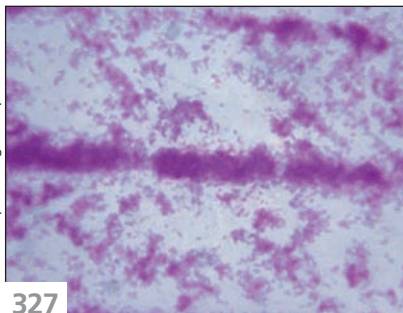




303



322



327



328

## Guidelines for the use of noninvasive ventilation

The use of noninvasive ventilation techniques has increased substantially for patients in the acute care setting. But when is choosing these methods over conventional mechanical ventilation appropriate? Based on a thorough literature review, the authors make strong recommendations about the use of noninvasive ventilation in certain patient populations. But the evidence is limited or lacking to support its use in many areas. **See Review, page E195**

Any program must include adequate monitoring of patients to ensure a rapid response when noninvasive ventilation fails, writes Bersten. **See Commentary, page 293**

## Interaction between macrolides and calcium-channel blockers

Use of erythromycin and clarithromycin in patients already receiving a calcium-channel blocker increases their risk for serious hypotension or shock. Wright and colleagues used a case-crossover design to examine health records from over 7000 patients on calcium-channel blockers who had been admitted with shock or hypotension and compared the timings of their exposure to macrolide antibiotics. Azithromycin should be considered instead. **See Research, page 303**

## Use of acid-suppressive drugs and risk of pneumonia

Acid suppression by proton pump inhibitors or histamine<sub>2</sub> receptor antagonists is associated with an increased risk of pneumonia, say Eom and colleagues. This systematic review of 23 randomized controlled trials and eight observational studies compared rates of hospital- and community-acquired pneumonia across studies. The increased risk should prompt caution in prescribing acid-suppressive drugs. **See Research, page 310**

## Macrosomia and rates of death

Infant macrosomia at birth is more than three times more frequent in women reporting a First Nations language as their mother tongue than in women who report French as their mother tongue. Macrosomia was not associated with an

increased risk of perinatal death in First Nations Women, although it was for postneonatal deaths. Wassimi and colleagues linked routine data from birth registrations to death records for the first year of life to measure perinatal and postneonatal death rates in Quebec. The authors suggest vigilance in the care of these vulnerable infants pending a better understanding of causal mechanisms. **See Research, page 322**

First Nations infants are at higher risk for postneonatal mortality. But being heavy does not greatly exacerbate their high rates, as one might conclude when comparing them to the large-for-gestational-age infants in the French-language group who are at reduced risk, writes Gray-Donald. **See Commentary, page 295**

## Risks of tuberculosis treatment

The risk of adverse events related to treatment for latent tuberculosis is much higher among people over age 65 years. Using administrative health data, Smith and colleagues compared hospital admissions among over 9000 people receiving treatment for latent tuberculosis with a control group of twice the size. The decision to treat latent tuberculosis infection in elderly patients should be made after carefully considering the risks and benefits. **See Research, page E173**

## Angiotensin-receptor blockers are an expensive choice

A policy of restricted access to angiotensin-receptor blockers might have saved more than \$77 million in Canada in 2006, likely with minimal adverse effects on cardiovascular health. Guertin and colleagues used routine data and a decision tree to examine historical costs and model the effects of a restrictive policy. Where treatment options exist between equally effective medications, favouring the least expensive one may help address future economic challenges. **See Research, page E180**

## Infectious diarrhea

Infectious diarrhea is self-limiting, and treatment does not depend on identification of the pathogen in most instances. The main challenge for clinicians is to decide who requires testing and treatment. **See Practice, page 339**