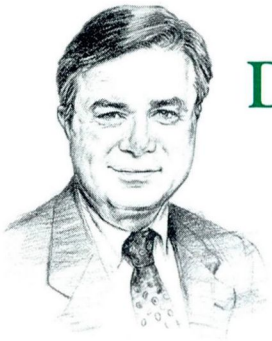

Dear Colleague:

We've added something new to the *CCJM*—a patient education handout paired with a review article. As patients become more knowledgeable and assertive about their own care, good information can increase patient compliance and satisfaction.

The handout on acute cystitis in this issue was developed with the Cleveland Clinic's Patient Education Department and we plan to feature handouts with upcoming articles. As always, we want to hear whether the materials are useful to you and your patients, and we welcome your suggestions.

Hypertension in the elderly (page 487)
The risks of undertreating an ailment in the elderly have to be weighed against the problem of potentially dangerous polypharmacy. Dr. Aronow interprets some national guidelines on how to diagnose and manage this common problem in our older patients.

1-Minute Consult (page 465)
Lipoprotein(a) has gained some notoriety as a possible risk factor for cardiovascular disease, but its value in screening for atherosclerosis has not been established. Dr. Frolkis addresses the question of when to test for Lp(a).

Treating acute cystitis (page 495)
Is telephone diagnosis and treatment of uncomplicated cystitis safe? Drs. Campbell, Felver, and Kamarei give us the lowdown on what to use and what to watch out for. They include a patient handout (page 502), suitable for photocopying.

IM Board Review (page 469)
Fever of unknown origin is a classic medical conundrum. In this month's IM Board Review, Drs. Mazzone and Nielsen present an updated discussion of FUO in the context of an elderly woman with abdominal pain and fever.

Palliative care (page 459)
Dr. Hanks reviews the palliative care approach to pain control, intestinal obstruction, and rehabilitation in terminal cancer.

The limits of angiography (page 479)
Arteriography remains the gold standard for diagnosing coronary arteriosclerosis, but the gold is a bit more tarnished than most physicians realize. Dr. Nissen discusses the limitations of this landmark test.

Using evidence (page 461)
In evidence-based medicine, the physician must take into account both the evidence and the patient's needs and desires. Dr. Guyatt provides an instructive example of how this works for two people with similar medical problems but different points of view.

Clostridium difficile (page 503)
Sometimes the treatment can be as bad as or worse than the disease, as people who suffer complications of antibiotic therapy can attest. Drs. Taege and Adal describe this syndrome and recommend a diagnostic and treatment approach.

As always, we are interested in what you think of the *Journal*, and in your ideas for future topics.

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