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Increasing the Dietary Potassium Intake Reduces 753 the Need for Antihypertensive Medication A. Siani, P. Strazzullo, A. Giacco, D. Pacioni, E. Celentano, and M. Mancini

Increasing the dietary potassium intake from natural foods is a feasible and effective measure to reduce antihypertensive drug treatment. By the end of the study, blood pressure could be controlled using less than 50% of the initial therapy in 81% of the patients who increased their potassium intake compared with 29% of the controls.

Treatment for Cerebral Toxoplasmosis Protects 760 against *Pneumocystis carinii* Pneumonia in Patients with AIDS

A. Heald, M. Flepp, J-P Chave, R. Malinverni, S. Rüttimann, V. Gabriel, C. Rénold, A. Sugar, B. Hirschel, and the Swiss HIV Cohort Study

Patients with cerebral toxoplasmosis have a low risk for subsequently developing *Pneumocystis carinii* pneumonia. This decreased risk is probably the result of chronic suppressive treatment with pyrimethamine and sulfonamides.

Heterosexual Co-transmission of Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV)

M.E. Eyster, H.J. Alter, L.M. Aledort, S. Quan, A. Hatzakis, and J.J. Goedert

The higher prevalence of HCV in female sexual partners of men with hemophilia than in blood donor and other low-risk groups suggests that there is a low level of sexual transmission. Male to female sexual transmission of HCV is less efficient than that of HIV. The frequency of HCV transmission to female sexual partners is five times higher when HIV is also transmitted to the partner, suggesting that HIV may be a cofactor for the sexual transmission of HCV.

Reversible Renal Failure Associated with Angiotensin-Converting Enzyme Inhibitors in Polycystic Kidney Disease A.B. Chapman, P.A. Gabow, and R.W. Schrier

The authors describe eight episodes of reversible acute renal deterioration in five patients with autosomal-dominant polycystic kidney disease, massive renal involvement, and chronic renal insufficiency. In all cases, angiotensin-converting enzyme inhibitors either predisposed the patient to or precipitated the acute event.

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Screening for Alcohol Abuse Using CAGE Scores 774 and Likelihood Ratios D.G. Buchsbaum, R.G. Buchanan, R.M. Centor,

S.H. Schnoll, and M.J. Lawton

Clinicians can improve their ability to estimate a patient's risk for an alcohol abuse or dependence disorder using likelihood ratios for CAGE scores (an acronym for the four questions asked in the CAGE test; Cut down, Annoyed, Guilty, Eye-opener).

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Thoracoscopic Talc Poudrage Pleurodesis for Chronic Recurrent Pleural Effusions Y. Aelony, R. King, and C. Boutin

Thoracoscopic talc poudrage is an effective pleural sclerosing technique and is relatively painless.

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Combined Endoscopic Sphincterotomy and Laparoscopic Cholecystectomy in Patients with Choledocholithiasis and Cholecystolithiasis G. Aliperti, S.A. Edmundowicz, N.J. Soper, and S.W. Ashley

Endoscopic sphincterotomy combined with laparoscopic cholecystectomy is effective in the treatment of patients with simultaneous gallbladder and bile duct stones. Length of hospital stay and degree of postoperative disability were significantly reduced among our patients compared with those having standard cholecystectomy and bile duct exploration.

Recovery of Adrenal Function after Failure Resulting from Traumatic Bilateral Adrenal Hemorrhages

B. Feuerstein and D.H.P. Streeten

A 32-year-old psychotic man had severe pelvic and femoral injuries and hypotension associated with adrenal insufficiency caused by bilateral adrenal hemorrhages. Adrenocorticotropic hormone administration was found to cause normal increases in plasma cortisol concentrations at 10 and 30 months after the initial trauma.

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Risk for Serious Gastrointestinal Complications 787 Related to Use of Nonsteroidal Anti-inflammatory Drugs. A Meta-analysis S.E. Gabriel, L. Jaakkimainen, and C. Bombardier				
Users of nonsteroidal anti-inflammatory drugs (NSAIDs) are at approximately three times greater relative risk for developing serious adverse gastrointestinal events than are nonusers. Additional risk factors include age greater than 60 years, previous history of gastrointestinal events, and concomitant corticosteroid use. These data represent summary statistics from 16 studies and cannot be considered generalizable to all NSAID users.	Based on a long-term observational study rather than a randomized controlled trial, Epstein and colleagues, in the 15 March 1991 issue of <i>Annals</i> , challenged the current views about rheumatoid arthritis therapy. One of their conclusions was that gold is of no value. Possible benefits of gold may have been obscured by methodologic problems; these include the timing of data acquisition, use of other second-line therapies in control patients not receiving gold, and analyses of patients as a group rather than as individuals.			
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