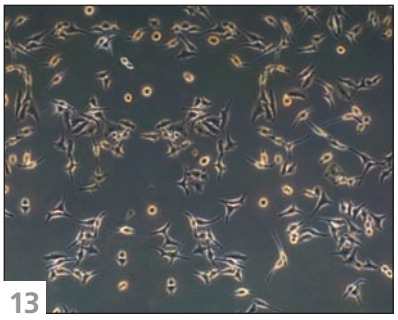

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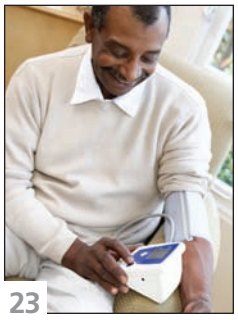

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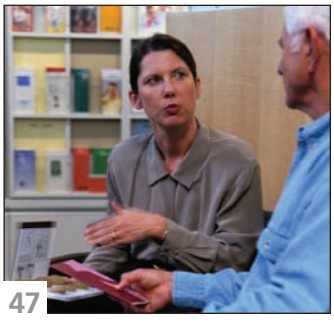

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## Home blood pressure monitoring

There is a high risk of recurrence in the first year after a stroke. Poorly controlled hypertension is an important factor in that risk, and controlling hypertension reduces the recurrence rate significantly. Could patients enhance that control by monitoring their own blood pressure at home? Apparently not, according to a study by Kerry and colleagues. However, a subgroup of patients with no disability and moderately elevated blood pressure did do better at blood pressure control. A new trial with clinical event outcomes is now needed to confirm this finding. **See Research, page 23**

In his commentary, Dawes summarizes why control of hypertension is so important for stroke survivors. He asks why we have not improved that control over many years. There are no obvious answers, but he recommends attention to the stroke survivors in our own practices as a good place to start. **See Commentary, page 11**

## Cardiovascular outcomes and *E. coli* infection

*Escherichia coli* O157:H7 is one cause of bacterial gastroenteritis, causing thousands of infections each year. Although most patients fully recover, whether there are long-term health consequences is unknown. In a cohort study involving residents of Walkerton, Ontario, affected by an *E. coli* outbreak in 2006, Hizo-Abes and colleagues examined cardiovascular outcomes among those who experienced mild or severe gastroenteritis as a result of the outbreak. Compared with participants with no gastroenteritis and those from surrounding communities, participants who experienced mild or severe gastroenteritis did not have an increased risk of cardiovascular outcomes. The authors caution, however, that the greater use of antihypertensive medications among those with gastroenteritis may have played a role in preventing cardiovascular disease. **See Research, page E70**

## Cervical screening guidelines

The Canadian Task Force on Preventive Health Care has released the latest version of its screening guidelines for cervical cancer. An important change from the 1994 version is the recommendation to start screening later, beginning at age 25. The recommended screening interval at 3 years has been maintained. The task force continues to recommend use of the Pap test for screening, as there is insufficient data on the effect of human papilloma virus (HPV) testing on mortality and incidence of invasive disease. **See Guidelines, page 35**

Papanicolaou (Pap) testing for cervical cancer is considered one of the most successful screening tools in history, but with our increased understanding of HPV in the development of cervical cancer, the role of the Pap test will need to change. Dollin argues that Canada has not yet developed best practices in screening for cervical cancer in comparison with other jurisdictions. She also highlights the variable access to primary prevention through HPV vaccination in Canada. **See Commentary, page 13**

## Prostate-specific antigen screening can be beneficial to younger and at-risk men

The draft recommendation of the US Preventive Services Task Force advises against routine screening for prostate cancer. However, recent evidence suggests that there are benefits in carefully selecting patients for the test. According to Roobol and colleagues, screening should be encouraged for healthy younger men and men with risk factors. **See Analysis, page 47**

## Pantoprazole-induced nephritis

Acute interstitial nephritis is usually caused by a drug reaction, most commonly by β-lactam antibiotics. However, proton pump inhibitors such as omeprazole and pantoprazole are also associated with this adverse effect. Early recognition and withdrawal of the culprit medication is crucial in preventing chronic renal failure. The role of steroids is unclear, say Klassen and colleagues. **See Practice, page 56**

## Celiac disease

If your patient tells you that recurrent abdominal symptoms have responded well to a gluten-free diet, does the patient have celiac disease? Probably not, say Silvester and Duerksen. A better test is the tissue transglutaminase IgA antibody test after at least 4 weeks of a diet containing sufficient gluten to produce symptoms. **See Practice, page 60**