



# Patient Safety America Newsletter

December 2021

<http://PatientSafetyAmerica.com>

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**Question:** How many gun deaths in youth 5-24 years old occur each year in the US?

A) 4,000      B) 8,000      C) 12,000      D) 16,000      E) 20,000

## Medications May Elevate Blood Pressure

A research letter was just published in *JAMA Internal Medicine* in which 5 experts asked if certain medications, which have the potential for elevation of blood pressure (bp), are being taken by patients in whom bp control has been challenging.<sup>1</sup> They searched reports of 27,600 patients in a database that is designed to be representative of the US population in the years from 2009-2018. Using a list from the American College of Cardiology that identifies drugs used to control bp and those associated with elevation of bp, the investigators found that 15% of the patients surveyed reported using medications that may increase blood pressure. High bp was defined as 130/80 or above. The average age of the surveyed patients was 47 years.

Of the patients using drugs that could elevate bp, 18% had high bp. The incidence of taking drugs that could elevate bp was higher in those taking drugs intended to lower bp. The incidence was also higher in those with uncontrolled elevation of bp. Some of the drugs known to potentially elevate bp have alternatives that do not elevate bp. For those drugs that do not have an alternative, the recommendation was to use a minimal dose to achieve the therapeutic effect. The classes of drugs with potential to raise blood pressure included the following: antidepressants, non-steroidal anti-inflammatory drugs (NSAID), and steroids.

If you are a patient with difficult to control bp and are taking any of the above classes of drugs, it might be wise to ask your primary care doctor if appropriate alternatives are available or if your dose might be reduced to make your bp easier to control.

## Exercise to Reduce Resistant High Blood Pressure

If you wish to try another tactic to reduce your blood pressure (bp), a good choice might be moderate intensity exercise.<sup>2</sup> A large team of investigators, mostly from Portugal, just published a study in *JAMA Cardiology* in which they tested the ability of 12 weeks of moderate intensity exercise to reduce blood pressure in patients who were resistant to treatment. They split 53 patients with 'resistant hypertension' into an exercise group and a no-change group. The exercise group was monitored at each session, which included a warm-up period, a 40-minute exercise session, and a cool down period. This was performed 3 times per week.

Compared to the non-exercising group, the exercise group had an average drop in systolic bp of about 6 mmHg and a diastolic bp drop of 5 mmHg. The average age of the groups was about 60 years. Their BMI was a bit high at 30 units. This is the threshold between being overweight and obese. Their starting, daytime bp measurements were not that high at a systolic bp of 132-133 mmHg and a diastolic bp of 77-79 mmHg. The article in the summary above used 130/80 mmHg as the threshold for high bp.

This is a small study and was conducted over a period of less than 3 months. One is left with the question of whether a longer exercise protocol would have further reduced blood pressure. Another interesting question would be how much reducing salt in one's diet can mitigate high blood pressure. The WHO has guidance on salt reduction.<sup>3</sup> An older

<sup>1</sup><https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2786014>

<sup>2</sup> <https://pubmed.ncbi.nlm.nih.gov/34347008/>

<sup>3</sup> <https://www.who.int/news-room/fact-sheets/detail/salt-reduction>

publication from Canada suggested that a salt reduction of 3,000 mg/day in hypertensive adults over 44 years old results in a reduction of 6 mmHg systolic and 2 ½ mmHg in diastolic.<sup>4</sup>

### **Medicare and Coverage of Hearing Loss**

Hearing loss is common as we age. It is associated with increased dementia, falls, and healthcare use. Less than 1/5<sup>th</sup> of those with hearing loss use hearing aids, in part because the cost is too high, and Medicare does not help pay for these devices. Three experts wrote about the changes that may be coming to address this important healthcare need.<sup>5</sup> The first is that legislation is in place to allow patients with slight to moderate hearing loss to purchase hearing aids over the counter (OTC). Whitehouse executive action has instructed the FDA to have regulations in place by the end of this year. Given price and quality competition in this area, these should be affordable and effective for many people. Those with severe hearing loss will continue to need more complex hearing aids that cost several thousand dollars and require the ongoing services of an audiologist.

The authors propose three solutions to the present issues. Medicare could offer to pay for regular, routine hearing testing and pay for aids only for those with severe hearing loss. There may need to be waivers for those with moderate hearing loss for whom OTC units do not meet their needs. Finally, the procedure codes physicians use should be augmented to include the *degree* of hearing loss, not just the cause of the loss as is now done.

As a user of hearing aids for several years, I feel qualified to make some observations. I have expensive hearing aids that can be controlled by my cell phone. They are adjustable for the situation I am in – watching TV, noisy environment, universal, high-definition sound, etc. These adjustments have limited capacity to improve hearing in the designated environments. In my opinion, hearing testing should be available as part of biennial physical examinations for people over 65 years old. Primary care physicians who serve a geriatric population should become more aware of hearing

loss. Barring this, frustrated family members are likely to inform you about your hearing problem.

### **International Reference Pricing for Drugs**

It is no secret to my readers that drug prices in the US are much higher than prices in other developed countries, especially for branded drugs (like those you see advertised on TV). How much money could be saved if our drug prices were indexed to prices in other high-income countries? A team of experts performed analyses to answer that question.<sup>6</sup> They targeted insulin and 50 other branded drugs for cost analyses. The analyses were complex and depended on assumptions about various rebate and discount strategies used by drug companies. However, the bottom line was that something like \$80 billion per year could be saved if reference pricing were used. Giving Medicare the power to negotiate prices could further reduce costs. The pharmaceutical industry in the last 20 years (1999-2018) spent \$4.7 billion on campaign contributions and lobbying.<sup>7</sup> Follow the money!

### **Exercise, Screen-Time, and Mental Health of Children during the Pandemic**

Many of us who have already reared our children still have children in our lives because we are grandparents. The mental health of children in our lives may be a critical concern during the days of the pandemic, which seems to show little tendency to end soon. How do exercise and screen-time affect the mental health of children during pandemic times? A team of 5 investigators from Seattle investigated this question and published their findings in *JAMA Network Open*.<sup>8</sup> The study was conducted in the fall of 2020 and included two groups: parents of children aged 5-10 years and a child-parent dyad for children aged 11-17 years. There was a total of 1000 children included in the study. Mental health was assessed using the 'Strengths and Difficulty Questionnaire.'

The investigators found that children who got more exercise (recommended 60 minutes per day) and had less screen time were had fewer mental health issues. The authors suggested that their

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<sup>4</sup> <https://pubmed.ncbi.nlm.nih.gov/10333851/>

<sup>5</sup> <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2785929>

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<sup>6</sup> <https://pubmed.ncbi.nlm.nih.gov/34505870/>

<sup>7</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7054854/>

<sup>8</sup> <https://pubmed.ncbi.nlm.nih.gov/34596669/>

findings indicate strategies to improve children's mental health during times of stress, especially stress imposed by pandemic restrictions. Children reported a mean of 4 days per week with at least 60 minutes of physical activity and 4.4 hours per day of recreational screen time. The message is clear, needing no elaboration on my part – exercise yes, screen time no.

### **Loneliness among Older Adults and Risky Medications**

By nature, most of us seek companionship throughout our adult lives. As we age into our last decades of life, we may lose many friends to death or disability, creating an increased risk of loneliness. A team of 4 investigators asked whether loneliness is associated the use of certain medications known to have serious side effects.<sup>9</sup> Their findings were published in *JAMA Internal Medicine*. They used a nationally representative survey of about 6,300 adults older than 65 taken in 2005, 2010, and 2015. The participants (mean age 73 years) reported their degree of loneliness (none, low-moderate, and high) based on a standardized tool, and the medications they were taking on a regular basis. The medications by class included the following: pain medications, antidepressants, sleep aids, and benzodiazepines. In addition, polypharmacy (5 or more medications) was noted.

The graph in the study is quite instructive and a bit frightening. There was a direct correlation between loneliness and the percent of responders that were taking any of the drug categories. For example, people with no loneliness were half as likely (14%) to be taking antidepressants as those who were highly lonely (27%). Makes sense. Polypharmacy which ranged from 41 to 50% was highest in those with high loneliness. The known side effects of the drugs included GI bleeds, falls, fractures, delirium, mental decline, and death. The authors recommend that clinicians should 'initiate social interventions' to mitigate loneliness in older adults who are lonely. Obviously, each one of us could play a part in reducing loneliness. If you are lonely, initiate new friendships or volunteer for activities where loneliness can be left behind. For those who are not lonely, I would suggest looking

around for people who may be lonely in your family, workplace, neighborhood, church, synagogue, or mosque. Develop a friendship, if not in person, then on the phone.

Another study published in *JAMA Internal Medicine* supporting the above work assessed whether social isolation in seriously ill, older adults before an ICU admission was associated with increased disability or death following discharge.<sup>10</sup> Social isolation was scored on a 6-point scale. For each 1-point increase in social isolation there was a 7% increase in disability count and a 14% increase in risk of death within a year. One thing that struck me was the consistent increase in disabilities in all categories after discharge following admission to an ICU. Just as above, there is an opportunity for relationships to mitigate social isolation in older adults with serious illnesses.

### **Gun Death and Poverty**

It is no secret that the US ranks at the top for gun deaths per capita amongst developed countries. For example, our gun death rate is 8 times higher than in Canada and 100 times higher than in the UK.<sup>11</sup> An editorial in *JAMA Pediatrics* reviewed a new study and placed the problem in perspective.<sup>12</sup> In 2019 CDC data showed that there were 39,700-gun deaths in the US, of which 20% were in young people aged 5 to 24 years. The burden falls especially hard on non-white populations. For example, the death rate in this age range among black persons is 39/100,000, whereas the rate in white persons is 3 ½ /100,000. The authors attribute this to racial-driven poverty that passes from generation to generation. The authors insist that the gun problem cannot be solved until we deal with indigenous racism and that may include reparations.

In my opinion, any solution to our gun-death problem is going to be complex, multifaceted, and will take generations to implement. We may continue to live in denial and bury our children as they receive lethal bullets.

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<sup>9</sup> <https://pubmed.ncbi.nlm.nih.gov/34309620/>

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<sup>10</sup> <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2783800>

<sup>11</sup> <https://www.npr.org/sections/goatsandsoda/2021/03/24/980838151/gun-violence-deaths-how-the-u-s-compares-to-the-rest-of-the-world>

<sup>12</sup> <https://pubmed.ncbi.nlm.nih.gov/34807266/>

## Links of Interest

### Patient driven de-prescribing:

<https://www.sciencedirect.com/science/article/abs/pii/S0738399121002391>

**You Tube video by Mary Brennan-Taylor on medication overuse (27 minutes):**

<https://www.youtube.com/channel/UCzGsQyIby8fC-SkPtmp9O7Q>

**America is losing the battle against diabetes:**

<https://www.reuters.com/investigates/special-report/usa-diabetes-covid/>

**Ivermectin use for COVID treatment is political:**

<https://www.npr.org/sections/health-shots/2021/11/04/1050680597/as-constituents-clamor-for-ivermectin-republican-politicians-embrace-their-cause>

**How Trump administration dealt with Moderna is impeding vaccination worldwide:**

<https://www.politico.com/news/2021/11/05/trump-deal-moderna-global-vaccine-effort-519771>

**New hospital safety grades from Leapfrog:**

<https://www.hospitalsafetygrade.org/>

**Pandemic preparedness in the Build Back Better Act:**

<https://www.kff.org/coronavirus-covid-19/issue-brief/public-health-infrastructure-and-pandemic-preparedness-provisions-in-the-build-back-better-act/>

**Large cost increase in Medicare Part B due to potential coverage of Aduhelm:**

<https://www.post-gazette.com/news/nation/2021/11/12/Alzheimer-s-drug-cited-as-Medicare-premium-jumps-by-21-60/stories/20211120153>

**Own your own comprehensive health data:**

<https://www.statnews.com/2021/11/15/its-time-for-individuals-not-doctors-or-companies-to-own-their-health-data/>

**St. Jude's Children's Hospital has some serious problems**

**(ProPublica):** <https://deadline.com/2021/11/celebrity-backe-st-judes-childrens-hospital-slammed-in-pro-publica-report-1234873915/>

**Texas doctor suspended for advocating a parasite drug for COVID treatment:**

<https://www.yahoo.com/news/texas-doctor-defended-ivermectin-treatment-170752156.html>

**The toll of COVID on the mental health of nurses (WP):**

<https://www.washingtonpost.com/opinions/2021/11/15/covid-19-is-taking-terrible-toll-nurses-they-deserve-much-more-help/>

**Free Kill by doctors in Florida (endure the 30 second add).**

**Be outraged by the opinion of those wishing to allow doctors to kill patients with zero accountability:**

<https://www.actionnewsjax.com/news/local/investigates-medical-malpractice-lawsuits/cdbe1fb9-24ed-4f8b-93a6-8065d4ba3d48/>

**Answer to question: (B) 8,000, reference 12 above.**

**Whistle blower goes after the California Medical Board:**

[https://www.latimes.com/california/story/2021-11-17/california-medical-board-member-calls-out-his-colleagues?fbclid=IwAR2x8mIU1nsHR8S2bOI7Ze3zcGRNe1F5C-zub5XoZNH\\_ioj3JRpxvq4c7nM](https://www.latimes.com/california/story/2021-11-17/california-medical-board-member-calls-out-his-colleagues?fbclid=IwAR2x8mIU1nsHR8S2bOI7Ze3zcGRNe1F5C-zub5XoZNH_ioj3JRpxvq4c7nM)

**Retired nurse (Kathy Day) writes about COVID & wins award:**

<https://allnurses.com/at-war-with-ourselves-t738823/>

**Protecting patients from dangerous doctors. Medical boards could do better: Protecting Patients from Egregious Wrongdoing by Physicians: Consensus Recommendations from State Medical Board Members and Staff | Journal of Medical Regulation (allenpress.com)**

**Doctors increasingly fail to own their mistakes:**

[https://www.medpagetoday.com/opinion/vinay-prasad/95700?xid=nl\\_vinayprasad\\_2021-11-23&eun=g403075d0r&utm\\_source=Sailthru&utm\\_medium=e-mail&utm\\_campaign=VinayPrasad\\_112321&utm\\_term=NL\\_Gen\\_Int\\_Vinay\\_AYWDRL\\_Small\\_Active](https://www.medpagetoday.com/opinion/vinay-prasad/95700?xid=nl_vinayprasad_2021-11-23&eun=g403075d0r&utm_source=Sailthru&utm_medium=e-mail&utm_campaign=VinayPrasad_112321&utm_term=NL_Gen_Int_Vinay_AYWDRL_Small_Active)

**Would you want this guy to be your doctor?**

<https://iowacapitaldispatch.com/2021/11/29/doctor-convicted-in-opioid-scheme-granted-an-iowa-medical-license/>

**Maine doctor suspended for COVID misinformation:**

<https://bangordailynews.com/2021/11/29/news/maine-suspends-waterville-doctors-license-for-alleged-covid-19-misinformation-xoasq1i29i/>

**Specialties with the most malpractice law suits:**

[https://www.beckershospitalreview.com/hospital-physician-relationships/medscape-malpractice-report-2021-5-things-to-know.html?utm\\_campaign=bhr&utm\\_source=website&utm\\_content=latestarticles](https://www.beckershospitalreview.com/hospital-physician-relationships/medscape-malpractice-report-2021-5-things-to-know.html?utm_campaign=bhr&utm_source=website&utm_content=latestarticles)

**Privatization of Medicare an impending disaster:**

<https://www.healthaffairs.org/doi/10.1377/hblog20210927.6239/full/>

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<http://patientsafetyamerica.com/e-newsletter/>



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