Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
2004 Federal Initiative Seeks to Reduce Disease

President Bush’s fiscal year 2004 budget plan includes an increase of $100 million to $125 million for a new initiative to prevent diabetes, obesity, and asthma through community initiative to achieve healthier lifestyles for hundreds of thousands of Americans, according to Tommy Thompson secretary of Health and Human Services (HHS). The initiative called “Steps to a Healthier US,” includes target goals for disease reduction, as well as the following projects:
• State programs to motivate and support responsible health choices that would reduce the burden of preventable disease
• Community initiatives to promote and enable healthful choices, especially those focused on youth and older Americans
• Health care and insurance systems that put prevention first and reduce people’s risk factors for chronic disease and reduce potential health care complications
The initiative includes specific prevention goals for the fiscal year: preventing diabetes for at least 75,000 Americans, preventing obesity for at least 100,000 Americans, and preventing asthma-related hospitalizations for at least 50,000 Americans. HHS will rely on existing and expanded surveillance efforts to assess the new initiative’s effectiveness at helping Americans to prevent disease and achieve good health.

Atrial Fibrillation Increases Stroke Risk 500%

Atrial fibrillation (AF) is a common heart condition that forces the heart to beat irregularly and rapidly, sometimes up to 450 times a minute compared with 60 to 100 times in a normal heart. Erratic heartbeats can cause blood to pool and collect in the heart, possibly forming a clot that can travel to the brain and cause a stroke. When an AF patient suffers a stroke, the consequences can be severe. In fact, 71% will die or have extreme permanent brain damage.

AF affects 2 million Americans, resulting in 70,000 strokes a year. The risk of an AF-related stroke increases with age. Almost 1 of 3 AF patients who are 80 or older will suffer a stroke. Although many patients have no symptoms with AF, people who notice an irregular heartbeat or chest palpitations should call their doctors. Common risk factors associated with AF include high blood pressure, age, diabetes, congestive heart failure, and overactive thyroid gland.

For more information on stroke or any NSA programs, contact the National Stroke Association at (800) 787-6537 or visit www.stroke.org.

Hip Fracture Patients Discharged Too Soon at Risk for Worse Outcomes

Patients recovering from a hip fracture who had one or more abnormal vital signs, mental confusion, heart or lung problems or couldn’t eat when they were discharged from the hospital had a 360% greater chance of dying and a 60% greater chance of readmission within 60 days, according to a new study funded by the Agency for Healthcare Research and Quality. “Frequency and Impact of Active Clinical Issues and New Impairments on Hospital Discharge in Patients with Hip Fracture” appeared in the January 13 issue of the Archives of Internal Medicine.

LTC Organizations Sign Quality First Pledge

“The Quality First: A Covenant for Healthy, Affordable, and Ethical Long Term Care” agreement has been signed by the American Association of Homes and Services for the Aging (AAHSA), the American Health Care Association, and the Alliance for Quality Nursing Home Care, all based in Washington, DC.

The covenant’s principles include:
• Continuous quality assurance and quality improvement
• Public disclosure and accountability
• Patient/resident and family rights
• Workforce excellence
• Public input and community involvement
• Ethical practices
• Financial stewardship

For details, go to www.qualityfirstnursinghomes.com.

Study Finds More Patients Seeing Clinicians Other than Physicians

The proportion of patients seen by nonphysicians increased to 36.1% in 1997 from 30.6% in 1987, according to a report featured in the January issue of New England Journal of Medicine. “Trends in Care by Nonphysician Clinicians in the United States” says the shift was fueled by the emergence of managed care and state legislation to expand the scope of practice for other clinicians.

At least part of the increase was a result of a jump in the number of patients who visited both a physician and a nonphysician clinician, the study said. It also noted an increase in the proportion of patients obtaining preventive services from nonphysician clinicians and a decline in the proportion receiving acute care from such clinicians. For more, go to content.neim.org/cgi/content/abstract/348/2/130.

Autopsies Help Uncover Medical Diagnostic Discrepancies

Autopsies continue to detect clinically important diagnostic discrepancies, according to a new evidence report released in January by the Agency for Healthcare Research and Quality (AHRQ). Based on an analysis of more than 50 studies spanning 40 years, researchers estimate that, in U.S. hospitals in 2000, the correct cause
of death escaped clinical detection in 8% to 23% of cases, with as many as 4% to 8% of all deaths having a diagnostic discrepancy that may have harmed the patient. In addition to clinically missed diagnoses, up to 5% of autopsies disclosed clinically unsuspected complications.

In 1994, the last year for which national data exist, the autopsy rate for all nonforensic deaths fell below 6% from a high of 50% in the 1960s. This decline is probably a result of lack of reimbursement for autopsies, the attitudes of clinicians regarding the utility of autopsies in light of other diagnostic advances, and general unfamiliarity with the autopsy and techniques for requesting one, especially among physicians in medical training, according to the authors. The evidence report was requested by the College of American Pathologists (www.cap.org).

A summary of the report, prepared for AHRQ by the University of California at San Francisco-Stanford University Evidence-based Practice Center, can be found at www.ahrq.gov/clinic/epcsums/autopsum.htm and also from the National Guideline Clearinghouse at www.guideline.gov (select NGC Resources).

“Prehabilitation” Prevents Functional Decline of Frail Elders at Home

Despite decreasing disability rates, more than 7 million Americans 65 or older suffer from chronic disabilities that make it difficult to live independently. A new study shows that a 6-month at-home “prehabilitation” intervention to improve physical abilities was more effective in preventing declines and preserving functional abilities, such as walking, dressing, and bathing, than was a 6-month health education program. At the end of 12 months, the prehab group showed a 37% reduction in risk for new disabilities.

The results of the study, “A Program to Prevent Functional Decline in Physically Frail Elderly Persons Who Live at Home,” were published in the October 3 New England Journal of Medicine. The study, authored by Thomas M. Gill, MD, and his colleagues at the Yale University School of Medicine Department of Internal Medicine, was funded through the Claude D. Pepper Older Americans Independence Center, the National Institute on Aging, and the Gaylord Rehabilitation Institute.

Frequent NSAIDs Users May Need Drugs to Prevent Associated Ulcers

According to an article last year in Arthritis & Rheumatism, about 1% to 2% of older patients taking traditional nonsteroidal anti-inflammatory drugs (NSAIDs) regularly for 1 year develop serious gastrointestinal complications, such as perforation, obstruction, or bleeding. Another 2% to 3% develop uncomplicated ulcers or other GI problems. Yet doctors don’t commonly prescribe gastroprotective medications, even for the highest risk patients, according to a study supported in part by the Agency for Healthcare Research and Quality (HS 10384).

Researchers from AHRQ’s Center for Education and Research on Therapeutics at Vanderbilt University used Tennessee Medicaid data to analyze use of gastroprotective therapies for 76,765 recurrent users (50 years or older) of NSAIDs who received medications from January 1999 through June 2000.

The researchers calculated the frequency of either of two recommended gastroprotective strategies: traditional NSAIDs combined with recommended antiulcer cotherapy or use of a selective cyclooxygenase 2-inhibiting drug (coxib), such as misoprostol. They categorized use of these therapies by patient risk for ulcer complication. Coxib users were, on average, older, had been hospitalized more frequently, and had more coexisting medical conditions than users of traditional NSAIDs.

Among the recurrent NSAID users (more than one prescription), only 16% received one of the two recommended therapies: 10% received traditional NSAIDs along with antiulcer drugs at the recommended doses, and 6% received coxibs. Only 30% of patients with two or more risk factors for ulcer complications (eg, 75 or older and peptic ulcer in the past year) received gastroprotective therapy.

Advice Regarding the SARS Outbreak

Regarding the risks to nursing facilities of the possible spread of severe acute respiratory syndrome (SARS), the World Health Organization notes that some areas have rapidly contained the outbreak, whereas others have continued to report cases despite prompt isolation of patients and introduction of strict barrier nursing practices.

Advice from Jeff Drazen (posted March 31, 2003, at the New England Journal of Medicine website [content.nejm.org/cgi/reprint/NEJM030621v2]) and CDC-posted guidance (www.cdc.gov/nicidod/sars) on SARS should be followed. Nurses also are encouraged to visit the WHO website (www.who.int/csr/sars/en) and www.nlm.nih.gov/medlineplus/severeacuterespiratorysyndrome.html.

If you have a resident or patient with symptoms, clearly a thorough evaluation and further isolation and reporting according to CDC guidelines are warranted if the patient meets the case-finding definitions of CDC.

Good hand washing remains the key to preventing the spread of infectious diseases, whether SARS or otherwise, and any opportunity to remind staff of this is well taken.

Excerpted from American Medical Directors Association (www.amda.com/clinical/sars)

Gait Abnormalities and Development of Dementia

Elderly patients frequently exhibit abnormal gaits, which sometimes herald other neurologic disorders. In this prospective study, reported in the November 28 New England Journal of Medicine, New York researchers sought to determine the relation between gait disorders and the eventual development of dementia.

The researchers performed neurologic and neuropsychologic assessments in a cohort of 422 elders (age range, 75 to 85) without dementia. At baseline, 85 elders had neurologic gait abnormalities (classified as unsteady, ataxic, frontal, parkinsonian, neuropathic, hemiparetic, or spastic). During a median follow up of 6.6 years, dementia developed in 44% of the 85 subjects with abnormal gaits at baseline but in only 26% of the 337 subjects with normal gaits. Compared with subjects with normal baseline gaits, those with abnormal gaits had a 3.5-fold increased risk for nonAlzheimer dementia (usually vas-
Cholinesterase Inhibitors in Alzheimer Patients

Cholinesterase inhibitors (Chls), such as tacrine and donepezil, improve the functional and cognitive skills of some patients with Alzheimer disease (AD). However, clinical trials have varied widely in size and in the outcomes that were assessed.

As reported in the January 8 issue of JAMA, in a meta-analysis of 29 trials that have been published since 1989, researchers assessed the efficacy of 9 Chls. Cognitive and functional disability measures were applied to data from nearly 9000 patients with mild to moderate AD who were followed for 2 to 12 months (most trials lasted 4-6 months). Patients on Chls showed significant but modest improvement in both neuropsychiatric and functional outcomes (eg, an effect size of 0.1 SD, the lower limit of clinically detectable change, was noted in functional assessment scales). Benefits among various Chl regimens were similar. These results lend support, albeit modest, for the use of cholinesterase inhibitors in patients with mild to moderate AD. (Journal Watch, February 15, 2003)

Nursing Home Innovation Enhances Quality, Reduces Turnover

An innovative model of nursing home improvement that has been proven to enhance quality of care for residents and reduce staff turnover is being positioned for replication in nursing homes across the country.

“The Wellspring program has pioneered many innovations that have broad and significant implications for improving nursing home care,” according to a report from the Institute for the Future of Aging Services at the American Association of Homes and Services for the Aging.

Wellspring “is a powerful example of what can be accomplished at a grassroots level through collaboration and sharing of resources: monetary, intellectual, and experiential,” noted the report. The research for the report was sponsored by The Commonwealth Fund, a private foundation supporting independent research on health and social issues.

The Wellspring approach was developed by a consortium of 11 independent, nonprofit nursing homes in Wisconsin that formed an alliance 8 years ago. The key is collaboration, staff empowerment, and cooperation. The Institute for the Future of Aging Services and Wellspring Innovative Solutions are beginning a new initiative, also supported by The Commonwealth Fund, to develop a strategic plan to disseminate and replicate the Wellspring approach in nursing homes nationwide.

Copies of the report, “Evaluation of the Wellspring Model for Improving Nursing Home Quality,” publication number 550, are available at (888) 777-2744 and www.cmwf.org.

RESOURCES

The Rehabilitation Nursing Foundation’s Bowel Care Guidelines are available in the resources section of the Association of Rehabilitation Nurses’ website, www.rehab-nurse.org. The guidelines are designed to guide assessment and treatment of adult constipation. Developed by an interdisciplinary group, the guidelines address an unmet need for many practitioners, including nurses, physicians, and dietitians in rehabilitation, long-term care, home health, ambulatory, and community settings.

Beginning in January 2003, DONs seeking certification can do so from the comfort of their home or office. Joan Wardens-Saunders, NADONA/LTC executive director, announced that the association will begin offering on-line testing and certification. Connecting to www.nadona.org and clicking on the link DON Certification Now will allow NADONA members to purchase study materials, register, pay, and take the certification test 24 hours a day, 7 days a week through a website boasting the latest in 128-bit encryption technology. All that’s needed are a valid RN license number and a credit card. Test results are immediate, and if a candidate doesn’t pass the test, she can retest for free any time within the next 2 years.

Through research, education, and training, the Rosalynn Carter Institute for Human Development promotes the mental health and well-being of individuals, families, and professional caregivers; promulgates effective caregiving practices; builds public awareness of caregiving needs; and advances public and social policies that enhance caring communities. These goals are met by forming partnerships with professionals, groups, and individuals to deliver education and training programs, research and program evaluation around care needs, and policy and advocacy efforts that promote healthy individual development and increase community caregiving capacity. Go to www.rci.gsw.edu for publications or training programs on caregiving.

CONGRATULATIONS

Texas Tech University Health Sciences Center, the University of Iowa, and Southeastern Louisiana University have won the 2002 Awards for Exceptional Baccalaureate Curriculum in Gerontologic Nursing from The John A. Hartford Foundation Institute for Geriatric Nursing and the American Association of Colleges of Nursing. Winning abstracts are available at www.aacn.nche.edu/education/hartford.