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FROM THE EDITOR

Sleep is like Rodney Dangerfield 9

Sleep quantity (and, in some cases, quality) has been shown to impact memory and learning, mood, appetite, and pain, yet many patients and clinicians do not give sleep the respect it deserves.

Brian F. Mandell, MD, PhD

THE CLINICAL PICTURE.....

Common electrolyte imbalance, uncommon cause 13

A 47-year-old woman presented with 10 days of weakness, wide purple striae on the abdomen, and hyperpigmentation on the knuckles.

Saurav Shishir Agrawal, MD, DM; Sunil Kumar, MD; N. K. Soni, MD; Swati Paliwal, MD

1-MINUTE CONSULT

How can I better recognize and manage delirium in my hospitalized patients? 17

By knowing common precipitants and mimickers of delirium and considerations for workup, clinicians can implement nonpharmacologic preventive strategies, better identify patients experiencing delirium, and optimize symptom management.

Amanda Pomerantz, DO; Anna P. Shapiro-Krew, MD; Andrew Coulter, MD, MA

SYMPTOMS TO DIAGNOSIS

Shortness of breath in a 52-year-old man with HIV and severe mitral regurgitation 23

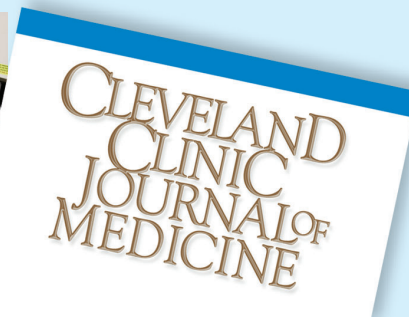
The patient presented with 3 weeks of acute on chronic dyspnea on exertion with progression to dyspnea at rest and associated orthopnea.

Felix Wangmang, MD, PharmD; Achilles Aiken, MD; Kuang-Yuh Chyu, MD, PhD

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Upcoming Features

- Don't judge a book by its cover: Unusual presentations of pericardial disease
- Hypoglycemia after bariatric surgery: Management updates



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REVIEW **Classic diabetic ketoacidosis and the euglycemic variant: Something old, something new** **33**

The authors review differences in the pathophysiology and management of classic diabetic ketoacidosis and the euglycemic variant, the latter of which has become more common with the increasing use of sodium-glucose cotransporter 2 inhibitors.

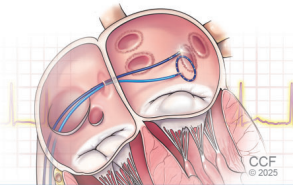
Adi E. Mehta, MD; Robert Zimmerman, MD

REVIEW **Insomnia in older adults: A review of treatment options** **43** **CME MOC**

Cognitive behavioral therapy for insomnia is the gold standard in all age groups, but it is time-intensive and does not offer immediate results.

Roberto León-Barriera, MD; Margaret M. Chaplin, MD; Jasleen Kaur, MD; Vania Modesto-Lowe, MD, MPH

REVIEW **Risk-factor modification to prevent recurrent atrial fibrillation after catheter ablation** **53**



The authors review the evidence supporting periprocedural modification of risk factors such as hypertension, diabetes mellitus, and obesity to reduce atrial fibrillation recurrence after catheter ablation.

Jack Hartnett, MB, BCh, BAO, MSc; Nour Chouman, MD; Eoin Donnellan, MD

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