fatal disease.

The CCIM editorial team works to get interpretations of key clinical trials to you as quickly as possible. We hope you find this effort useful.

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REFERENCES

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2. The Acute Respiratory Distress Syndrome Network. Ventilation with lower tidal volumes as compared with traditional tidal volumes for acute lung injury and the acute respiratory distress syndrome. N Engl J Med 2000; 342:1301-1308.