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Past Presentations – Spring 2011

- April 13 - How Do You Evaluate the Evidence in Evidence-based Practices?
- April 20 - Fetal Alcohol Spectrum Disorders: Prevention, Diagnosis and the Clinical Encounter
- April 27 - Autism Spectrum Disorders: Neurobiology, Current Concepts and Its Impact on Public Health
- May 4 - Using Network Models and Super Computers to Improve Surveillance and Intervention
- May 11 - The Interaction between Traumatic Brain Injuries (TBI), Substance Abuse, and Other Mental Health Disorders
- May 18 - Cardiovascular Disease: An Equal Opportunity Killer

April 13

How Do You Evaluate the Evidence in Evidence-based Practices?

Presenters:

Michelle Malizia, MA, Asso. Director, National Network of Libraries of Medicine, SCR, Houston Academy of Medicine-Texas Medical Center Library; Cathy Pepper, MLIS, MPH, Coordinator of Library Field Services and Asst. Professor, Medical Sciences Library, Texas A&M Univ.

How Do You Evaluate the Evidence in Evidence-based Practices?

TRAIN Course ID: 1025928

Presenters: Michelle Malizia, MA, Associate Director, National Network of Libraries of Medicine, South Central Region, Houston Academy of Medicine-Texas Medical Center Library; Cathy Pepper, MLIS, MPH, Coordinator of Library Field Services and Assistant Professor, Medical Sciences Library, Texas A&M University

Description: Outcomes of evidence-based practice can be wide ranging and sometimes unexpected. Before planning interventions or establishing new health programs, it is important that initiatives are supported by scientific evidence. However, the quality of evidence is of primary significance, not the quantity. This presentation will look at processes and tools to identify, evaluate, and assess evidence-based practices. Please join Michelle Malizia and Cathy Pepper for this intriguing discussion and examination of case studies.

Continuing Education: 1.5 contact hours of Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES); Registered Sanitarians; Licensed Chemical Dependency Counselors (LCDC); Licensed Professional Counselors (LPC); Marriage and Family Therapists (MFT); and certificate of attendance.

Presentation documents: To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at avlibrary@dshs.state.tx.us. *CE credit is only available for those attending the live event, not the recording.*

Suggested resources:

To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us.

- 1) Critical appraisal for public health: A new checklist. Heller, R. F., Verma, A., Gemmell, I., Harrison, R., Hart, J., & Edwards, R. Public Health. 2008; 122(1): 92-98
- 2) [Critical appraisal: Notes and checklists](#). Scottish Intercollegiate Guidelines Network (SIGN)
- 3) [Critical Appraisal Skills Programme \(CASP\)](#).
- 4) [Demonstrating excellence in the scholarship of practice-based service for public health](#). Potter MA, Burdine J, Goldman L, Olson D, Silver GB, Smith LU, Villanueva AM, & Wright K. Association of School of Public Health; 2009
- 5) Developing evidence-based recommendations in public health – incorporating the views of practitioners, service users and user

representatives. Renfrew, M. J., Dyson, L., Herbert, G., McFadden, A., McCormick, F., Thomas, J., & Spiby, H. Health Expectations. 2008; 11(1): 3-15.

6) [Evidence, hierarchies, and typologies: horses for courses](#). Petticrew M, Roberts H. J Epidemiol Community Health. 2003 Jul;57(7):527-9.

7) Evidence-based medicine: How to practice and teach EBM. Straus, et al. (2005) New York: Elsevier.

8) Evidence-based public health: a fundamental concept for public health practice. Brownson, R.C., Fielding, J. E., & Maylahn, C. M. Annual Review of Public Health. 2009; 30: 175-201.

9) Evidence-based public health benefits communities. Gillespie, K. N. Health Progress. 2008; 89(2): 6-7.

10) [Evidence Based Public Health - Free 3-Part Webinar Series - June 9, 16 & 23, 2011](#), Texas A&M University Libraries.

11) Facilitating access to pre-processed research evidence in public health. Robeson, P., Dobbins, M., DeCorby, K., & Tirilis, D. BMC Public Health. 2010; 10:95.

12) Finding high-quality review articles. Slawson, D. C., & Reed, S. W. American Family Physician. 2009; 79(10): 875-877.

13) A glossary for evidence based public health. Rychetnik, L., Hawe, P., Waters, E., Barratt, A., & Frommer, M. Journal of Epidemiology and Community Health. 2004; 58(7): 538-545.

14) [Guide to Community Preventive Services](#).

15) [Healthy People 2010 Information Access Project](#).

16) How to read a paper: The basics of evidence-based medicine. Greenhalgh, T. Oxford UK: BMJ Books, 2010.

17) [Medical and Research Library, Texas Department of State Health Services](#).

18) The need for evidence-based medicine. Sackett DL, Rosenberg WM. J R Soc Med. 1995;88(11):620-624.

19) ['Other' types of questions](#). Scanlan CL.

20) [Partners in Information Access for the Public Health Workforce](#).

21) [PubMed](#)

22) Understanding evidence-based public health policy. Brownson R.C., Chiqui J.F., Stamatakis K.A. American Journal of Public Health. 2009; 99(9): 1576-83

April 20

Fetal Alcohol Spectrum Disorders: Prevention, Diagnosis and the Clinical Encounter

Presenter:

Courtney J. Kihlberg, MD, MSPH, Asst. Professor, Meharry Medical College



Fetal Alcohol Spectrum Disorders: Prevention, Diagnosis and the Clinical Encounter

TRAIN Course ID: 1025920

Presenters: Courtney J. Kihlberg, MD, MSPH, Assistant Professor, Meharry Medical College

Description: Fetal Alcohol Syndrome (FAS) is the leading preventable cause of intellectual disabilities in children and encompasses a multitude of physical, psychological, and social challenges for the children and families it affects. This presentation is designed to increase the knowledge and skills of practicing health care providers and their staff regarding prevention, identification of, and interventions for FAS and related Fetal Alcohol Spectrum Disorders (FASDs). Alcohol screening tools for women of child bearing age, FASD diagnostic criteria, treatment options, and supportive resources will all be reviewed to enhance participants' practical skills and comfort level in caring for children and families affected by FASDs.

Continuing Education: 1.5 contact hours of Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES); Registered Sanitarians; Licensed Chemical Dependency Counselors (LCDC); Licensed Professional Counselors (LPC); Marriage and Family Therapists (MFT); and certificate of attendance.

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Suggested resources:

To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us .

- 1) [American Congress of Obstetricians and Gynecologists \(ACOG\) Additional Screening and Intervention Tools \(CRAFTT, TWEAK, AUDIT-C\)](#)
- 2) A better future for baby: stemming the tide of fetal alcohol syndrome. Boyce MC. J Fam Pract. 2010 Jun;59(6):337-45.
- 3) [Drinking and Reproductive Health: A Fetal Alcohol Spectrum Disorders Prevention Tool Kit](#)
- 4) [FASD Southeast Regional Training Center at Meharry Medical College Department of Family and Community Medicine](#)
- 5) [Fetal Alcohol Spectrum Disorders \(FASDs\) - Centers for Disease Control and Prevention](#)
- 6) [National Organization on Fetal Alcohol Syndrome](#)
- 7) A practical clinical approach to diagnosis of fetal alcohol spectrum disorders: clarification of the 1996 Institute of Medicine criteria. Hoyme HE, May PA, Kalberg WO, Koditwakku P, Gossage JP, Trujillo PM, Buckley DG, Miller JH, Aragon AS, Khaole N, Viljoen DL, Jones KL, Robinson LK. Pediatrics. 2005 Jan;115(1):39-47.
- 8) Prevalence and epidemiologic characteristics of FASD from various research methods with an emphasis on recent in-school studies. May PA, Gossage JP, Kalberg WO, Robinson LK, Buckley D, Manning M, Hoyme HE. Dev Disabil Res Rev. 2009;15(3):176-92.
- 9) [Recovering Hope: Mothers Speak Out About Fetal Alcohol Spectrum Disorders \(FASD\) DVD](#)
- 10) [The Story of Lylal](#) (video)
- 11) [Substance Abuse Treatment Facility Locator - SAMHSA](#)
- 12) [Talking with Your Adult Patients about Alcohol, Drug, and/or Mental Health Problems: A Discussion Guide for Primary Health Care Providers](#)
- 13) [Washington State FAS Diagnostic and Prevention Network](#)



Autism Spectrum Disorders: Neurobiology, Current Concepts and Its Impact on Public Health

TRAIN Course ID: 1025921

Presenters: Dilip J. Karnik, MD

Description: Autism Spectrum Disorder is a common neurobiological condition that can cause varying degrees of intellectual, psychosocial, and physical limitations and causes a significant impact on public health. This presentation will focus on classification, recent development, neurobiology and how to effectively manage the condition and therefore limit its impact. A practicing neurologist in Austin, Texas for 26 years, Dilip J. Karnik, MD founded the pediatric neurology sub-specialty in the Austin area. Currently he is the Medical Director for Pediatric Neurology with 'Specially for Children as well as The Children's Hospital of Austin. Additionally, Dr. Karnik is an Adjunct Associate Professor at the University of Texas at Austin and serves as the medical director for a new program called UTAP (University of Texas' Autism Program).

Continuing Education: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES); Registered Sanitarians; Licensed Professional Counselor (LPC), Marriage and Family Therapists (MFT), and certificate of attendance.

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Suggested reading:

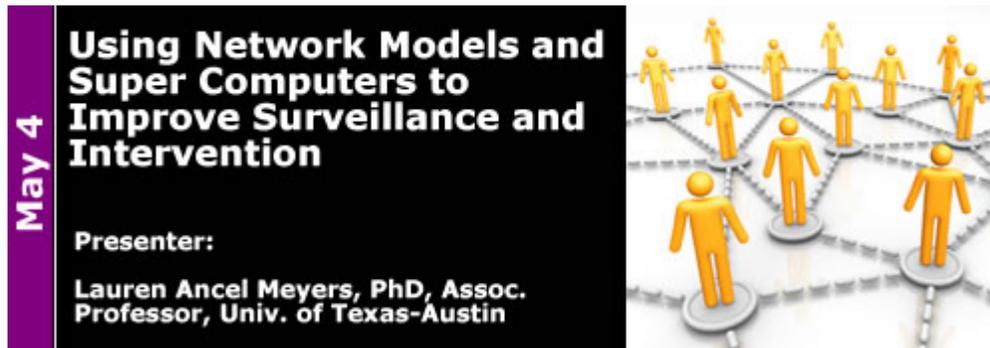
To request a full-text copy of any of the articles below or to borrow the book, please e-mail library@dshs.state.tx.us.

- 1) Autism spectrum disorders: pharmacotherapy for challenging behaviors. Matson J, Dempsey T. Journal of Developmental & Physical Disabilities. April 2008;20(2):175-191.
- 2) Children with autism spectrum disorders: A comparison of those who regress vs. those who do not. Matson JL, Wilkins J, Fodstad JC. Developmental Neurorehabilitation, February 2010, 13(1):37-45.
- 3) Evidence of brain overgrowth in the first year of life in autism. Courchesne E, Carper R, Akshoomoff N. JAMA. 2003;290(3):337-

344.

4) Handbook of Autism and Pervasive Developmental Disorders, 3rd ed. Volkmar FR, et al. Hoboken, NJ : John Wiley, 2005. (book)

5) [Longitudinal study of amygdala volume and joint attention in 2- to 4-year-old children with autism](#). Mosconi MW, Cody-Hazlett H, Poe MD, Gerig G, Gimpel-Smith R, Piven J. Arch Gen Psychiatry. 2009 May;66(5):509-16.



Using Network Models and Super Computers to Improve Surveillance and Intervention

TRAIN Course ID: 1025923

Presenters: Lauren Ancel Meyers, PhD, Assoc. Professor, Univ. of Texas-Austin

Description: Infectious diseases, human behavior, and health-related information spread via networks of physical, social, and institutional interactions. By understanding and harnessing the structure of these networks, public health agencies can more effectively monitor and control human diseases. Over the last decade, Dr. Lauren Ancel Meyers has been developing new network-based mathematical approaches for predicting the spread of infectious diseases and collaborating with public health officials in the U.S. and Canada to apply these methods to address public health challenges. During this presentation, Dr. Meyers will introduce the basic concepts from network epidemiology and describe how simple conceptual models have been combined with high performance computing to optimize surveillance systems and intervention strategies.

Continuing Education: 1.5 contact hours of Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES); Registered Sanitarians; and certificate of attendance.

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Suggested reading:

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1) [A comparative analysis of influenza vaccination programs](#). Bansal S, Pourbohloul B, Meyers LA. PLoS Med. 2006 Oct;3(10):e387.

2) Detecting influenza epidemics using search engine query data. Ginsberg J, Mohebbi MH, Patel RS, Brammer L, Smolinski MS, Brilliant L. Nature. 2009 Feb 19;457(7232):1012-4.

3) [Estimated epidemiologic parameters and morbidity associated with pandemic H1N1 influenza](#). Tuite AR, et al. CMAJ. 2010 Feb 9;182(2):131-6.

4) Initial human transmission dynamics of the pandemic (H1N1) 2009 virus in North America. Pourbohloul B, et al. Influenza Other Respi Viruses. 2009 Sep;3(5):215-22.

5) [Insights from unifying modern approximations to infections on networks](#). House T, Keeling MJ. J R Soc Interface. 2011 Jan 6;8(54):67-73.

6) [Modeling control strategies of respiratory pathogens](#). Pourbohloul B, Meyers LA, Skowronski DM, Krajden M, Patrick DM, Brunham RC. Emerg Infect Dis. 2005 Aug;11(8):1249-56.

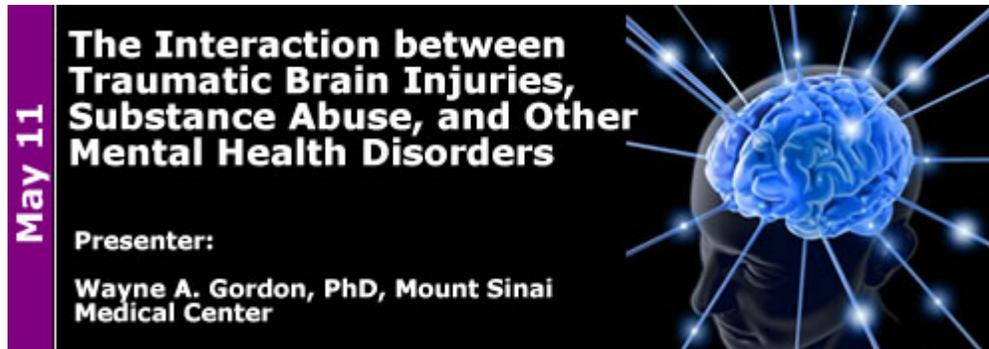
7) [Networks and the epidemiology of infectious disease](#). Danon L, Ford AP, House T, Jewell CP, Keeling MJ, Roberts GO, Ross JV, Vernon MC. Interdiscip Perspect Infect Dis. 2011;2011:284909.

8) Network theory and SARS: predicting outbreak diversity. Meyers LA, Pourbohloul B, Newman ME, Skowronski DM, Brunham RC. J Theor Biol. 2005 Jan 7;232(1):71-81.

9) [Optimizing tactics for use of the U.S. antiviral strategic national stockpile for pandemic influenza](#). Dimitrov NB, Goll S, Hupert N, Pourbohloul B, Meyers LA. PLoS One. 2011 Jan 19;6(1):e16094.

10) Predicting epidemics on directed contact networks. Meyers LA, Newman ME, Pourbohloul B. J Theor Biol. 2006 Jun 7;240(3):400-18.

11) [The shifting demographic landscape of pandemic influenza](#). Bansal S, Pourbohloul B, Hupert N, Grenfell B, Meyers LA. PLoS One. 2010 Feb 26;5(2):e9360.



The Interaction between Traumatic Brain Injuries (TBI), Substance Abuse, and Other Mental Health Disorders

TRAIN Course ID: 1025925

Presenter: Wayne A. Gordon, PhD, Mount Sinai Medical Center

Description: Traumatic Brain Injury (TBI) is a major cause of death and disability globally and considered a serious public health problem. In Texas, an estimated 144,000 people sustain a traumatic brain injury every year, or one every four minutes. Recent research indicates a significant relationship between TBI, substance abuse, and other mental health disorders. Please join nationally recognized expert, Wayne Gordon, PhD, Mount Sinai Medical Center to learn more about these controversial research findings and what they mean for the assessment and management of TBI. Issues to be covered include: MRI brain imaging, the psychosocial impact of neurobehavioral changes, case management, clinical trials, behavior management, and community-based and group interventions.

Continuing Education: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES); Licensed Chemical Dependency Counselors (LCDC); Licensed Professional Counselors (LPC); Marriage and Family Therapists (MFT); Registered Sanitarians; and certificate of attendance.

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Suggested reading:

To request a full-text copy of any of the articles below or to borrow the book, please e-mail library@dshs.state.tx.us.

- 1) [Alcohol misuse and mood disorders following traumatic brain injury](#). Jorge RE, Starkstein SE, Arndt S, Moser D, Crespo-Facorro B, Robinson RG. Arch Gen Psychiatry. 2005 Jul;62(7):742-9.
- 2) Anxiety disorders in children and adolescents in the first six months after traumatic brain injury. Max JE, et al. J Neuropsychiatry Clin Neurosci. 2011 Fall;23(1):29-39.
- 3) The association between head injuries and psychiatric disorders: findings from the New Haven NIMH Epidemiologic Catchment Area Study. Silver JM, Kramer R, Greenwald S, Weissman M. Brain Inj. 2001 Nov;15(11):935-45.
- 4) Association between traumatic injury and psychiatric disorders and medication prescription to youths aged 10-19. Zatzick DF, Grossman DC. Psychiatr Serv. 2011 Mar;62(3):264-71.
- 5) The association of preceding traumatic brain injury with mental disorders, alcoholism and criminality: the Northern Finland 1966 Birth Cohort Study. Timonen M, Miettunen J, Hakko H, Zitting P, Veijola J, von Wendt L, Räsänen P. Psychiatry Res. 2002 Dec 30;113(3):217-26.
- 6) Brain injury and violent crime. Turkstra L, Jones D, Toler HL. Brain Inj. 2003 Jan;17(1):39-47.
- 7) Brain injury in battered women. Valera EM, Berenbaum H. J Consult Clin Psychol. 2003 Aug;71(4):797-804.
- 8) Clinically significant behavior problems during the initial 18 months following early childhood traumatic brain injury. Chapman LA, Wade SL, Walz NC, Taylor HG, Stancin T, Yeates KO. Rehabil Psychol. 2010 Feb;55(1):48-57.
- 9) [Depression and cognitive complaints following mild traumatic brain injury](#). Silver JM, McAllister TW, Arciniegas DB. Am J Psychiatry. 2009 Jun;166(6):653-61.
- 10) Disruptive behaviour disorders and disruptive symptoms after severe paediatric traumatic brain injury. Gerring JP, Grados MA, Slomine B, Christensen JR, Salorio CF, Cole WR, Vasa RA. Brain Inj. 2009 Nov;23(12):944-55.
- 11) ["Do I Have Brain Injury and What Can I Do About It?"](#) (YouTube video)
- 12) [Does traumatic brain injury increase risk for substance abuse?](#) Bjork JM, Grant SJ. J Neurotrauma. 2009 Jul;26(7):1077-82.

- 13) Early identification of mild traumatic brain injury in female victims of domestic violence. Corrigan JD, Wolfe M, Mysiw WJ, Jackson RD, Bogner JA. Am J Obstet Gynecol. 2003 May;188(5 Suppl):S71-6.
- 14) Epidemiological considerations of concussions among intercollegiate athletes. Covassin T, Swanik CB, Sachs ML. Appl Neuropsychol. 2003;10(1):12-22.
- 15) The epidemiology of traumatic brain injury: a review. Bruns J Jr, Hauser WA. Epilepsia. 2003;44 Suppl 10:2-10.
- 16) [Incidence of self-reported brain injury and the relationship with substance abuse: findings from a longitudinal community survey.](#) Tait RJ, Anstey KJ, Butterworth P. BMC Public Health. 2010 Mar 29;10:171.
- 17) [Incidence rates of hospitalization related to traumatic brain injury--12 states, 2002.](#) MMWR Morb Mortal Wkly Rep. 2006 Mar 3;55(8):201-4.
- 18) [Neuropsychiatric diagnosis and management of chronic sequelae of war-related mild to moderate traumatic brain injury.](#) Halbauer JD, Ashford JW, Zeitzer JM, Adamson MM, Lew HL, Yesavage JA. J Rehabil Res Dev. 2009;46(6):757-96.
- 19) Position statement: definition of traumatic brain injury. Menon DK, Schwab K, Wright DW, Maas A. Arch Phys Med Rehabil. 2010 Nov;91(11):1637-40.
- 20) Prevalence and correlates of traumatic brain injury among delinquent youths. Perron BE, Howard MO. Crim Behav Ment Health. 2008;18(4):243-55.
- 21) Psychiatric illness after mild traumatic brain injury in children. Massagli TL, et al. Arch Phys Med Rehabil. 2004 Sep;85(9):1428-34.
- 22) Relationship between depression and psychosocial functioning after traumatic brain injury. Hibbard MR, Ashman TA, Spielman LA, Chun D, Charatz HJ, Melvin S. Arch Phys Med Rehabil. 2004 Apr;85(4 Suppl 2):S43-53.
- 23) [Report to Congress on Mild Traumatic Brain Injury in the United States: Steps to Prevent a Serious Public Health Problem.](#) National Center for Injury Prevention and Control, CDC.
- 24) Self-reported traumatic brain injury in male young offenders: a risk factor for re-offending, poor mental health and violence? Williams WH, Cordan G, Mewse AJ, Tonks J, Burgess CN. Neuropsychol Rehabil. 2010 Dec;20(6):801-12.
- 25) Separating deployment-related traumatic brain injury and posttraumatic stress disorder in veterans: preliminary findings from the Veterans Affairs traumatic brain injury screening program. Hill JJ 3rd, Moberg BH Jr, Cullen MR. Am J Phys Med Rehabil. 2009 Aug;88(8):605-14.
- 26) Traumatic brain injury in a county jail population: prevalence, neuropsychological functioning and psychiatric disorders. Slaughter B, Fann JR, Ehde D. Brain Inj. 2003 Sep;17(9):731-41.
- 27) Traumatic brain injury in the United States: A public health perspective. Thurman DJ, Alverson C, Dunn KA, Guerrero J, Sniezek JE. J Head Trauma Rehabil. 1999 Dec;14(6):602-15.
- 28) [Traumatic brain injury-related hospital discharges. Results from a 14-state surveillance system, 1997.](#) Langlois JA, et al. MMWR Surveill Summ. 2003 Jun 27;52(4):1-20.
- 29) [Treating Clients with Traumatic Brain Injury.](#) Substance Abuse Treatment Advisory: News for the Treatment Field. October 2010. 9(2).
- 30) [Trends in hospitalization associated with traumatic brain injury.](#) Thurman D, Guerrero J. JAMA. 1999 Sep 8;282(10):954-7.

May 18	<p>Cardiovascular Disease: An Equal Opportunity Killer</p> <p>Presenter: Erica Williams Swegler, MD</p>	
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Cardiovascular Disease: An Equal Opportunity Killer

TRAIN Course ID: 1025926

Presenters: Erica Williams Swegler, MD

Description: Considered a man's disease, women and too often their health care providers underestimate a woman's risk for heart disease. Especially since women are more likely than men to have atypical symptoms of a heart attack, a woman and her family may

not recognize the urgency of getting her to the emergency room (ER). Once a woman presents for medical attention there can be a further delay in making the diagnosis. This is likely related to some differences between men and women, and the suspicion of the physician. Finally, even after the diagnosis has been made, women often are treated less aggressively than men, possibly resulting in poorer outcomes seen for women. It is important that women know their risks and the symptoms of a heart attack. However, it is more critical that women know how to decrease the risks for getting heart disease in the first place. Dr. Swegler will provide a brief history of equal opportunity killer... from the beginning.

Continuing Education: 1.5 contact hours of Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES); Registered Sanitarians; and certificate of attendance.

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Suggested reading:

To request a full-text copy of any of the articles below or to borrow the book, please e-mail library@dshs.state.tx.us.

- 1) [American Heart Association. Women and Cardiovascular Disease](#)
- 2) Evidence-based guidelines for cardiovascular disease prevention in women. Mosca L, et al. *Circulation*. 2004 Feb 10;109(5):672-93.
- 3) Global burden of hypertension: analysis of worldwide data. Kearney PM, et al. *Lancet*. 2005 Jan 15-21;365(9455):217-23.
- 4) [Heart Healthy Handbook for Women , The National Heart, Lung, and Blood Institute](#)
- 5) Multicenter validation of the diagnostic accuracy of a blood-based gene expression test for assessing obstructive coronary artery disease in nondiabetic patients. Rosenberg S, et al. *Ann Intern Med*. 2010 Oct 5;153(7):425-34. A summary for patients is at <http://www.annals.org/content/153/7/1-20.long>
- 6) Noninvasive coronary angiography with multislice computed tomography. Hoffmann MH, et al. *JAMA*. 2005 May 25;293(20):2471-8.
- 7) Preserving renal function in adults with hypertension and diabetes: a consensus approach. Bakris GL, et al. *Am J Kidney Dis*. 2000 Sep;36(3):646-61.
- 8) A randomized trial of low-dose aspirin in the primary prevention of cardiovascular disease in women. Ridker PM, et al. *N Engl J Med*. 2005 Mar 31;352(13):1293-304.
- 9) Sex and gender differences in myocardial hypertrophy and heart failure. Regitz-Zagrosek V, et al. *Circ J*. 2010 Jul;74(7):1265-73.
- 10) Tracking women's awareness of heart disease: an American Heart Association national study. Mosca L, et al. *Circulation*. 2004 Feb 10;109(5):573-9.
- 11) [Women and Heart Disease, American College of Cardiology](#)



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