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Low bone density is not a one-size-fits-all disorder. We need to carefully consider the diagnostic and therapeutic options before assuming that low bone density is osteoporosis.

B.F. MANDELL

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Treating the renal patient who has a fracture: Opinion vs evidence 684

The patient with chronic renal disease who has a fracture remains a unique management challenge. Opinions on treatment abound, but without adequate evidence to back them up.

M. COCO



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No. Dual renin-angiotensin system blockade has never been shown to reduce the rates of morbidity or death from any cause.

F.H. MESSERLI AND M. YUZEFPOLSKAYA

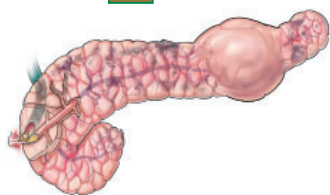


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Evidence-based guidelines on managing acute pancreatitis are available, but many physicians are not following them.

T. STEVENS, M.A. PARSI, AND R.M. WALSH



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CURRENT DRUG THERAPY

Prasugrel for acute coronary syndromes: Faster, more potent, but higher bleeding risk 707

Prasugrel (Effient) is faster and more consistent in its effects, but patients at high bleeding risk should still receive clopidogrel (Plavix).

L.D. LAZAR AND A.M. LINCOFF

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Fragility fractures in chronic kidney disease: An opinion-based approach 715

When a patient with chronic kidney disease suffers a fragility fracture, a key question is whether the patient has osteoporosis or, instead, renal osteodystrophy. Bone densitometry does not help in this distinction.

P.D. MILLER



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An algorithm for managing warfarin resistance 724

Some patients need higher-than-expected doses of warfarin to reach their target INR. The cause can be acquired (poor compliance, drug interactions) or hereditary.

O. OSINBOWALE, M. AL MALKI, A. SCHADE, AND J.R. BARTHOLOMEW

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