preferences. Patient-centered care to treat older adults with diabetes mellitus and complex health status has been recently proposed to rely on estimating a patient’s life expectancy, healthcare goals, preferences for treatment, evaluating coexisting diseases and geriatric syndromes, and prioritizing management, which might be a better approach and could be adopted to treat frail NH residents with diabetes mellitus or other chronic diseases.

In conclusion, many published studies suggest that RCTs do not warrant the high quality of the evidence. Many RCTs might be bronze, but not truly gold. It can be challenging to extrapolate the results of many RCTs conducted in noninstitutionalized patients to frail NH residents. Developing evidence-based guidelines of single disease and implementing pay for performance based on the RCTs done in non-NH settings can also be complex and challenging. If long-term care providers are pressured to simply follow RCTs and evidence-based guidelines of a single disease, they can be misled to practice compliance-based care in the NH. Policymakers need to incorporate only high-quality RCTs (true gold) and other considerations such as the patient’s value and preferences into developing guidelines and implementing pay for performance in the NH setting.

Huiyong Cheng, MD, MPH
The Allen Pavilion
Columbia University Medical Center
New York, NY

REFERENCES

10. Guyatt GH, Sackett DL, Cook DJ, for the Evidence-Based Medicine Working Group. Users’ guides to the medical literature, II. How to use an article about therapy or prevention. B. What were the results and will they help me in caring for my patients? JAMA 1994;271:59–63.
support, but it always should warrant our attention and stimulate us to learn more about such candidates. Once you’re comfortable with a candidate, consider taking the next step . . . help the candidate get elected! Put campaign literature in your office. Post a campaign sign in your window and on your lawn, and, yes, even get a bumper sticker. If you can help financially, do so. On election day, volunteer to help at the polls. This is a very effective way to get votes. A few hundred votes in this way may actually make the difference. Other things like contacting your specialty society, writing articles, and writing editorials are all other things that can go a long way to getting a physician-candidate actually elected. Finally, if you know of some physician who has taken the time and made the sacrifice to run for political office, remember to thank him or her. After all, with health care on the forefront of the political issues, do we really need to elect another lawyer?

F. Michael Gloth, III, MD, FACP, AGSF, CMD
Johns Hopkins University School of Medicine
Baltimore, MD
University of Maryland School of Medicine
Baltimore, MD
Victory Springs Senior Health Associates
Reisterstown, MD
DOI: 10.1016/j.jamda.2006.08.011

ERRATUM
In the September issue of JAMDA, on page 468 of the editorial Inter-observer Reliability of Radiologists’ Interpretation of Mobile Chest Radiographs for Nursing Home-Acquired Pneumonia, the sentence “The best BNP threshold value for differentiating cardiac from pulmonary edema in patients aged 65 years or older.” should have read “The best BNP threshold value for differentiating cardiac from pulmonary causes of dyspnea was 250 pg/mL.”