researchers then randomized patients to receive PCI (n = 105) or placebo intervention (catheterization without intervention). Including a sham intervention makes this study unique. All patients received dual antiplatelet therapy until the final assessment at six weeks after intervention. Four of the placebo-treated patients had a procedural complication that resulted in PCI but were analyzed in the placebo group. After six weeks, each group had a few seconds of increased exercise time but the difference in improvement was not significant. Additionally, there were no differences in physical limitation, angina frequency, or angina stability. Finally, the authors found no differences in quality of life.

**Study design:** Randomized controlled trial (double-blinded)

**Funding source:** Government

**Allocation:** Concealed

**Setting:** Outpatient (specialty)


Henry C. Barry, MD, MS
Professor
Michigan State University
East Lansing, Mich.

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**Short Courses of Antibiotics as Effective as Longer Courses for Outpatient Infections**

**Clinical Question**
Are short courses of antibiotics as effective as longer courses for common outpatient infections?

**Bottom Line**
Just about every time someone asks, “Can I get away with a shorter course of antibiotics,” the answer is, “Yes, you can.” Shorter courses reduce cost and may reduce the likelihood of adverse events. (Level of Evidence = 1a)