FROM THE JOURNALS — Robert Lancey MD

Ford, MK et al., *Systemic Review: Predicition of Perioperative Cardiac Complications and Mortality by the Revised Cardiac Risk Index*, Annals Int Med, January 5, 2010; 152:26-35

See also: Lee Goldman, *The Revised Cardiac Risk Index delivers what it promised*, Ann Int Med, January 5, 2010; 152:57-58

This meta-analysis by investigators from the University of Toronto abstracted data from several studies to determine the effectiveness of the Revised Cardiac Risk Index (RCRI). The RCRI was first published in *Circulation* in 1999 by Lee et al. as a new risk score for the prediction of cardiac events in patients undergoing noncardiac surgery. It has since been utilized as the scoring system for medical risk in the 2007 ACC/AHA Guidelines on Perioperative Evaluation and Care for Noncardiac Surgery. The authors abstracted data from 24 studies utilizing the RCRI, including the original study by Lee et al., and found that the RCRI had moderate success in discriminating between patients at low versus high risk for cardiovascular complications following mixed noncardiac surgery. It remains the best cardiac risk index in widespread use to this day.

Daniels,, JM et al., *Antibiotics in addition to systemic corticosteroids for acute exacerbations of chronic obstructive pulmonary disease*, Am J Respir Crit Care Med, 2010 Jan 15; 181(2):150-157

Investigators in Amsterdam, The Netherlands, conducted a small, randomized, double-blinded, placebo-controlled trial of doxycycline for hospitalized COPD patients. All enrolled patients were given oral corticosteroids and standard inhaler therapy plus either doxycycline 200 mg/day or placebo. Outcomes were determined at days 1, 10 and 30, which showed that the doxycycline group had a significant clinical improvement over placebo at day 10 but not at 30 days. The doxycycline group also showed significant improvements in microbiological cure, symptom improvement and decrease in CRP at 10 days but not at 30 days. In summary, this study serves to reiterate the lack of clear evidence for the use of antibiotics in patients with COPD exacerbations. However, this study may strengthen the argument for use of antibiotics in patients admitted for COPD exacerbation since they demonstrated a significant short-term benefit.

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FROM THE JOURNALS (cont)

Chan, PS et al., *Rapid Response Teams: A Systemic Review and Meta-analysis*, Arch Int Med 2010 Jan 11; 170(1):18-26

See also: Edelson, DP, *A weak link in the Rapid Response System*, Arch Int Med 2010; 170:12-13

Hospital rapid response teams (RRTs) have come into widespread use in the last several years as a way to augment patient safety by lowering hospitalized patient's risk of cardiac arrest and in-hospital mortality. This current meta-analysis abstracts data from 18 publications and analyzed for a lowering of the risk of cardiac arrest and in-hospital mortality as a result of the institution of rapid response teams in hospitals. The meta-analysis found a lowering of the cardiac arrest rate outside of the ICU but showed no difference in the hospital mortality rate. When analyzed in the pediatric population, improvement was shown in both the rate of non-ICU cardiac arrest and, less robustly, in hospital mortality. To summarize, this meta-analysis sheds more light on the lack of impact by RRT's on in-hospital mortality but does reinforce the benefit of lowered incidence of non-ICU cardiac arrest. The accompanying editorial highlights these results while warning hospital administrators that RRTs need to be improved, not discarded.

ID CORNER — William Salzer MD

DIAGNOSIS AND TREATMENT OF INTRA-ABDOMINAL INFECTIONS

The IDSA has recently updated its guidelines for the management of complicated intra-abdominal infections. Solomkin, JS et al., Diagnosis and management of complicated intra-abdominal infections in adults and children: Guidelines by the Surgical Infection Society and the Infectious Disease Society of America, Clin Infect Dis 2010; 50:133-164

http://www.journals.uchicago.edu/doi/pdf/10.1086/649554