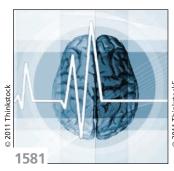
# HIGHLIGHTS









## Life-sustaining therapy for brain injury

Significant variation existed in mortality following the with-drawal of life-sustaining therapy between six trauma centres. This is the finding of a retrospective cohort study of 720 patients with traumatic brain injury that examined patient characteristics as well as variations in processes and outcomes between hospitals. See Research, page 1581

Uncertainty in prognosis and a lack of evidence to guide the treatment of severe traumatic brain injury likely leads to the large variability in the withdrawal of life-sustaining therapies. See Commentary, page 1570

# Cardiac or respiratory arrest in ICU

A little more than 25% of patients who had a cardiac or respiratory arrest in an intensive care unit (ICU) were discharged alive from hospital. This review of 517 records of cardiac and respiratory arrests in ICUs at four hospitals used clinical information and rates of death in hospital and up to five years later to describe patterns of survival. Compared with findings from previous studies, survival following arrest has improved little over the last two decades, say Kutsogiannis and colleagues. See Research, page 1589

Although all in-hospital cardiac arrests have in common the abrupt and complete loss of cardiac output that can be remedied only by the restoration of cardiac activity, at a deeper level they do not represent the same underlying disease, says Abella. See Commentary, page 1572

# Edmonton obesity staging system and risk of morbidity

The Edmonton obesity staging system is able to predict risk of mortality. Padwal and colleagues used data from the third National Health and Nutrition Survey to validate an obesity staging system based on obesity-related comorbidity such as cardiovascular disease, diabetes, osteoarthritis and kidney disease. The authors propose that this system be considered alongside current measures of obesity, such as body mass index, in assessing health risk. See Research, page E1059

## Readmissions as a quality indicator

The proportion of hospital discharges that resulted in an urgent, unplanned readmission was not related to the proportion of readmissions deemed potentially avoidable. In this study of 649 urgent readmissions to 11 hospitals, each readmission was reviewed by at least four physicians to identify ones that were potentially avoidable. Urgent readmissions should be used with caution to gauge the quality of hospital care, say van Walraven and colleagues. **See Research, page E1067** 

#### **Cancer risk of ACEs and ARBs**

The risk of cancer among people taking angiotensin-converting-enzyme inhibitors or angiotensin-receptor blockers is probably the same as for those not taking these drugs. This is the main finding of a meta-analysis of 12 cohort and 16 case-control studies, although some subgroup analyses suggested increased or reduced risks according to research design and cancer type. **See Research**, page **E1073** 

#### **Genetic predisposition**

Genetic predisposition was raised in 468 legal cases in Canadian courts and tribunals between 1987 and 2010, most often in workers' compensation cases (339 cases). In 134 cases, reference to genetic predisposition was associated with an undesirable legal outcome for the person with the supposed predisposition. Nisker and colleagues argue that adjudicators cannot be expected to have the knowledge needed to appreciate the complexity and nuances of genetic predisposition. In addition, arguing hereditary aspects of health in labour law may diminish the weight courts and tribunals give to the occupational, environmental and social determinants of health. See Analysis, page 1601

#### **Tremor: moving to treatment**

With the use of online videos, Kumar and Jog show how to apply a stepwise approach for diagnosing tremor in seven patients with tremor. The latest treatment options available for each type of tremor are highlighted in this second part of the two-part series. See Practice, page 1612