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Personalizing prognosis in a patient with serious illness

Decisions about prognosis should begin soon after a diagnosis of a life-threatening illness is communicated and should comprise dynamic, iterative conversations about a patient's personal goals of care. **See Commentary, page 169**

Monitoring Canada's heart health

Fewer than 1 in 10 Canadian adults were in ideal cardiovascular health from 2003 to 2011, as determined by the CANHEART health index. Tu and colleagues developed this index through examination of trends in smoking, physical activity, fruit and vegetable consumption, overweight/obesity, diabetes and hypertension among Canadian adults. The CANHEART health index may prove useful for monitoring the cardiovascular health and ultimately the reduction of chronic disease burden in Canada. **See Research, page 180**

Weaning patients off intubation

Noninvasive weaning from ventilator-assisted breathing reduces rates of death and pneumonia without increasing the risk of weaning failure or reintubation. This systematic review identified 16 trials and is more extensive than previous reviews. The authors suggest that a large trial is now warranted, involving patients with chronic obstructive pulmonary disease and other conditions. **See Research, page E112**

A checklist for guideline developers

Although tools exist to evaluate the credibility of existing guidelines, there are few practical manuals on how to produce the guidelines themselves. Schünemann and colleagues have developed a checklist containing 146 items within 18 topics to serve as a resource for future guideline developers. **See Research, page E123**

Prevention and treatment of the common cold

Everyone has a favourite cold remedy or preventive agent. But which of them actually works? Allan and Arroll have trawled

the available evidence for interventions aimed at preventing and treating the common cold. Their findings may surprise you. **See Review, page 190**

Atrial fibrillation

A previously well 67-year-old woman presents with new-onset palpitations over the past six weeks. What investigations are required? Should she be assessed for cardioversion? Should she be started on anticoagulant therapy right away? Moayed and colleagues provide an approach to assessing and caring for patients with new-onset atrial fibrillation. **See Practice, page 204**

Rash, arthritis and neuropathy

A 60-year-old man had been treated for several years for seronegative rheumatoid arthritis. A rash and severe peripheral neuropathy developed subsequently. Was there one diagnosis that tied these findings together? The authors review the investigations that led to the final diagnosis. **See Practice, page 206**

Synthetic cannabinoids

Synthetic cannabinoids are synthetic marijuana, right? No, they're not, say Antoniou and Juurlink. In contrast to marijuana, synthetic cannabinoids are more potent — and potentially more toxic. These drugs may not be detected by usual urine testing, and a high index of suspicion is required when evaluating an unexplained onset of acute psychosis. **See Practice, page 210**

Leprosy

A 45-year-old man had a 6-month history of non-itchy erythematous lesions on his trunk and extremities that were unresponsive to local or systemic corticosteroid therapy. Because the lesions showed loss of sensation to both light touch and pin prick, leprosy [Hansen disease] was suspected and later confirmed with testing. The authors remind us that the diagnosis should be considered in people coming from areas in which leprosy is endemic, such as India and Brazil. **See Practice, page 211**