The Merck Manual of Geriatrics, 3rd Edition

Changes

This online version of *The Merck Manual of Geriatrics, 3rd Edition* represents the latest printed version but includes material that the print version does not. This document contains details of substantive changes that were added after the most recent printing of the book. These changes include updates made as a result of major changes in medical practice. Some typographical errors that appear in the printed version have already been corrected on this web site.

Sec	Ch	Pg in Book	Original Text	New Text
1	5	50	Whether therapy increases the risk of breast cancer is unclear; therapy may reduce the risk of Alzheimer's disease	Whether therapy increases the risk of breast cancer is unclear; therapy may reduce the risk of Alzheimer's disease; estrogen combined with progesterone may increase the risk of coronary artery disease, stroke, pulmonary embolism, and breast cancer
6	47	461	Obstructive sleep apnea can lead to or exacerbate angina, renal dysfunction, stroke, myocardial infarction, cognitive impairment, impotence, hypertension, and depression.	Obstructive sleep apnea can contribute to or exacerbate ischemic heart disease, cerebrovascular disease, cognitive impairment, impotence, and depression.
7	49	479	**Estrogen** can prevent menopausal bone loss in most women. Estrogen replacement therapy (ERT) is the treatment of choice for postmenopausal women, (see page 1211) particularly those who had an early menopause, and for women who have had a hysterectomy. ERT is particularly effective during the first few years after menopause when bone loss is most rapid. (see page 469) Hormone replacement therapy (HRT), which contains a combination of estrogen and progestin, is necessary to prevent endometrial hyperplasia and avoid the increased risk of uterine malignancy in women who have a uterus. Other potential benefits of ERT and HRT include diminished risk of cardiovascular disease and Alzheimer's disease, but these benefits are not as well established.	**Estrogen** can prevent menopausal bone loss in most women. Estrogen replacement therapy (ERT) is a treatment option for postmenopausal women (see page 1211), particularly those who had an early menopause, and for women who have had a hysterectomy. ERT is particularly effective during the first few years after menopause when bone loss is most rapid. (see page 469) A potential benefit of ERT is diminished risk of Alzheimer's disease; however, this benefit is not as well established. Hormone replacement therapy (HRT), which contains a combination of estrogen and progestin, is necessary to prevent endometrial hyperplasia and avoid the increased risk of uterine malignancy in women who have a uterus. However, long-term use of HRT is not recommended, because of the increased potential for side effects, including increased risk of coronary artery disease, stroke, pulmonary embolism, and breast cancer.

8	63	623	The addition of a progestin to reduce the risk of endometrial hyperplasia and endometrial cancer probably does not have a significant adverse effect on lipoprotein levels.	The addition of a progestin to reduce the risk of endometrial hyperplasia and endometrial cancer may limit or eliminate the benefit observed with unopposed estrogen, and may even initially increase the risk of coronary artery disease.
8	66	655	Long-term adverse effects of estrogen replacement therapy are increases in risk of breast and endometrial cancer; however, the increased risk of endometrial cancer can be opposed by concomitant progesterone administration.	Long-term adverse effects of estrogen replacement therapy are increases in risk of breast and endometrial cancer. The increased risk of endometrial cancer can be opposed by concomitant progesterone administration, but the addition of progesterone may increase the risk of coronary artery disease, stroke, pulmonary embolism, and breast cancer.
9	73	736	A variety of experimental therapies are available. In severe cases, mini-autologous bone marrow transplantation is being attempted up to age 75, depending on the patient's functional status. High-dose chemotherapy and bone marrow transplantation have been successful in younger patients, even though the malignant clone of plasma cells is rarely eliminated. The use of high-dose pulse dexamethasone seems to be as effective as more toxic combination chemotherapy regimens. Cyclosporine may reverse drug-resistance. Maintenance therapy with interferon can be used for the patient who has achieved a stable tumor level (as measured by M protein).	Autologous transplantation with peripheral blood stem cells is often being performed for people up to age 70 and occasionally even up to age 78, depending on the patient's functional status. The preferred initial chemotherapy for people in whom transplantation is being considered is vincristine, doxorubicin, and dexamethasone, rather than melphalan. Chemotherapy (usually high-dose cyclophosphamide followed by granulocyte colony-stimulating factor and then high-dose melphalan) and bone marrow transplantation can improve survival, even though the malignant clone of plasma is rarely eliminated. Some newer therapies are being tried. Thalidomide, still considered experimental therapy, is sometimes helpful. High-dose pulse dexamethasone by itself is sometimes used, and seems to be as effective as more toxic combination chemotherapy regimens. Cyclosporine may reverse drug-resistance. Maintenance therapy with interferon can be used for the patient who has achieved a stable tumor level (as measured by M protein).
14	119	1210	Estrogen replacement therapy significantly reduces the incidence of atherosclerosis in postmenopausal women (and increases the survival rate of those with coronary artery disease), possibly in part because it increases HDL cholesterol levels by 16 to 18% and decreases LDL cholesterol levels by 15 to 19%.	Unopposed estrogen replacement therapy significantly reduces the incidence of atherosclerosis in postmenopausal women (and increases the survival rate of those with coronary artery disease), possibly in part because it increases HDL cholesterol levels by 16 to 18% and decreases LDL cholesterol levels by 15 to 19%.

14	120	1211	It has a beneficial effect on bone, helps prevent and treat osteoporosis, and may reduce atherosclerosis and coronary artery disease.	It has a beneficial effect on bone, and helps prevent and treat osteoporosis. Unopposed estrogen replacement therapy may reduce atherosclerosis and coronary artery disease, but the addition of a progestin may actually increase the risk of coronary artery disease.
14	120	1215	Whether adding a progestin helps prevent breast cancer has not been determined.	Adding a progestin may also increase the risk of breast cancer.
16	132	1362	[Table 132-1, Lyme Disease] The vaccine is not recommended for persons > 70, in whom efficacy has not been established	[Table 132-1, Lyme Disease] This vaccine was removed from the U.S. market in 2002
var	var	--	phenylpropanolamine	phenylpropanolamine (removed from the US market in 2000)