PSA

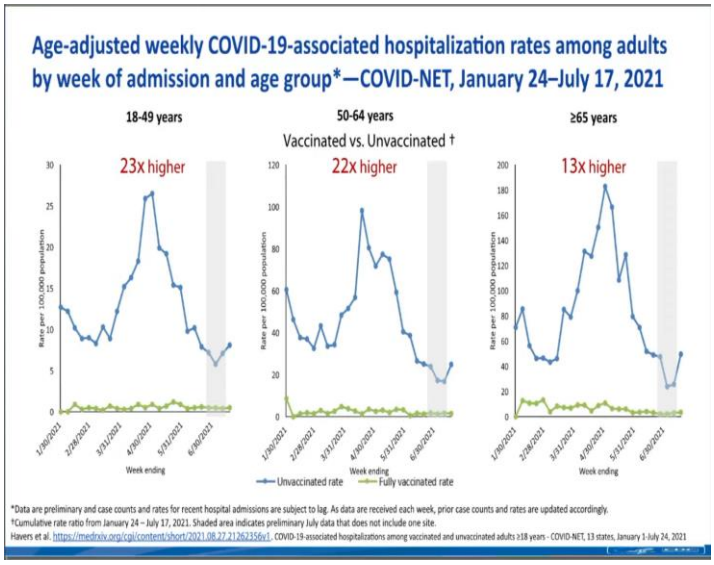
Patient Safety America Newsletter

October 2021 http://PatientSafetyAmerica.com John T. James, Ph.D.

***Question**: If you are 70 years old, what is a good eGFR (kidney filtration) for you?*
A) 20 B) 30 C) 40 D) 50 E) 60 F) 70

Vaccination!

The graph below was made available by the U.S. Centers for Disease Control and Prevention in early September. In my opinion, it shows quite clearly the advantages of being fully vaccinated compared to not being vaccinated against COVID. The data are assessed in terms of the likelihood of becoming hospitalized with the disease. May I suggest using this to discuss the value of vaccination with those who hesitate to become vaccinated.



Diet and All-Cause Mortality

Most of us were told by our mothers when we were growing up to "Eat your vegetables.' This was not always easy in the face of okra, kale, spinach, or broccoli. The 2020 Dietary Guidelines Advisory Committee set out to compare studies on dietary guidelines and all-cause mortality.[1] The idea was to give well-established advice to Americans on what diets favor longevity. The investigators performed a meta-analysis involving 152 observational studies published from 2000 to 2019. They found that there was consistency among the studies that diets 'characterized by increased consumption of vegetables, fruits, legumes, nuts, whole grains, unsaturated vegetable oils, fish, and lean meat or poultry' were associated with higher longevity. Some studies suggested that low to moderate consumption of alcohol may be associated with increased longevity.

One of my neighbors, a young physician who grew up on my street, periodically stops to chat about medicine and health. He is becoming a nephrologist. A few months ago, he mentioned 'Blue Zones' where people often live to 100 or more. At least 5 of these, one in Loma Linda, California, have been identified scattered around the world. The key to longevity seems to be associated with some exercise, strong community ties, and religious practices (Seventh Day Adventists are a major part of Loma Linda's population). Advice from Dan Buettner, the writer characterizing these Blue Zone populations includes the following: do not eat until totally full, eat only a small meal in the evening, eat a diet rich in plants and beans, and consume alcohol in small amounts.[2] Lots of refined sugar and salt are not part of a healthy diet. I saw a

[1] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2783625
[2] https://www.npr.org/sections/thesalt/2015/04/11/398325030/eating-to-break-100-longevity-diet-tips-from-the-blue-zones

friend named Antionette celebrating her 102nd birthday at a restaurant last Saturday. She survived a Nazi concentration camp. She seemed happy, although frail.

Sleep and Longevity

A huge team of investigators sought to determine the association between the length of sleep and longevity in an assortment of Asian populations.[3] There were more than 320,000 participants on whom data were collected from 1984 to 2002 and analyzed in the past 3 years. Optimal sleep duration seemed to be about 7 hours per night. Deviation above and below this amount elicited a higher risk of all-cause mortality.

Reading from a graph presented in the study, and compared to men with 7 hours of sleep, those with 5 or less hours of sleep have a 15% higher hazard ratio. Men who sleep 10 or more hours have a 35% higher hazard ratio. The pattern is different for women. Compared with women who sleep 7 hours per night, those sleeping 5 or less hours have no clear increase in all-cause mortality. However, women who sleep 10 or more hours have 50% higher hazard ratio for all-cause mortality. The authors suggest that the common idea that 8 hours of sleep per night is ideal may need to be reconsidered.

Goals of Care when Seriously Ill

Each of us, if we live a long life, are going to face a time when we and our doctor must decide the type of care that fits our values, preferences, and goals. Two MDs wrote about training for physicians and patients to achieve optimal outcomes.[4] The patient's prognosis is a key factor for the doctor to express to the patient. Physicians were given a 'Serious Illness Conversation Guide' and a few hours of training. Patients were sent a letter orienting them to the care process and received follow up communications. The goal was to tailor the interventions to each patient's expressed preferences. This is not simple and is not easily generalizable. The reason I mention this sort of thing is that patients and their advocates can take an active role in communicating their goals and preferences to their physicians. If you are not asked to do this by your doctor, then do it anyway. Do not be shy about speaking up.

Cost Conversations at the Point of Care

An editorial in JAMA Network Open provided interesting perspectives on conversations between patients and doctors that involve costs to the patient. The context was a study on whether patients with a risk of AFib would choose a new and expensive anticoagulant that requires less intensive monitoring or an older anticoagulant (warfarin) that is much cheaper. Such conversations as part of shared decision-making are rare for many reasons, including clinician time and lack of knowledge of the cost of medications. The editorialists discuss a study in which oral recording and surveys were used to assess the extent of cost discussions with 830 patients in 5 medical centers. The investigation did not reveal that the cost discussions changed the minds of many patients. That may be because almost 80% were already on an anticoagulant and may have been unwilling to change. Citing another study, the editorialists noted that women physicians are more likely to have cost conversations, spend more time with patients, and exhibit better shared decision-making skills. The message for patients is to engage your clinician in cost discussions if there are choices that could reduce your costs and he or she has not initiated the discussion.

Impact of Medicaid Expansion on Access to Care

An editorialist writing in *JAMA Health Forum* began his perspective with a statistic that startled me.[5] Disproportionate mortality during 2020 in Latinx and Blacks shows a reduction in life expectancy by 2 or 3 years, respectively, whereas in the white population it is only 0.7%. A study is discussed in which investigators assessed impacts in three Medicaid-expansion states (Arkansas,

[3] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2783717

[4] https://pubmed.ncbi.nlm.nih.gov/34406404/

[5] https://jamanetwork.com/journals/jama-health-forum/fullarticle/2783131

Kentucky, and Louisiana) and compared these to impacts in a non-expansion state (Texas). The study produced three observations: in 2020 the rate of insurance in low-income households dropped 7% in Texas but not the other states, the decrease in Texas centered on Black and Latinx people, and access to medical care worsened in all four states. The editorialist notes that from 2013 to 2020, 21 rural hospitals closed in Texas, whereas only 6 closed in the three Medicaid-expansion states combined. To me, an interesting observation is that it is the rural areas of Texas where the current political leaders in Texas find their greatest support. They steadfastly refuse to support Medicaid expansion, regardless of who is harmed.

Do Your Really Have Chronic Kidney Disease (CKD)

One of the first things I check when my clinical lab results arrive is my eGFR, which reports the status of kidney filtration. Traditionally, the interpretation of the number is not corrected for the age of the patient. It is well known that eGFR naturally declines as we age. Does that mean we should be diagnosed with chronic kidney disease and given treatment?

A team of Canadian investigators set age-adapted thresholds for sliding eGFRs (units= mL/min/1.73 m2) as follows: 75 units if 40 years old or less, 60 units if 40 to 64 years old, and 45 units if older than 65 years.[6] The fixed (age independent) threshold was set in a control group at an eGFR of 60 units regardless of age for comparison. The investigators assessed the risk of kidney failure from 2009 through 2017. They looked at a couple hundred thousand records, comparing the incidence of kidney failure during the period of the study. In the oldest group, the rate of kidney failure was similar in the age-compensated group vs. the controls with a threshold for diagnosis at an eGFR of 60 units.

The authors conclude 'that the current criteria for CKD that use the same eGFR threshold for all ages [60 units] may result in overestimation of the CKD burden in an aging population, overdiagnosis, and unnecessary interventions in many elderly people who have age-related loss of eGFR.' I would note that there is money to be made treating patients for kidney failure, so the 'system' has a vested interested in overdiagnosis and overtreating patients. Patients should be cautioned to ask about their expected eGFR in the context of their age.

Three MDs wrote an invited commentary on the findings of the above study and place its findings in the perspective of why there has been a reluctance to adopt age-adjusted eGFR levels for diagnosis of chronic kidney failure.[7] They note first that overdiagnosis is when patients are diagnosed with a condition that will never cause harmful symptoms or death. They describe other studies that support the study above, and then give a history of guideline development as it pertains to diagnosis of CKD. The study above suggested that one-third of older adults are over-diagnosed, which means that with an age-adjusted eGFR standard, there would be many fewer patients needing medical care. The guidelines are developed by expert groups, but those groups are supported by stakeholder groups such as biotechnology companies, professional societies, health systems, funding entities, and medical researchers. Patients should resist becoming a guinea pig captured by overdiagnosis of CKD.

Virus-Free Air to Breathe

A *JAMA Insight* article caught my eye because it related air changes in closed spaces to viral transmission, in this case SARS-CoV-2.[8] In my NASA days one of my prime responsibilities was to ensure that a spacecraft's air was healthy to breathe. Chemical pollutants were removed by charcoal filters and aerosols, including many laden with viruses, by high-efficiency particulate air (HEPA) filters. In the article, a couple of experts emphasized the importance of air quality in enclosed spaces

[6] https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2783456

[7] https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2783463

[8] https://jamanetwork.com/journals/jama/fullarticle/2779062

when there is potential for spread of viruses. They note that 4-6 air exchanges per hour would be optimal in many cases. This means that the equivalent of about 1000 cubic meters of fresh air or HEPA-filtered air to be exchanged in an enclosure space of 200 cubic meters. Recirculated air may be effectively passed through a filter with a minimum efficiency value of 13 or better.

The authors cite evidence of SARS transmission in closed spaces that do not meet these standards. These may include schools, buses, gyms, and choir-practice venues). There are two levels for your action in view of the need for especially clean air during the pandemic. The first is to inquire about actions your local schools, libraries, and other gathering places have taken to improve fresh-air ventilation. React if you suspect that the solutions may be inadequate. Second is at the personal level. Organize social gatherings outside if possible. If these must be conducted inside, then optimize outside air changes by opening windows or with HEPA filtration by a portable filter system. You may never be thanked for what did not happen – no new COVID cases - but know that you have done your part to counteract harm from the virus.

Colon Cancer Screening after 75

In news from the *JAMA Network*, a study was just published suggesting that healthy people be screened for colon cancer by endoscopy after 75 years of age.[9] Current guidelines call for screening only after shared decision-making (SDM) by the physician with patients aged 76-85 based on screening history and health status. New data come from a study of about 53,000 people enrolled for years in a nurses' health study who had records examined to compare those screened after 75 with those not screened after 75. The difference between colorectal cancer diagnosis in screened vs. unscreened people was 74 per 100,000 per person years. The point here for patients is to discuss the possibility of screening for colon cancer after you turn 75 with your primary-care physician. You may also want to consult an oncologist specializing in colon cancer detection. Do your homework before SDM.

COVID and General Links

Pittsburg surgeon investigated by feds for unnecessary surgery; his bosses knew this: https://www.post-gazette.com/business/healthcare-business/2021/09/02/U-S-accuses-UPMC-surgeon-of-filing-false-claims-to-Medicare-Medicaid-Luketich-billing/stories/202109020160

Pharma sends millions to the National Academy of Medicine: Millions in Drugmakers' Gifts Affected National Academies' Report (medscape.com)

15 members of Miami-Dade school system die of COVID in 10 days: https://www.yahoo.com/news/15-miami-dade-public-school-021517732.htm

Helen Haskell on patient safety decline during pandemic: https://www.medpagetoday.com/opinion/second-opinions/94358

Behind the scenes conspiracy on Epipen pricing: Joe Manchin's Daughter Played Direct Part in EpiPen Price Inflation Scandal (theintercept.com)

Fake diagnosis of schizophrenia used to give antipsychotics to nursing home patients (NYT): https://www.nytimes.com/2021/09/11/health/nursing-homes-schizophrenia-antipsychotics.html

Boy's appendix burst while waiting hours in COVID clogged ER: https://www.propublica.org/article/a-boy-went-to-a-covid-swamped-er-he-waited-for-hours-then-his-appendix-burst

CDC and Biden health team in tension on COVID boosters: https://www.politico.com/news/2021/09/13/cdc-biden-health-team-vaccine-boosters-511529

Open Notes shines light on errors in medical records: https://www.medpagetoday.com/special-reports/exclusives/94504?xid=fb_o&trw=no&fbclid=IwAR0fF61OhKxPqcukzAYD1sEFTLj_3Fi5b154cFJL3iQO5J4sktNhPcfYErI

[9] https://jamanetwork.com/journals/jama/article-abstract/2782655

Misinformation on COVID from physicians that are rarely disciplined by medical boards for the harm this causes: https://www.npr.org/sections/health-shots/2021/09/14/1035915598/doctors-covid-misinformation-medical-license?ft=nprml&f=1035915598

Pharmedout's take on Aduhelm (Alzheimer drug): https://sites.google.com/georgetown.edu/pharmedout/advocacy/aduhelm

OpEd by Kevin Kavanagh, MD: widespread unvaccinated folks are making a 'pact with the devil.': https://www.courier-journal.com/story/opinion/2021/09/17/kentuckys-failure-to-fight-covid-like-making-pact-with-devil/8339673002/

A call for health equity from AHRQ blog: A Call for Action to Achieve Health Equity | Agency for Healthcare Research and Quality (ahrq.gov)

How the U.S. fell to 36th in vaccine distribution (The Atlantic): How America Lost Its Lead on Vaccination - The Atlantic

Trust of Alzheimer Association after it backed new drug: https://changingaging.org/blog/trust-at-stake-alzheimers-associations-role-in-fdas-approval-of-aduhelm/

Massive number of unnecessary surgeries by cardiologist in Utah:https://www.theatlantic.com/politics/archive/2021/08/health-care-sherman-sorensen-pfo-closures/619649/

Optimal vaccine rate in Texas and Florida could have saved 4,700 lives: https://www.commonwealthfund.org/blog/2021/increasing-covid-19-vaccination-rates-florida-and-texas-could-have-saved-4700-lives

Message on masking in schools in Tennessee from hospital system CEO: https://www.wmot.org/2021-08-19/deeply-conservative-hospital-ceo-predicts-where-tennessees-health-crisis-is-headed-next?fbclid=IwAR13ztFxn4gtOKxnkcCsr78VyrvZbUSjw80KIdPihORNpZl_9vNvvinLH8k

Rant about which states get vaccinated and which are MAGA (raw): https://www.theroot.com/we-fact-checked-fox-news-racist-lie-it-turns-out-the-1847523366

Evolution of the coronavirus (STAT News): https://www.statnews.com/2021/08/20/viral-evolution-101-coronavirus/

Hospitals likely less safe as they are given immunity from malpractice accountability: https://www.forbes.com/sites/leahbinder/2021/04/09/new-press-ganey-report-warns-that-covid-19-may-have-worsened-hospital-safety/?sh=ecc8ddd5b330

Antibodies as indicator of protection against COVID: https://www.npr.org/sections/health-shots/2021/08/23/1029827996/new-evidence-points-to-antibodies-as-a-reliable-indicator-of-vaccine-protection

Understanding hospitalization and COVID vaccination; know how to interpret the data: https://www.covid-datascience.com/post/israeli-data-how-can-efficacy-vs-severe-disease-be-strong-when-60-of-hospitalized-are-vaccinated

Unmasked, unvaccinated, symptomatic teacher spreads COVID to many of her young classroom students: https://www.cdc.gov/mmwr/volumes/70/wr/mm7035e2.htm?s_cid=mm7035e2_w

Moderna induced antibodies are much higher than Pfizer induced antibodies after vaccination (Belgian study): https://www.bloomberg.com/news/articles/2021-08-31/moderna-jab-spurs-double-pfizer-covid-antibody-levels-in-study

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Answer to question: (D), (E), or (F) are OK (45 or above) according to new research (reference #4).