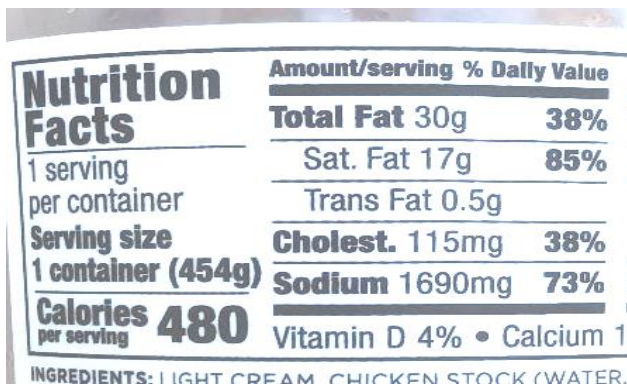


Question: According to the CDC, of the 736,875 COVID deaths in the US, what portion were in those 65 and older? A) 65% B) 75% C) 85% D) 95%

Reducing Sodium in Food

Perhaps a dozen years ago I attended a toxicology meeting in which the administrator of the Food and Drug Administration gave a plenary lecture to thousands of us toxicologists. She gave a complex talk suited to our educational level, noting that the FDA is thoughtfully regulating potentially toxic substances. When she asked for questions from the audience, I hesitated. No one else stood up, so I



Nutrition Facts		Amount/serving	% Daily Value
1 serving per container		Total Fat 30g	38%
Serving size 1 container (454g)		Sat. Fat 17g	85%
Calories 480 per serving		Trans Fat 0.5g	
		Cholest. 115mg	38%
		Sodium 1690mg	73%
		Vitamin D 4%	Calcium 11%

did. I asked her when the FDA was going to do something about the poison that we all ingest – too much sodium. She was taken aback. After a pause, she said that the agency was thinking about doing something. Here we are a dozen years later, and finally the FDA has issued voluntary guidelines for sodium reduction in food. Voluntary!

Three experts from the FDA wrote about the new plan to deal with this major health concern.¹ They point out that some projections assert that hundreds of thousands of people would live longer and billions in healthcare costs would be saved with compliance. Recommendations from the National Academy of Medicine suggest that 2,300 mg/d of sodium is ideal, but the current average for

Americans is 3,400 mg/d. These high rates increase the probability of high blood pressure and cardiovascular diseases, including heart attacks and stroke. About 2/3 of the sodium that we ingest comes from packaged and restaurant-prepared food.

An interesting graph in the paper shows that recommended sodium intake is lower for persons under 14 years old, that women more often meet current recommendations, and that in all categories, the majority of Americans do not meet the recommendations. The target goal of the current FDA effort is 3,000 mg/d for adults. That strikes me as a weak effort when the recommendation is 2,300 mg/d. The authors point out that reducing sodium in food is not as simple as putting less salt into the packaged food or restaurant concoction. Here is a link suggesting foods to avoid if you want to reduce your sodium intake.² You may find your favorite foods on the list. For example, chicken poblano soup, as shown in the picture.

Statin Use in Diabetics

Many diabetics take statins to reduce their LDL cholesterol, supposing that this reduces their risk of a cardiovascular event. A group of investigators in the Veterans Administration (VA) Healthcare System used a retrospective approach to determine how statin use affects the progression of diabetes. They examined records on VA patients (mostly men) 30 years or older who took statins and were diabetics and matched these to comparable diabetics that did not use statins. The records were dated from 2003 to 2015 and involved 83,000 patients.

² <https://www.health.harvard.edu/blog/10-tricks-to-reduce-salt-sodium-in-your-diet-2018072014281>

¹ <https://jamanetwork.com/journals/jama/fullarticle/2785289>

The progression of diabetes was measured by the following: new insulin treatment, changes in glucose-lowering medications, and hyperglycemia (5 times reaching greater than 200 mg/dl), or a diagnosis of ketoacidosis. Progression of diabetes occurred in 56% of the statin-user group and only 48% of the non-users of statins. The investigators opine that the risk-benefit profile of statin use in diabetics must consider the metabolic effects of statins. In my opinion, diabetics who use statins should ask their endocrinologist about the results of this study and whether its implications apply to their individual care.³

Patients Should know about the Risks of CT Scans

I recently participated in evaluation of a quality measure submitted to the National Quality Forum (NQF) for endorsement. It sought to assess the proper use of CT scans to treat patients. Measures endorsed by the NQF are intended for adoption by hospitals and other providers, but no one forces this to happen. The primary question was whether patients are being informed of the radiation risk associated with CT scans and are physicians consistently avoiding overtreatment using CT scans. The answer to both questions is ‘No.’ An invited commentary on this topic was published in JAMA Network Open.⁴

The basic tension with CT scans is whether the immediate need for such a scan outweighs the increased risk of cancer to the patient. This may not be an easy call and communicating the risks and benefits of a CT scan to a patient may not be easy. The point of the NQF measure was to ensure that no more radiation than necessary was used. The commentary noted that there are more risks than just cancer. A CT scan could reveal findings that are of no consequence to the patient but elicit more testing. The risk of cancer may be especially elevated in children exposed to multiple CT scans.

It seems that patients are generally clueless about radiation risks, clinicians typically do not inform the patient of the risks, and therefore, the patient cannot make an informed decision about

whether to have a CT scan. The machines are expensive, so there is a tendency to overuse them to pay acquisition costs. The commenters suggest that physicians and patients need to receive a ‘seismic shift’ in their education about the risks. If you are offered a CT scan, express your concerns to the clinician. Ask if there are alternatives, and if a CT scan must be performed, is the radiation dose minimized. This is part of meaningful shared decision-making.

Social Determinants of Health

When we think about ‘healthcare’ we tend to think about medical interventions to help people live happier and longer lives; however, social determinants of health make a great difference in happiness and longevity. An expert from the Brookings Institute wrote about various issues associated with getting a handle on improving social determinants of health, which include safe housing, nutritious food, and effective transportation.⁵ The writer opined that we do not know what interventions work and how much they cost. What data exist is not readily shared, and there is the constant question of who pays for the research. He notes several encouraging collaborations between government, healthcare systems and community networks. The bottom line is that we Americans have a long way to go to create an equitable health system that embraces all races and ages.

In another study that reported a meta-analysis of studies of food insecurity in the U.S and Canada, the results support the conclusion above – improvements in the measured parameter may be found, but improvements in healthcare outcomes and less use of healthcare resources remains unknown.⁶ I know many people who work to reduce food insecurity in my area. I would encourage those who are able to join such people in providing food. If that is not possible, then contribute money to your local food bank.

³ <https://pubmed.ncbi.nlm.nih.gov/34605849/>

⁴ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2784921>

⁵ <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2784565>

⁶ <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2782895>

Visits to the ER Due to Medication Harm

A team of investigators studied the prevalence of ER visits caused by harm from a prescription drug in almost 100,000 cases of ER visits from 2017-2019 in 60 hospitals.⁷ The average age of the population studied was 49 years. They found that each year about 6 medication-caused ER visits per 1000 population occurred in community dwellers. Of those coming to the ER because of a medication problem, almost 40% were hospitalized. Some of the patients were using the medications in a 'non-therapeutic' way. The medications causing the most visits were anticoagulation prescriptions and diabetic treatments in adults 65 and older. The message for patients is to be familiar with the medications you are taking and have a system that ensures you do not mistakenly take more doses than prescribed. Accidentally taking a double dose of an anticoagulant or a blood-pressure lowering drug could prove harmful.

Steps to Lower Mortality

I have friends that are religious about getting in their 10,000 steps per day using their electronic devices. A group of investigators asked how many steps per day may be associated with significantly less all-cause mortality.⁸ They studied 2100 participants (average age 45 years) enrolled in a structured cardiovascular investigation for a total of almost 23,000 person-years. During the span of the study, 72 participants died. Steps per day were logged and compiled in three groups: less than 7,000, 7,000 to 10,000, and more than 10,000. Compared to the low-step group, the moderate step group had 30% less chance of dying. Compared to the low-step group, there was about a 50% less chance of dying in the high step group. There is a wide band of uncertainty around these estimates, but they were statistically significant. The lesson is obvious: walk if you want to live longer.

Hostile Hospice Care

An MD described her concerns with hospice care being taken over by private equity firms.⁹ She

states that the goal of such firms is often to acquire a hospice company, expand it, and then sell it within 3 years for a large profit. The author noted an interesting analogy to this practice. It is like introducing a predator into an environment and then waiting to see what harm may happen. Under Medicare rules, patients can qualify for hospice if their life expectancy is less than 6 months. About 16% of patients are cared for by companies owned by private equity firms or publicly traded companies. She notes there is virtually no insight into how these companies operate.

She opines that four things need to happen to protect patient care: 1) transparency of ownership, 2) inspections more often than every 3 years, 3) strike non-compete clauses so physicians can report problems, and 4) physicians must be able to uphold their pledge to put the patient first, despite the pressure to produce profits.

Until some of the rules governing hospice operations improve, a wise patient or the family will learn who owns the service providing palliative and hospice care. Be cautious if the service has more of an eye to profits than the needs of patients. If the care is harmful in any way, report the problem to the Centers for Medicare and Medicaid Services.

Suicide Is Not Painless

Many of you may remember the song that introduced the TV series M*A*S*H. There was a line in that song declaring that 'suicide is painless, it brings on many changes.' Of course, that is suicide as viewed from the perspective of the person who committed suicide. For those left behind, there are few things more painful than suicide by a loved one. One of the most devastating experiences for patients is to receive a diagnosis of cancer. A team of investigators asked if that diagnosis differentially increased the risk of suicide in various demographic groups.¹⁰

In a database of 5.36 million Americans, the investigators identified 6,357 deaths by suicide in the years from 2000-2016. They calculated the standard mortality ratio (SMR) for those committing suicide, and then calculated this for subgroups. For the overall group, the SMR was 1.41. For those living in the lowest-income quartile of counties the

⁷ <https://pubmed.ncbi.nlm.nih.gov/34609453/>

⁸ <https://pubmed.ncbi.nlm.nih.gov/34477847/>

⁹ <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2784807>

¹⁰ <https://pubmed.ncbi.nlm.nih.gov/34665238/>

SMR was 1.94 and for those in living in rural counties the SMR was 1.81. For the highest-income quartile of counties, the SMR was 1.30. For all county groups, the rate of suicide was highest in the first year after the cancer diagnosis.

The investigators suggest that more attention be given to mental health support after a diagnosis of cancer, especially in rural and poor counties. Suicide is a response to malignant despair. The message for my readers is to be sensitive to an increased risk of suicide when a loved one is diagnosed with cancer. If you are among those left behind after suicide, your life will not be painless.

COVID and General Links

US can lower drug prices without sacrificing drug innovation: <https://hbr.org/2021/10/the-u-s-can-lower-drug-prices-without-sacrificing-innovation>

MRSA has made a comeback during the pandemic: <https://www.infectioncontrolday.com/view/thanks-to-covid-19-mrsa-makes-a-comeback>

Restoring maternity care to rural America: <https://www.commonwealthfund.org/publications/2021/sep/restoring-access-maternity-care-rural-america>

October Health Watch Newsletter: <http://www.healthwatchusa.org/HWUSA-Publications/Newsletters/20211001-HWUSA-Newsletter.pdf>

High cost of Merck's new anti-COVID pill under FDA emergency review: <https://theintercept.com/2021/10/05/covid-pill-drug-pricing-merck-ridgeback/>

Duration of COVID immunity after the disease or from vaccination: <https://www.healthgrades.com/right-care/coronavirus/how-long-covid-19-immunity-lasts?cid=63emHLN101121COVID>

Older Americans skip health care due to costs: <https://www.commonwealthfund.org/publications/surveys/2021/oct/when-costs-are-barrier-getting-health-care-older-adults-survey>

Answer to question: (B), 76%, reference: <https://www.cdc.gov/nchs/covid19/mortality-overview.htm>

Doctor, hospital, and insurer caught in a triangle of suits: <https://www.medicaleconomics.com/view/my-very-weird-lawsuit>

Healthgrades on the health benefits of coffee: <https://www.healthgrades.com/right-care/food-nutrition-and-diet/8-surprising-health-benefits-of-coffee?cid=63emHLN102521BONUS>

We are not done with overcrowded ERs: <https://www.npr.org/sections/health-shots/2021/10/26/1046432435/ers-are-now-swamped-with-seriously-ill-patients-but-most-dont-even-have-covid>

How hospitals hike up medical bills: <https://www.npr.org/sections/health-shots/2021/10/27/1049138668/childbirth-how-hospitals-inflate-bills>

CDC now reporting COVID cases by vaccination status: https://www.medpagetoday.com/special-reports/exclusives/95119?xid=nl_mpt_DHE_2021-10-24&eun=g403075d0r&utm_source=Sailthru&utm_medium=email&utm_campaign=Weekly%20Review%202021-10-24&utm_term=NL_DHE_Weekly_Active

What should patients know about medical board allegations of serious physician misconduct (Iowa): <https://iowacapitaldispatch.com/2021/10/25/public-must-be-informed-in-doctor-discipline/>

Find past newsletters:
<http://patientsafetyamerica.com/e-newsletter/>



NATIONAL
QUALITY FORUM
MEMBER