2013 Literature Update in Hospital Medicine

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KEYWORDS

• Evidence-based medicine • Perioperative medicine • Anticoagulation
• *Clostridium difficile* • Antibiotic usage

HOSPITAL MEDICINE CLINICS CHECKLIST

1. Fluid and sodium restriction for hospitalized patients with decompensated congestive heart failure provides no significant clinical benefit.
2. Perioperative β-blockers should be given to patients already on them and to patients who need them for an additional clinical reason (eg, recent myocardial infarction and heart failure).
3. In patients with atherosclerotic renal artery stenosis, renal artery stenting did not provide benefit above medical therapy.
4. In patients with diabetic nephropathy, dual angiotensin blockade results in an increase in adverse drug events without confirmed clinical benefit.
5. Eighth Joint National Committee recommendations include the controversial recommendation to increase the systolic blood pressure threshold for treatment of adults aged 60 years or older to 150 mm Hg.
6. In patients with an acute exacerbation of chronic obstructive pulmonary disease, a 5-day course of steroids is as effective as a 14-day course.

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7. In addition to standard resuscitation therapy for inpatients with cardiac arrest, the combination of vasopressin, steroids, and epinephrine outperformed the combination of epinephrine and placebo.
8. Checking residual gastric volumes for intubated patients receiving enteral feeding decreases caloric supplementation without causing a significant effect on ventilator-associated pneumonia rates.
9. The updated American College of Cardiology Foundation and the American Heart Association cholesterol guidelines focus on moderate-intensity to high-intensity statin use for at-risk groups, rather than focusing on target low-density lipoprotein levels.
10. For patients with recurrent *Clostridium difficile* infection, duodenal stool infusion resulted in improved outcomes when compared with vancomycin monotherapy.

INTRODUCTION

The Update in Hospital Medicine is designed to keep readers informed about the current state of the literature. For this update, we searched journals from mid-January 2013 to February 2014 and sought high-impact articles that had the capability of practice change or practice confirmation for hospitalists. Our initial review yielded 577 articles; from this group, a secondary review targeting those with the highest potential for clinical usefulness yielded 49 articles. From this subgroup, we selected the 10 articles from the year that were most likely to affect patient care.

What is the impact of restricting fluid and sodium intake in patients hospitalized with an acute systolic heart failure exacerbation?

Aliti GB, Rabelo ER, Clausell N, et al. Aggressive fluid and sodium restriction in acute decompensated heart failure: a randomized clinical trial. JAMA Intern Med 2013;173(12):1058–64.

Background/Purpose

For patients who are admitted with an acute exacerbation of systolic heart failure, clinicians often limit fluid and sodium intake as a nonpharmacologic measure to improve congestion and edema. The evidence supporting this practice is limited.

Study Design

The investigators conducted a randomized controlled trial (RCT) comparing a fluid-restricted (maximum fluid intake, 800 mL/d) and sodium-restricted (maximum sodium intake, 800 mg/d) diet with no restrictions in patients hospitalized with acute congestive heart failure. The patients enrolled had known systolic heart failure and were diagnosed in the emergency department with an acute exacerbation. Patients with chronic renal failure were excluded.

Results

Over a 3-year period, 75 patients were randomized while in the hospital to a restricted diet versus a control diet. There were no significant differences between the 2 groups;