



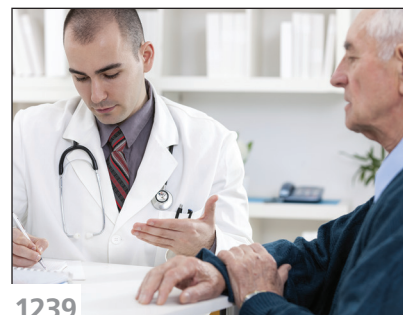
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### Chronically ill children

Families caring for a child with a complex medical problem need more services and better coordination of care, suggests Flegel. **See Editorial, page 1195**

Care for children with complex medical conditions accounts for an increasing proportion of pediatric health expenditures, and these children are at risk of poor health outcomes. Their families face substantial burdens. Models of innovative care are emerging, but meaningful impact will only be felt if these are adapted into system-wide solutions. **See Commentary, page 1199**

### The lifespan of clinical guidelines

Recommendations from clinical guidelines quickly become outdated, particularly in high-turnover research fields, find Martínez García and colleagues in their retrospective study of Spanish national health guidelines. Waiting more than three years to update a guideline may be too long. **See Research, page 1211**

### Benefit or harm to trial participants?

There is no overall harm or benefit for patients taking part in randomized controlled trials except when the trial treatment is effective and not available outside the trial. In this systematic review of 147 trials, Fernandes and colleagues refute earlier claims that trial participants may either suffer harm by taking part or benefit from better organized care within a trial. These findings could better inform patients enrolling into clinical trials. **See Research, page E596**

### Screening for prostate cancer

The Canadian Task Force on Preventive Health Care does not recommend screening for prostate cancer with the prostate-specific antigen (PSA) test. Screening with the PSA test may lead to a small reduction in prostate cancer mortality, but not in all-cause mortality. In addition, PSA screening places men at risk of false-positive results, overdiagnosis and harms related to biopsy, say the authors. **See Guidelines, page 1225**

The updated guideline on prostate cancer screening from the Canadian Task Force on Preventive Health Care focuses on clinically meaningful outcomes but pays insufficient attention to patient values and preferences or to cost, argues Krahn in this commentary. **See Commentary, page 1201**

### Risk of infection with prednisone use

Prednisone is commonly used to treat many conditions, yet its use predisposes patients to reactivation of latent infections and new opportunistic infections. Shafran and colleagues review recommendations for reducing the risk of infection associated with glucocorticoid use. **See Decisions, page 1239**

### Appendicular tuberculosis

A 15-year-old boy underwent appendectomy after a classic presentation of appendicitis. Surprisingly, the pathology report suggested appendicular tuberculosis. Constantinescu and colleagues review the diagnosis and management of this unusual cause of appendicitis. **See Cases, page 1241**

### Hair analysis of cortisol levels

Acute adrenal insufficiency crisis was diagnosed in a 19-year-old woman after hospital admission for vomiting and severe hypotension. Hair analysis showed that the decline in cortisol production had started almost three years earlier. Hair analysis of historical cortisol levels is a promising tool for use in clinical practice, say Ibrahim and Van Uum, but it requires further study. **See Clinical images, page 1244**

### Periodic health examination

Although many patients have come to expect an annual physical, the periodic health examination has not been shown to reduce mortality or morbidity. It may increase the likelihood of unnecessary investigations, false-positive results and overdiagnosis. However, its value may lie in other factors such as preventive manoeuvres and sustained relationship-based care, says Ponka. **See Five things to know about, page 1245**