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 cellulitis who had an acceptable 5-day response

► Gly/Gly and Arg/Arg genotype responses to albuterol differed in mild asthma

► Dalteparin 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

**AETOLOGY**

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

► Renal impairment increased mortality and cardiovascular complications after myocardial infarction