until 2010 but has slowed recently. Although multiple patient characteristics, comorbidities, and treatment factors were associated with the receipt of SCP, these were outweighed by the hospital where the patient received care. Indeed, 1 hospital achieved an administration rate of 64%, but more than 40% of hospitals administered SCP to fewer than 20% of eligible patients. These findings may reflect differences in hospital policies, physician inexperience with prescribing SCP, or lingering concerns about the safety of SCP in patients with CHD.

One limitation of our study is that we did not have information about whether patients were offered and refused medications. Another limitation is that our database may not be fully representative of the United States. In addition, the *ICD-9-CM* code for tobacco use has high specificity but low sensitivity.[5] Although some active smokers could have been missed in our analyses, we are confident that patients included were indeed smokers.

Conclusions | Hospitalization for a cardiac event provides a teachable moment with high patient motivation to quit smoking; however, our findings suggest that many hospitals are missing this opportunity to improve outcomes for smokers hospitalized for CHD. We hope these results will encourage physicians and hospital administrators to evaluate local practice patterns and consider quality improvement initiatives[6] to provide every smoker the necessary support to quit permanently.

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Internet Searches for Suicide Following the Release of *13 Reasons Why*

The Netflix series *13 Reasons Why* explores the suicide of a fictional teen, and the finale graphically shows the suicide over a 3-minute scene.

The series has generated widespread interest (>600 000 news reports[1]), including debate about its public health implications. For some viewers, the series glamorizes the victim and the suicide act in a way that promotes suicide, while other viewers hope the series raises suicide awareness. To advance the debate, we examined how internet searches for suicide changed, both in volume and content, after the series' release.[2]

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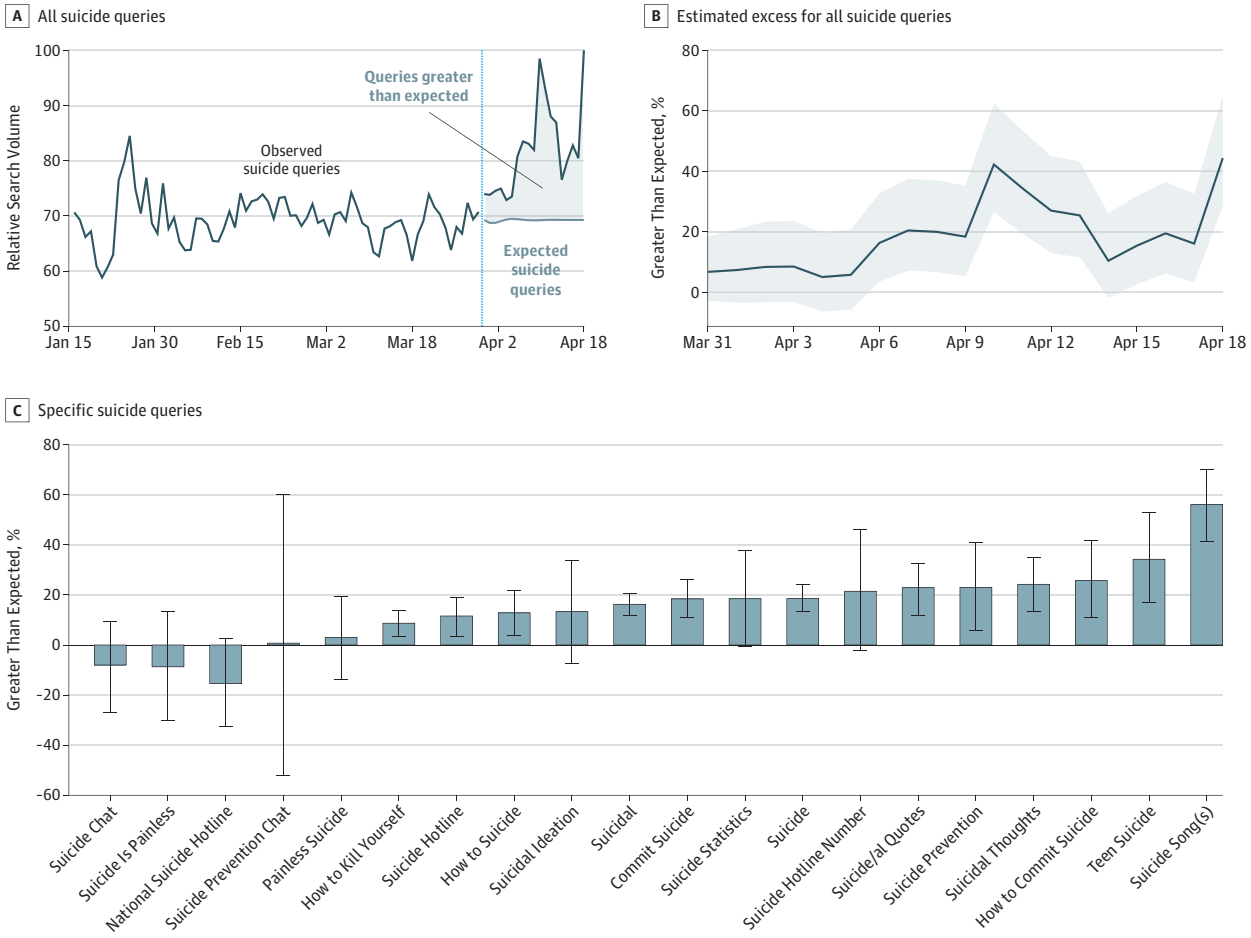
Methods | Using Google Trends (http://google.com/trends) we obtained search trends including the term "suicide," except those also mentioning "squad" (a popular film), emerging from the United States. Using the related search terms tool, we also monitored the top 25 terms and the next 5 most related terms to those, yielding 20 terms after ignoring duplicate, unrelated (eg, "suicide slide"), or unclear (eg, "suicide bridge") terms. Suicide queries were divided by the total number of searches for each day and then scaled to range from 0 to 100, eg, 50 indicates 50% of the highest search proportion. Raw search counts were inferred using Comscore estimates (http://comscore.com).

Our approach was quasiexperimental, comparing internet search volumes after the premiere of *13 Reasons Why* with expected search volumes if the series had never been released (March 31, 2017, through April 18, 2017; the cut-off was chosen to precede American football player Aaron Hernandez's suicide on April 19, 2017, so that our estimates would not be contami-

Figure. Internet Searches Following the Release of *13 Reasons Why*



A, Daily trend for all Google searches with the term "suicide" but not also mentioning "squad" alongside expected trends for the days following the release of the Netflix series *13 Reasons Why*. B, Estimated excess for Google searches with the term "suicide" but not also mentioning "squad" by day with corresponding 95% CIs (blue shaded area) and the estimated cumulative excess for March 31, 2017, through April 18, 2017. The cumulative mean for excess of suicide queries was determined to be 19% (95% CI, 14%-24%). C, Cumulative excess for each listed search term for March 31, 2017, through April 18, 2017.

nated). Expected volumes were estimated using Hyndman and Khandakar's autoregressive integrated moving average (ARIMA) algorithm, using daily trends from January 15, 2017, to March 30, 2017, to forecast future values.[3] A brief time window to inform our prediction was selected because longer time windows would be contaminated by other past suicide-related events. The ratio of observed and expected volumes with bootstrap CIs were computed using R version 3.2.1 (R Foundation) by day and for the entire postperiod.

Results | All suicide queries were cumulatively 19% (95% CI, 14%-24%) higher for the 19 days following the release of *13 Reasons Why*, reflecting 900 000 to 1.5 million more searches than expected (**Figure**). For 12 of the 19 days studied, suicide queries were significantly greater than expected, ranging from 15% (95% CI, 3%-32%) higher on April 15, 2017, to 44% (95% CI, 28%-65%) higher on April 18, 2017.

Seventeen of the top 20 related queries were higher than expected, with most rising queries focused on suicidal ideation. For instance, "how to commit suicide" (26%; 95% CI, 12%-42%), "commit suicide" (18%; 95% CI, 11%-26%), and "how to kill yourself" (9%; 95% CI, 4%-14%) were all significantly higher. Queries for suicide hotlines were also elevated, including "suicide hotline number" (21%; 95% CI, 1%-44%) and "suicide hotline" (12%; 95% CI, 5%-19%). Last, public awareness indicative searches, such as "suicide prevention" (23%; 95% CI, 6%-40%) or "teen suicide" (34%; 95% CI, 17%-52%), were elevated.

Discussion | *13 Reasons Why* elevated suicide awareness, but it is concerning that searches indicating suicidal ideation also rose.

It is unclear whether any query preceded an actual suicide attempt. However, suicide search trends are correlated with actual suicides,[4] media coverage of suicides concur with increased suicide attempts,[5] and searches for precise suicide methods increased after the series' release.

The deleterious effects of shows such as *13 Reasons Why* could possibly be curtailed by following the World Health Organization's media guidelines for preventing suicide,[6] such as

removing scenes showing suicide, or addressed by including suicide hotline numbers in each episode. These strategies could be retrofitted to the released episodes, included in the planned second season, or applied to other programs. Moreover, programs might undergo testing to evaluate any effect on public health outcomes before release to minimize societal harms.

Additional surveillance will clarify our findings, including estimating changes in suicide attempts or calls to national suicide hotlines. Nonetheless, our analyses suggest *13 Reasons Why*, in its present form, has both increased suicide awareness while unintentionally increasing suicidal ideation.

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Association of Frequency of Lipid Testing With Changes in Lipid-Lowering Therapy

Statins are among the most commonly prescribed medications in the United States and are effective for prevention of cardiovascular events.[1] Recent lipid management guidelines no longer recommend treating to a target low-density lipoprotein (LDL) level and instead favor a risk-assessment approach.[2] Though there is insufficient data to show that monitoring lipids leads to meaningful improvements in clinical outcomes or adherence to pharmacologic treatment,[3] US guidelines recommend lipid monitoring every 3 to 12 months, whereas European guidelines advise annual lipid monitoring among patients receiving therapy.[2,4,5] This study aimed to understand clinician rationale for ordering monitoring lipid panels among patients on statin therapy and to determine how often treatment changes occur as a result of testing.

Methods | The study protocol was approved by the Colorado Multiple institutional review board, and informed consent waiver was granted because all data were collected as part of usual patient care. We identified 4945 patients aged 40 to 79 years at the University of Colorado Hospital, who had been seen by a primary care physician in the past 12 months and had been recieving statin therapy for longer than 3 years. We reviewed all medical records between November 1, 2012, and November 1, 2015, from a random sample of 210 of these patients. Clinician rationale for ordering lipid testing and changes to lipid lowering therapy in the following 12 months were assessed.

Table 1. Rationale and Representative Quotations for Ordering Lipid Testing in 210 Patient Records

Rationale	No. (%)	Representative Quotation
Monitoring	146 (69.5)	"Check lipid panel, adjust if needed."
Dose change	17 (8.1)	"Recheck LDL on new dose medication."
Patient request	9 (4.2)	"Patient requesting owing to recent weight loss."
New comorbidity	3 (1.4)	"Risk stratification after transient ischemic attack."
Specific laboratory abnormality	5 (2.4)	"Persistent hypertriglyceridemia despite simvastatin 20 mg daily."
Monitoring nonstatin medication	2 (0.9)	"Monitor effect of fish oil."
Other	1 (0.5)	"Concern for statin-induced scleroderma."
No rationale given	27 (12.8)	

Abbreviation: LDL, low-density lipoprotein.