

cal component in their treatment. Further advances may bring similar enlightenment with respect to pedophilia. Support for such research is vital, both because of its potential implications regarding community safety and prevention, and also because those affected by the disorder are themselves desperately in need of such an advance. Pending the results of such further research, evidence demonstrates that offending behaviors can be controlled in patients who comply with existing behavioral, pharmacological, and psychotherapeutic treatment techniques.

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1. Frost JJ, Mayberg HS, Berlin F, et al. Alteration in brain opiate receptor binding in man following sexual arousal using C-11 carfentiniol and positron emission tomography [Proceedings of the 33rd Annual Meeting of the Society of Nuclear Medicine]. *J Nucl Med.* 1986;27:1027.

Hyperglycemia in Acute Illness

To the Editor: In their Contempo Updates article about hyperglycemia in patients with acute illness, Dr Montori and colleagues¹ suggest that most complications are attributable to high glucose levels rather than to insulin deficiency. Insulin, however, has many metabolic functions other than regulation of glucose. Both major surgery and acute illness are associated with insulin resistance, resulting in a catabolic state of profound muscle protein loss, despite adequate enteral or parenteral nutrition.² This is analogous to the loss of muscle protein in patients with type 1 diabetes who have inadequate insulin replacement.

Insulin treatment can possibly decrease the effects of hypercatabolism associated with acute illness,³ but this has yet to be adequately addressed in clinical studies. In one study of patients in intensive-care units, mortality and blood glucose levels were higher in a cohort of patients treated with growth hormone,⁴ while another study found lower mortality in a cohort in which blood glucose levels were tightly controlled.⁵ While total insulin doses were described in the second study, no mention of systemic insulin concentrations was made in either study. The effects observed might be due to the beneficial effects of high insulin concentrations rather than the detrimental effects of high glucose levels.

The reduction in protein catabolism observed with insulin treatment has been shown to have overall beneficial effects in mortality and morbidity, both in the intensive care unit and after discharge to a general ward.⁶ These effects may be less dependent on blood glucose levels and more dependent on circulating insulin concentrations.

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1. Montori VM, Bistrian BR, McMahon MM. Hyperglycemia in acutely ill patients. *JAMA.* 2002;288:2167-2169.
2. Streat SJ, Beddoe AH, Hill GL. Aggressive nutritional support does not prevent protein loss despite fat gain in septic intensive care patients. *J Trauma.* 1987;27:262-266.
3. Sakurai Y, Aarsland A, Herndon DN, et al. Stimulation of muscle protein synthesis by long term insulin infusion in severely burned patients. *Ann Surg.* 1995;222:283-297.
4. Takala J, Ruokonen E, Webster NR, et al. Increased mortality associated with growth hormone treatment in critically ill adults. *N Engl J Med.* 1999;341:785-792.
5. Van den Berghe G, Wouters P, Weekers F, et al. Intensive insulin therapy in the surgical intensive care unit. *N Engl J Med.* 2001;345:1359-1367.
6. Wernerman J, Hammarqvist F, Gamrin L, Essen P. Protein metabolism in critical illness. *Baillieres Clin Endocrinol Metab.* 1996;10:603-615.

In Reply: The brief format of the Contempo Updates section allowed us only to mention the many hypotheses put forth to explain the documented benefits of insulin and glycemic control in acutely ill patients. Research is active in this field—we may need to await innovative studies that consider patient important outcomes, which can distinguish whether the benefits of intensive glycemic control with insulin are due to the former or the latter.

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Dangers to Elderly Pedestrians at Crosswalks

To the Editor: Dr Koepsell and colleagues¹ found that older pedestrians had a higher risk of being struck by a motor vehicle at sites with a marked crosswalk than at unmarked intersections, but this risk was nearly eliminated by the presence of stop signs and traffic lights.

A related strategy, which is being introduced in New Jersey and elsewhere, is to place signs in the center of streets in crosswalks, warning drivers to watch for pedestrians; for example, "Stop for Pedestrians in Crosswalks—It's the Law!" These signs certainly get my attention and remind me to slow down when I am driving. Now that Koepsell et al have shown that crosswalks may be more dangerous than we thought, it is important to find out if these warning signs are useful or just another attractive nuisance.

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1. Koepsell T, McCloskey L, Wolf M, et al. Crosswalk Markings and the Risk of Pedestrian–Motor Vehicle Collisions in Older Pedestrians. *JAMA.* 2002;288:2136-2143.

To the Editor: Dr Koepsell and colleagues¹ reported a 2-fold increased risk of pedestrian–motor vehicle collision at sites with a marked crosswalk in 6 cities in Washington state and Cali-