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# NEJM Clinician 이용 매뉴얼

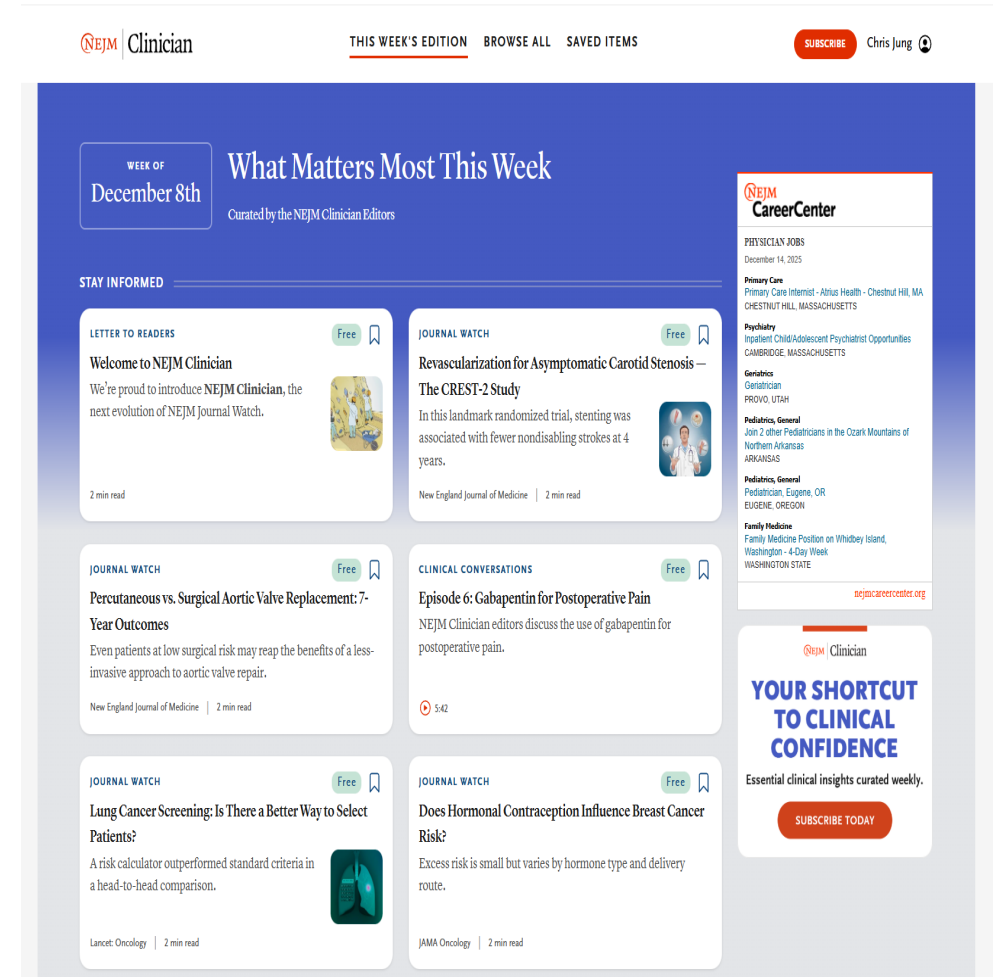
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# NEJM Clinician 소개

- 1987년 – 첫 출판 (구. NEJM Journal Watch)
- 실무 경험이 풍부한 의사로 구성된 편집팀이 150종 이상의 저널에서 가장 중요한 연구 내용을 요약하여 전문가 의견을 제공
- 임상 의들이 최신 정보를 습득하고 환자 결과를 개선할 수 있도록 돕는 필수적인 정보원
- 업데이트 주기: 월 4회



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JOURNAL WATCH

# High-Dose vs. Low-Dose IV Nitroglycerin in “Crashing” Pulmonary Edema

Michael E. Billington, M.D. | Reviewing: American Journal of Emergency Medicine | December 3 | [Read](#) | Editor's Pick

*Clinical Takeaway:* For patients with sympathetic (SCAPE), a high-dose strategy may speed weaning

## Context

Some patients with acute decompensated heart failure will present with sympathetic crashing acute pulmonary edema (SCAPE): sudden, severe hypoxemic respiratory failure from pulmonary edema and hypertension. SCAPE demands immediate, often multimodal, intervention. While [guidelines recommend](#) starting IV nitroglycerin (NTG) at 5 µg/min, many clinicians initiate higher dosing and escalate rapidly, hoping to accelerate lung function recovery and stave off more intensive interventions such as intubation and ICU admission.

In a single-center retrospective study, researchers compared outcomes among 441 emergency department patients with SCAPE who received NTG initiated at a low dose (<100 µg/min) or a high dose (≥100 µg/min).

## Key Results

- Time to weaning patients off oxygen — the study’s primary outcome — was significantly faster in those receiving high-dose versus low-dose NTG (median, 2.7 vs. 3.3 hours).
- High-dose NTG was associated with better blood pressure control without excess hypotension, and groups did not differ in intubations, vasopressor use, or ICU admissions. Median ICU length of stay was significantly lower (by 0.5 days) in the high-dose group.
- Mortality appeared lower in high-dose patients (1% vs. 4%;  $P=0.029$ ), although this was unadjusted for confounders (e.g., high-dose patients were more likely to be on bilevel positive airway pressure).

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## Comment

Although the high-dose patients arrived sicker, they improved faster than low-dose patients, without added risk. These results align with the instinct to quickly and aggressively reverse the severe hypertension that often causes crashing cardiogenic pulmonary edema. Despite the obvious limitations of a single-center retrospective study, these findings affirm the safety of **initiating high-dose IV NTG** in the setting of acute pulmonary edema due to decompensated heart failure, potentially reducing ICU length of stay.

## Reviewing Author

Michael E. Billington, M.D.

### DISCLOSURES

Nothing to disclose

Comment: 코멘트, 견해  
Reviewing Author: 편집자  
Citation(s): 인용 정보  
Topics: 주제

## Citation(s):

Henry K, et al. Low versus high dosing strategies of intravenous nitroglycerin for the management of sympathetic crashing acute pulmonary edema. Am J Emerg Med 2025 Dec; 98:41 [10.1016/j.ajem.2025.08.017](https://doi.org/10.1016/j.ajem.2025.08.017).40834833

## Topics

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Massachusetts Medical Society

NEJM Clinician (2025)

ISSN: 3067-1876

About This Journal

Preceded by:

NEJM Journal Watch (1987-2025)

ISSN: 2329-2881

Journal Issue List

2025 (1)

Volume

2025 - pg. NA59537-NA59612

NEJM Clinician

pgs. NA59537-NA59612 2025

ISSN: 3067-1876

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DOI: 10.1056/CLINJWNA59537

Mueller, Paul S. M.D., M.P.H., F.A.C.P.

Miscellaneous

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Empyema Necessitans.

pg. NA59611

DOI: 10.1056/CLINJWNA59611

Using Capillary Refill Time to Manage Resuscitation in Septic Shock.

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Issue: Volume , 2025, p NA59537  
Copyright: Copyright (C) 2025 Massachusetts Medical Society. All rights reserved.  
Publication Type: [Journal Watch]  
DOI: 10.1056/CLINJWNA59537  
ISSN: 3067-1876  
Accession: 02277242-202500000-00001  
Keywords: Hematology/Oncology, Coagulation, Cardiology, Anticoagulation/Thromboembolism (Cardiology), Clinical Medicine, Hospital-Based Clinical Medicine, Outpatient-Based Clinical Medicine

**[Journal Watch]**

**Unprovoked VTE: Should Patients Continue Oral Anticoagulants Beyond 90 Days?**  
Mueller, Paul S. M.D., M.P.H., F.A.C.P.  
[Author Information](#) ^  
Nothing to disclose  
[Abstract](#) ^

Clinical Takeaway: Patients who continued had lower risk for recurrent venous thromboembolism and all-cause death and higher net clinical benefit than those who discontinued.

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**Context**  
Patients with unprovoked venous thromboembolism (VTE), which occurs in the absence of identifiable risk factors, have a higher risk for recurrent VTE than those with provoked VTE. As a result, guidelines recommend continuing oral anticoagulant (OAC) therapy beyond 3 to 6 months in patients with unprovoked VTE, a practice supported by randomized trials. To compare outcomes with continuing versus stopping anticoagulation in a real-world population, researchers used U.S. claims databases to study 31,000 patients who continued OAC therapy (warfarin or direct OACs) and 31,000 matched patients who discontinued OACs after an initial ≥90 days of treatment.

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Abdulnour, Raja-Elie E. M.D. 1; Rubin, Eric J. M.D., Ph.D.  
New England Journal of Medicine.  
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2. **Watchful Waiting or Oral Antihypertensives for Asymptomatic Hypertension.**  
Gorey, Sarah M.B.; Rothberg, Michael M.D., M.P.H.; Chang, Tara I-Hsin M.D.; Cheung, Ann M.D., M.B.A., M.S. \*  
NEJM Clinician. N459612, 2025.  
[Review Article]  
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