TABLE OF CONTENTS

FROM THE EDITOR ........................................... 899
COX-2 inhibitors: Balancing the hope, the hype, and the concern
When all is said and done, the choice rests with the individual prescribing physician.

B.F. MANDELL

MEDICAL GRAND ROUNDS ..................................... 904
Management of primary headache: Serendipity and science
A capsule summary of the current management of migraine, chronic tension headache, and cluster headache.

G.D. SOLOMON

MEDICAL GRAND ROUNDS ..................................... 913
Chronic myelogenous leukemia: The news you have and haven’t heard
One major advance in treating CML was widely publicized. Another, although equally important, was not.

M.E. KALAYCIO

REVIEW .................................................................. 928
Recognizing and treating diabetic autonomic neuropathy
Strict glycemic control can slow the onset of diabetic autonomic neuropathy and sometimes reverse it. Other treatments address specific symptoms.

A.I. VINIK and T. ERBAS

REVIEW .................................................................. 945
Role of alendronate and risedronate in preventing and treating osteoporosis
A review of the efficacy and use of the two oral bisphosphonates approved for preventing and treating osteoporosis.

M.L. PETERS, M. LEONARD, and A.A. LICATA

THE CLINICAL PICTURE ........................................ 952
A 44-year-old man with a pruritic skin rash
Questions and answers on the visible signs of diseases.

R. BARGOUT and A. MALHOTRA

CONTINUED ON PAGE 903

The Cleveland Clinic Journal of Medicine is peer-reviewed and indexed in Index Medicus.

The Cleveland Clinic Journal of Medicine (ISSN 0889-1158) is published 12 times yearly by The Cleveland Clinic Foundation.

STATEMENTS AND OPINIONS expressed in the Cleveland Clinic Journal of Medicine are those of the authors and not necessarily of The Cleveland Clinic Foundation or its Board of Trustees.

AUTHOR DISCLOSURES: Current guidelines state that participants in CME activities should be made aware of any affiliation or financial interest that may affect an author’s article as well as any discussion of off-label drug therapies. All authors, except those indicated with an asterisk and a footnote with the article, have disclosed that they do not have a conflict of interest or will not discuss off-label therapies.

SUBSCRIPTION RATES: U.S. and possessions: personal $90; institutional $113; single-copyback issue $16. Foreign: $113; single-copyback issue $16. Institutional (multiple-reader rate) applies to libraries, schools, hospitals, and federal, commercial, and private institutions and organizations. Individual subscriptions must be in the names of, billed to, and paid by individuals.

POSTMASTER ADDRESS CHANGES: Cleveland Clinic Journal of Medicine, NA32, 9500 Euclid Avenue, Cleveland, OH 44195

SUBSCRIPTIONS, EDITORIAL, REPRINTS, BILLING/ACCOUNTING AND PRODUCTION: (same address as above) Phone (216) 444-3661 Fax (216) 444-9365 E-mail cjm@ccf.org
http://www.ccjm.org

ADVERTISING: Joseph Demelny, Director, Sales and Marketing, 120 Castle Ridge Rd, Mansfield, OH 44906 Phone (330) 365-8640 Fax (330) 365-8658

AUTHORIZATION TO PHOTOCOPY: Items for internal or personal use is granted by the Cleveland Clinic Journal of Medicine, (ISSN 0889-1158), published by the Cleveland Clinic Foundation, provided that the appropriate fee is paid directly to Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923 USA 978-750-8400. Prior to photocopying items for educational classroom use, please contact Copyright Clearance Center, Inc. at the address above. For permission to reprint material, please fax your request with complete information to the Department of Reprint, at fax (978) 750-4570. For further information visit the Cleveland Clinic Foundation website at www.clevelandclinic.org. To order bulk reprints, see above.

COPYRIGHT 2001 THE CLEVELAND CLINIC FOUNDATION PRINTED IN U.S.A.
CONTINUED FROM PAGE 900

1-MINUTE CONSULT

Brief answers to specific clinical questions

How often are atrial septal defects associated with thromboembolism? When should they be looked for?

In the absence of other causative conditions, an atrial septal defect may be presumed to be the underlying cause of a stroke, especially in younger patients.

W.A. JABER AND A.L. KLEIN

EDITORIAL

COX-2 inhibitors and cardiovascular risk: Point and counterpoint

Even if we do not know with certainty whether COX-2 inhibitors increase the risk of cardiovascular events, we need to incorporate this concern into our practice.

B.F. MANDELL

POINT AND COUNTERPOINT

COX-2 inhibitors and cardiovascular risk: The data are inconclusive and these drugs are needed

Unless a clear cause-and-effect relationship can be proved between COX-2 inhibitors and cardiovascular events, we should go on using these drugs.

J. LIPANI

POINT AND COUNTERPOINT

COX-2 inhibitors and cardiovascular risk: We defend our data and suggest caution

Our study had limitations, but we believe our hypothesis is plausible, our methods were valid, and our conclusions are sound.

D. MUKHERJEE, S.E. NISSEN, AND E.J. TOPOL

DEPARTMENTS

CME Credit Test

967