Bypass surgery *can* benefit octogenarians, according to the latest research presented at a meeting of the American College of Cardiology.

Paul Stelzer, MD, a cardiologist with Lenox Hill Hospital in New York, told meeting attendees that patients in their 80s can safely undergo bypass surgery—if they are carefully screened beforehand. Specifically, stroke, kidney failure, and a weak left ventricle are contraindications for bypass surgery.

The mind/body connection plays a definite role in the patient's outcome as well, emphasized Dr Stelzer. Patients themselves have to *want* to survive. "A lot of times, [patients] have family members who are pushing them to get the operation. You have to get them alone and talk to them [to find out what they want]," he explained.

Dr Stelzer followed up 168 elderly patients who had bypass surgery. Of these, approximately 6% died after the procedure. This death rate is twice as high in elderly patients as in younger patients.

In a separate study, Johns Hopkins University researchers followed up 68 male and female octogenarians who had undergone bypass surgery. These patients reported feeling happier 1½ years later. They also felt more independent. When asked 6 years after having undergone bypass surgery if they would undergo it again, 75% of the patients answered yes.

Despite these relatively favorable outcomes, the question remains if the more-than-$40,000 price tag for the bypass surgery is economically feasible in today's managed care environment.

The use of AZT in asymptomatic patients infected with the human immunodeficiency virus (HIV) negatively affects their quality of life.

Researchers at the Harvard School of Public Health examined data from a 1990 study. In that study, the time between the start of AZT therapy and the development of HIV-related symptoms was virtually identical whether patients received AZT therapy or placebo. In some patients in whom higher doses of AZT were administered, the HIV infection actually progressed quicker, with AZT-related side effects appearing 1 month sooner in these patients than in those receiving lower-dose therapy.

Because of the serious side effects that often accompany AZT therapy, the Harvard researchers conclude that use of the drug in the early stages of HIV infection may not be advantageous.

"If side effects are likely to interfere with daily functioning, delaying therapy might be a reasonable alternative," writes researcher William Lenderking.

Ultimately, it is up to the patient. "However, [AZT treatment] for a patient who highly values delaying disease progression and is willing to put up with negative side effects, initiating therapy is the best course," reasons Lenderking.

Complete results of this latest study are published in the March 17 issue of *The New England Journal of Medicine*.

Heterosexual alcoholics are at high risk for contracting the human immunodeficiency virus (HIV) infection, according to a large study conducted at alcohol treatment centers in San Francisco.

Of the 860 respondents, 5% were HIV-positive. Although most infections were found in respondents who had used injection drugs, 38% occurred in respondents who denied intravenous drug use.

"These rates may not appear to be particularly high, but when one considers that the HIV prevalence among heterosexual men and women in general in San Francisco is only a small fraction of 1%, they are disturbing figures," notes lead researcher Andrew L. Avins, MD, MPH.

Unsafe sexual practices were common, with 54% of the study participants reporting having had sex with more than one partner in the past year. Of this group, 97% did not use a condom. Participants with syphilis were also more likely to test positive for HIV than subjects who had other sexually transmitted diseases or none at all.

Because this study relied on data gathered during interviews with the participants, its reliability is subject to respondents' honesty. Nonetheless, Dr Avins maintains that alcohol treatment programs should include measures to prevent the spread of HIV infection.

Results from this largest study of its kind to date appear in the February 16 issue of *JAMA*.

A guideline for withholding life-sustaining medical treatment (LSMT) in pediatric patients has been issued by the American Academy of Pediatrics.

Two general principles (beneficence and nonmaleficence) serve as the foundation for these guidelines. Among those issues addressed pertaining to the pediatrician's responsibilities are to:

- provide patients, parents, or other appropriate decision makers with the information necessary to make

(continued on page 281)