PREPARING FOR INTELLIGENT DOCTOR-PATIENT CONVERSATIONS

J. David Mooney, MD

The conversation is the most important part of medicine. We talk too much, and we talk too little. We ask too few questions, and we answer too many. And we rarely use the most important tool at our disposal—our ears.

When patients speak, we hear and we understand. But when we speak, we communicate. And the difference is critical. We can really listen to the patient’s feelings about their condition and treatment options. It’s one of the most important parts of being a physician. But it’s not easy to do.

MARCH 2010

Table of Contents

From the Editor

Vaccination: An option not to be ignored

Outbreaks of measles are seemingly on the rise, mainly because of lower vaccination rates, which are in part due to the unfounded fear that the vaccine causes autism.

B.F. Mandell

Interpreting Key Trials

Treating silent reflux disease does not improve poorly controlled asthma

A recent multicenter trial indicated that empirically prescribing a proton pump inhibitor does not help control asthma symptoms and that current guidelines need to be reevaluated.

B.P. Riscill, J.P. Parsons, and J.G. Mastronarde

Editorial

Stenting for atherosclerotic renal artery stenosis: One poorly designed trial after another

The three randomized trials of stenting vs medical therapy published so far are so seriously flawed that it is impossible to make treatment decisions based on their results.

M.D. Weinberg and J.W. Olin

Review

Stenting atherosclerotic renal arteries: Time to be less aggressive

It is time to strongly reconsider the current aggressive approach to revascularization of stenotic renal arteries and to take a more coordinated, critical approach.

J.F. Simon

Interpreting Key Trials

Interpreting the JUPITER trial: Statins can prevent VTE, but more study is needed

The incidence of venous thromboembolism in people taking rosuvastatin (Crestor) 20 mg/day was about half that in people taking placebo. This was a relatively healthy population, and the incidence in both groups was low.

A. Perez and J.R. Bartholomew
CONTINUED FROM PAGE 146

**REVIEW**

When and how to evaluate mildly elevated liver enzymes in apparently healthy patients

Not all asymptomatic people with a mildly elevated liver enzyme value need an extensive evaluation, which can be costly, anxiety-provoking, and risky.

G. ARAGON and Z.M. YOUNOSSI

---

THE CLINICAL PICTURE

Palpable purpura

A healthy 47-year-old woman presents with a 3-day history of widespread asymptomatic lesions in the extremities, fever, arthralgias, and mild abdominal pain. What is the diagnosis?

S. ARIAS-SANTIAGO, J. ANEIROS-FERNÁNDEZ, M.S. GIRÓN-PRIETO, M.A. FERNÁNDEZ-PUGNAIRE, and R. NARANJO-SINTES

---

**REVIEW**

Measles: Not just a childhood rash

Outbreaks continue to be reported in communities with a high number of unvaccinated people. Most cases are linked to international travel.

C. SABELLA

---

DEPARTMENTS

CME calendar

Corrections


About our online CME self-test

To receive CME credit, read any or all of the CME-certified articles in this issue (those that carry the CME logo), then go to www.ccjm.org to take the test for the article or articles you select. It should take up to 1 hour to complete the activity for each article.

Release date: March 1, 2010
Expiration date: February 28, 2011