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Gestational hypertension and renal failure

Women with hypertensive disorders during pregnancy had 9.4 times the risk of end-stage renal disease compared with other pregnant women. Using routine health claims data from Taiwan, the authors compared 26 651 women with hypertension with 213 397 women without hypertension over a 12-year period. Close surveillance should be considered for women with a history of hypertensive disorder during pregnancy, suggest the authors. **See Research, page 207**

Women with a history of preeclampsia or more benign forms of gestational hypertension have an increased risk of end-stage renal disease. Although physicians pay attention to blood pressure during pregnancy, there is no structured follow-up of blood pressure or cardiovascular and renal risk factors after pregnancy. Spaan and Brown argue that structured, multidisciplinary surveillance of blood pressure after pregnancy should help prevent not only chronic kidney disease but also cardiovascular disease. **See Commentary, page 199**

When knowledge does not translate

Improving adherence to clinical practice guidelines for bleeding ulcers, despite a sophisticated approach to knowledge translation, was not possible. In this randomized controlled trial including 750 patients across 43 sites, adherence rates to a national guideline were below 10% and remained largely unaltered after the trial intervention. This highlights the complexity and poor predictability of attempting to alter the behaviour of health care practitioners, say the authors. **See Research, page E156**

Delisting eye examinations for people with diabetes

There was a decrease in publicly funded eye examinations for people with diabetes after these examinations were delisted for healthy adults. Kiran and colleagues examined time trends in physician service claims in Ontario using several routine data sources. Policy-makers need to be mindful of the unintended consequences of restricting insurance coverage for services that are not medically necessary, say the authors. **See Research, page E167**

Corticosteroid therapy in acute respiratory distress syndrome

Routine use of corticosteroid therapy in acute respiratory distress syndrome is not supported by the medical literature. It may be an option, however, for specific subsets of patients, say Lamontagne and colleagues. Research that includes testing for corticosteroid responsiveness in individual patients with acute respiratory distress syndrome may provide guidance for clinicians. **See Review, page 216**

Determining noninferiority margins

This latest article in *CMAJ's* Research Methodology Series examines the paucity of detailed guidelines on determining noninferiority margins, even though the number of noninferiority trials has substantially increased in the past decade. Wange and colleagues found that these studies often do not explain how a noninferiority margin is chosen. Using a case study, they show that methods can be highly variable, resulting in inconsistent conclusions. **See Analysis, page 222**

Parapneumonic effusion

Who requires diagnostic thoracentesis? Do all pleural effusions require definitive drainage? What empiric antimicrobial therapy is appropriate? Craig and colleagues address these questions and more in their discussion of a man with pneumonia and an associated parapneumonic effusion. **See Practice, page 232**

Tourette syndrome

Most people with Tourette syndrome have mild to moderate tics that gradually decrease during adolescence. Although education and reassurance are sufficient for many patients with Tourette syndrome, Abi-Jaoude and Gorman stress that comorbidities, such as obsessive-compulsive disorder and attention-deficit/hyperactivity disorder, are common and may require intervention. **See Practice, page 236**