The following articles are abstracted in the March/April 2005 issue of ACP Journal Club. The declarative title of each abstract as published in ACP Journal Club precedes the article citation.

**THERAPEUTICS**

- **Review: Low-dose but not high-dose corticosteroids reduced all-cause mortality in severe sepsis and septic shock**

- **Review: Glucocorticoids reduced mortality in sepsis in recent trials (post-1997), but not in previous (pre-1989), or all trials combined**

- **Review: Nonsteroidal anti-inflammatory drugs provide better pain relief than do opioids for acute renal colic**

- **Review: Cardiac resynchronization therapy reduces mortality and hospitalization for heart failure**

- **Review: Oral and intravenous antibiotics do not differ for effectiveness in febrile neutropenic patients with cancer**

- **Lumiracoxib reduced ulcer complications compared with ibuprofen and naproxen in osteoarthritis and did not increase cardiovascular outcomes**

- **Routine invasive strategy within 24 hours of thrombolysis reduced death, nonfatal reinfarction, and ischemia-induced revascularization in STEMI**

- **A 10-day regimen of levofloxacin was not needed in patients with cellullitis who had an acceptable 5-day response**

- **Glycine and Arg/Arg genotype responses to albuterol differed in mild asthma**

- **Daltaparin reduced venous thromboembolic events without increased bleeding in acutely ill medical patients**

- **Peginterferon α-2a alone or combined with lamivudine increased response rates more than lamivudine alone**

- **An early invasive strategy improved long-term freedom from major adverse cardiac events in older patients with angina**

- **Caspofungin was noninferior to amphotericin B for invasive fungal infections in persistent fever and neutropenia and better tolerated**

- **Stenting was not inferior to endarterectomy in patients with severe carotid-artery stenosis and coexisting conditions**

**AETIOLOGY**

- **Reduced glomerular filtration rate was associated with increased death, cardiovascular events, and hospitalization**

- **Renal impairment increased mortality and cardiovascular complications after myocardial infarction**