after stopping antibiotics. Outcome measures were daily inpatient records of stools, postdischarge outpatient reports of diarrhea, and stool specimens for *C. difficile* toxin if diarrhea was present.

**RESULTS**

Treatment reduced the incidence of antibiotic-associated diarrhea by 22% (95% CI, 7% to 37%) and *C. difficile*-associated diarrhea by 17%. The numbers needed to treat (NNT) to prevent diarrhea and *C. difficile* were 5 and 6, respectively. The cost to prevent one case of diarrhea was estimated to be $100. In adjusted logistic regression models, the risk reduction of diarrhea associated with treatment was 75%. Higher levels of serum sodium and serum albumin were also independently associated with reduced risk in the multivariate analysis.

**CONCLUSIONS**

A probiotic drink can substantially reduce the risk for antibiotic-associated diarrhea and *C. difficile* infection. Furthermore, the cost of prevention may be more than offset by reducing hospital length of stay.

**IMPACT ON INTERNAL MEDICINE**

This simple, safe, and inexpensive approach to preventing antibiotic-associated diarrhea should be integrated into all hospital care. One approach is to develop hospital protocols to begin probiotic treatment at the time of antibiotic initiation unless there are specific contraindications. Although the therapy is as yet unproven, physicians also might consider advising elderly outpatients and nursing home residents to take probiotics when starting antibiotics. However, it is uncertain whether all probiotics have similar effectiveness and work in other settings of care.

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**NEW LIGHT ON OLD BONES**

**Evaluating the value of repeat bone mineral density measurement and prediction of fractures in older women.**


**AIM**

To determine whether repeated BMD measurement adds benefit to the initial BMD measurement in predicting nontraumatic fractures in older women.

**METHODS**

This observational study included 4,124 white women who had initial BMD and a second BMD measurement 8 years (mean) later. Main outcome measures were incident nonspine fractures (by self-report and confirmed by radiology reports) and spine fractures obtained by x-ray.

**RESULTS**

Participants had a mean BMD loss of 0.59% per year. The initial and repeated BMD measurement were highly correlated (r = 0.92). Although change in BMD was an independent predictor of all fracture types, it was a weaker predictor than either initial or follow-up BMD measurement alone. Evaluation of 4 models to predict fracture (initial BMD only, repeated BMD only, change in BMD only, and initial BMD plus change in BMD) indicated that the “change in BMD only” model performed the worst, and there was no difference between the other models. Subgroup analyses (stratified by initial BMD score, amount of BMD change, and estrogen use) were similar.

**CONCLUSIONS**

Repeating BMD did not improve predictive value for fractures beyond the initial BMD.

**IMPACT ON INTERNAL MEDICINE**

Although this study has limitations (e.g., only white women, BMDs 8 years apart, healthier population), the large sample size and meticulous attention follow-up events with little loss to follow-up support the study’s findings as being valid. There is little reason to repeat BMDs in the absence of intervening clinical changes that are likely to accelerate bone loss.

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