

**Question:** What percent of falls in nursing homes are reported? A) 30% B) 60% C) 90%

## Hats off to the Weekend Warrior

For those of you who get their exercise as a ‘weekend warrior,’ there is some good news when it comes to the effectiveness of this approach to exercise. A truly international group of investigators asked if there was a measurable effect on all-cause mortality when a suitable amount of exercise was gained on weekends (1-2 days per week) or gained throughout the week (3 or more exercise sessions).<sup>1</sup>



They used self-reported data on exercise durations and intensities of 350,000 Americans, average age 41 years, gathered from 1997 to 2013. Current WHO recommendations suggest that one should get 150 minutes/week of moderate exercise or 75 minutes/week of intense exercise per week, or some combination of the two. There is no specification about the distribution of exercise times during the week. Does it matter if one crams her exercise into the weekend, which may be more convenient, or distribute exercise throughout the week? The answer is that it does not.

There were several interesting secondary findings. When data were adjusted for various factors (age, sex, race and ethnicity, education, income, marital status, smoking, alcohol intake, self-rated health, psychological distress, number of comorbidities, and mobility difficulty) sedentary people tended to be at higher risk for all-cause mortality. Mortality hazard ratio (compared to the inactive group) was 0.92 for weekend warriors and 0.85 for regularly active adults. The latter was statistically significant. Longer sessions were associated with lower all-cause mortality. These data surprised me. I might have expected more of an effect between sedentary people and regularly active people. I suspect much of the small difference may be due to the numerous adjustments to the data.

## Shared Decision-Making for Prostate Cancer

The use of prostate specific antigen (PSA) screening of men for prostate cancer remains controversial and limited. Current guidelines by the major and respected sources of such guidelines recommend that for men at average risk for prostate cancer their physician begins **shared decision-making** about screening at age 50 or 55 and

<sup>1</sup> <https://pubmed.ncbi.nlm.nih.gov/35788615/>

discontinue screening when a man reaches 70 years of age or has less than 10 years of life expectancy. A group of investigators found websites of about 600 accredited cancer centers and determined how these dealt with screening guidelines.<sup>2</sup> Of those centers' websites, about 3/4<sup>th</sup> was compliant with the need for **SDM** at either 50 or 55 years of age. The others recommended screening without any discussion either before 50 years of age, at 50 years of age, or at 55 years of age.

The message here is clear. If your clinician seems to be pushing you to be screened for prostate cancer and has not asked for your preferences and discussed the risks and benefits of screening, then ask about guidelines on the subject. In my experience, there is no bright line for making decisions about the implications of screening results. These depend on the absolute value of the PSA and whether it is increasing at a rapid rate, suggesting possible cancer growth. Watchful waiting may be an option, but if you want to be screened, be sure you are ready to deal with the results.

### **Muscle Mass and Dementia**

The muscles we once had when young give way to flab and seem to wither as the years go by. A group of Canadian scientists from McGill University addressed the relationship between muscle mass and the cognitive decline in elderly patients 65 to 86 years of age.<sup>3</sup> They had data on more than 30,000 people in a Canadian database. It is known that low muscle mass and cognitive impairment are associated, but the investigators sought to determine whether the *rate* of cognitive decline over three years was associated low muscle mass.

They looked at several measures of cognition, including executive function. It was the only one to show an effect. I remember from my days at NASA that we asked if elevated carbon dioxide levels, such as those experienced in spacecraft, impaired executive function. There were studies suggesting this, but our data eventually found no link. There are three aspects to executive function: working memory, cognitive flexibility, and ability to deal with distractions. This is a high form of cognition and may involve timed responses. The

probable mechanism behind the apparent relationship is that vigorous exercise builds muscle mass and improves blood flow to the brain where executive functioning resides. The take-home message is to keep challenging your body with exercise as you age.

### **Eczema and Shared Decision-Making**

Many of my readers may have seen the drug commercials on TV that promote the use of some drug treatment for eczema. The side effects of the drug are described as various people reveal parts of their bodies that once presumably had unsightly, eczema skin lesions. The authors of a study published in *JAMA Dermatology* noted that there are several reasonable choices for treatment of this condition.<sup>4</sup> That is ideal for **shared decision-making** (SDM). A survey of about 1300 adults that had had eczema or adult caregivers of people younger than 18 who had eczema was conducted in 2021. Respondents, once informed of the causes of eczema, were three times as confident as uninformed patients about being very or extremely confident to engage in **SDM**. Respondents declared they would welcome **SDM** initiated by their dermatologist. About 3/4<sup>th</sup> was aware of **SDM**, and half declared that they would make their treatment decision after seriously considering their clinician's opinion. Patient satisfaction increased with increasing **SDM**. Tools (messy) are available to educate patients on their choices of treatment of eczema.<sup>5</sup> The Mayo Clinic has a simpler tool.<sup>6</sup>

### **Monkey Pox as a Global Public Health Emergency**

Three experts opined that the declaration by the WHO of Monkey Pox as a Global Public Health Emergency was justified.<sup>7</sup> The WHO Director General made this declaration on July 23, 2022, even though his experts voted 6 to 9 against such a declaration. I thought my readers would like to understand the basis for that decision. At present

<sup>2</sup> <https://pubmed.ncbi.nlm.nih.gov/35254384/>

<sup>3</sup> <https://pubmed.ncbi.nlm.nih.gov/35796211/>

<sup>4</sup> <https://pubmed.ncbi.nlm.nih.gov/35793092/>

<sup>5</sup> <https://medicaljournalssweden.se/actadv/article/view/1857/2442>

<sup>6</sup> <https://www.mayoclinic.org/diseases-conditions/atopic-dermatitis-eczema/diagnosis-treatment/drc-20353279>

<sup>7</sup> <https://jamanetwork.com/journals/jama/fullarticle/2794922>

there are three emergency declarations: COVID-19, polio, and now monkey pox. To make such a declaration the disease must be seen in substantial clusters outside endemic areas and represent a threat for further spread. It has already spread to 70 countries and six WHO regions. The authors opine that this is sufficient evidence for the Director's declaration. They note that the consequences of the infection are seldom fatal, but when spread to more vulnerable populations, such as the very young and very old, the outcomes are likely to be more severe.

### Active Treatment of Previabable Babies

A large team of investigators sought to determine if there were racial or ethnic factors that affected whether a previable baby (born from 22 to 26 weeks of gestation) would receive active treatment at birth.<sup>8</sup> They looked at data from 2014 through 2020, finding 62,000 previable, singleton births. They found that during the years of the investigation, the percent of babies receiving active treatment increased. For example, for black babies, the active treatment percent increased from 44% to 59%. When active treatment is compared by year, say 2014, the racial differences in active treatment are apparent. For example, in 2014 white babies were actively treated 51% of the time vs 44% for black babies. There is much less of a chance that a baby born in its 22<sup>nd</sup> week of gestation will be treated compared to those born slightly later.

The authors suggest that guidelines should be followed that assert the need for **shared decision-making** by families on whether to actively treat a previable baby. The family should be made aware of short-and-long term health problems and the likelihood of early death. Their preferences should be respected. The authors did not deal in detail about these risks. A commentary on the above study noted that survival of infants born at 22-24 weeks of gestation was only 36% and only 20% survived without neurobehavioral impairment.<sup>9</sup> There is a clear diversity in the capability of birthing units to deal with these extremely premature babies. The family must be fully informed of the *local* hospital's ability to actively treat a previable baby.

### Patient Symptoms and Cancer Diagnosis

Three experts express their opinion of the key role of a patient's symptoms in early diagnosis of cancer.<sup>10</sup> Missed and delayed diagnosis of cancer is not uncommon. The writers note the value of early symptoms as a precursor to formal screening, but symptoms may be quite non-specific. They cite a study from the UK showing that only 7% of cancer diagnoses happen after screening, whereas 64% happened after symptoms were reported during primary care. Even with this perspective, the authors note that most early symptoms that could be from cancer are not due to cancer. It is complicated. The message to patients is to not ignore suspicious symptoms and to report these accurately to your primary care physician.

### Pressure Ulcers in Nursing Home Residents

In the 1990's the government decided to inform the public of the quality-of-care residents receive while living in a nursing home. Nursing Home Care (NHC) was born. Three experts just published a study in the journal *Medical Care* in which they investigated whether nursing home reporting of pressure ulcers in residents was accurate.<sup>11</sup> *The data are self-reported as part of a minimum data set.* They cited a study showing that only 58% of falls in nursing homes were reported. In the ulcer investigation, using US data from 2011 to 2017, they compared reported pressure ulcers to the pressure-ulcer-on-admission data when patients were transferred from nursing home to hospital. They looked at data on long-stay residents and short-stay residents. They found that only 60% of stage 2-4 ulcers were reported for long-stay patients and only 70% were reported for short-stay residents. Since the frequency of pressure ulcers is a key ingredient of the NHC rating, there is a strong incentive to under-report this harm.

The authors call for action by the Centers for Medicare and Medicaid Services (CMS) to cease relying on self-reporting of patient harms into the star rating system of nursing homes. The public expects reliable data to back up the ratings, and this

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<sup>8</sup> <https://pubmed.ncbi.nlm.nih.gov/35972487/>

<sup>9</sup> <https://jamanetwork.com/journals/jama/article-abstract/2795290>

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<sup>10</sup> <https://pubmed.ncbi.nlm.nih.gov/35849403/>

<sup>11</sup> <https://psnet.ahrq.gov/issue/accuracy-pressure-ulcer-events-us-nursing-home-ratings>

investigation suggested that current data may be quite unreliable. CMS should use claims data.

### **Statins for Primary Prevention of Cardiovascular Disease?**

Statins have been around for decades, so one might suppose that the details have been placed into focus on who should and who should not be taking these drugs for primary prevention of cardiovascular disease. Nope! Three experts writing in *JAMA Internal Medicine* opine that the 2022 guidelines on use of statins have changed little from the 2016 recommendations.<sup>12</sup> New data from 22 studies were used, but 19 of these were industry sponsored. Furthermore, there is a tendency to not assess side effects while studying statins. Whether or not to use statins depends on expected 10-year survival predictions. For people 76 years old and older, it is unlikely that statins will improve all-cause mortality or cardiovascular mortality. The authors write that the cognizant organizations assessing benefits and risks of statins all recommend **shared decision-making** between patient and clinician before starting a prescription. Unfortunately, there are plenty of uncertainties for both to deal with. They suggest that healthy eating and exercise are better ways than statins to deal with cardiovascular risks.

### **Links of Interest**

**Cognitive dysfunction linked to racism:** [Racism Tied to Later Life Cognitive Dysfunction \(medscape.com\)](#)

**Hospital can no longer ignore dangerous orthopedist:** [With 350 lawsuits filed, hospital now can't ignore outcry over orthopedist | Patrick Malone & Associates P.C. | DC Injury Lawyers - JDSupra](#)

**Older Black and Latinx struggle to pay medical bills even when on Medicare:** [Older Black and Latinx Adults Talk About Affordability Challenges | Commonwealth Fund](#)

**How older Black and Latinx folks experience mental healthcare:** [Mental Health Experiences of Older Black and Latinx Adults in the U.S. Health System | Commonwealth Fund](#)

<sup>12</sup> <https://pubmed.ncbi.nlm.nih.gov/35997985/>

**Why do American die younger than people in other developed countries?** [Americans, No Matter the State They Live In, Die Younger Than People in Many Other Countries | Commonwealth Fund](#)

**How the inflation reduction Act will lower healthcare costs:** [The Inflation Reduction Act is a Milestone Achievement in Lowering Americans' Health Care Costs | Commonwealth Fund](#)

**Do new drug patents protect profits or innovation:** [Characteristics Of Key Patents Covering Recent FDA-Approved Drugs | Health Affairs](#)

**CDC to be overhauled:** [In an effort to address Covid missteps, CDC plans an 'ambitious' overhaul \(statnews.com\)](#)

**Cause of patient's death omitted from her medical record by Vanderbilt:** [RaDonda Vaught case: Patient advocates demand accountability \(tennessean.com\)](#)

**If you take anticoagulants, this book may be of interest to you (NQF and FDA):** [Advancing Anticoagulation Stewardship: A Playbook – NQF Store \(qualityforum.org\)](#)

**Monkey Pox and colleges restarting:** [https://newhampshirebulletin.com/2022/08/24/what-monkeypox-outbreak-little-planning-by-colleges-as-students-resume-classes/?mc\\_cid=a3dadfe491&mc\\_eid=329f144725](https://newhampshirebulletin.com/2022/08/24/what-monkeypox-outbreak-little-planning-by-colleges-as-students-resume-classes/?mc_cid=a3dadfe491&mc_eid=329f144725)

**Black COVID long-haulers feel neglected:** <https://www.nbcnews.com/news/nbcblk/black-covid-long-haulers-felt-invisible-health-care-system-formed-supp-rcna44468>

**Health Watch USA Newsletter:** [20220901-HWUSA-Newsletter.pdf \(healthwatchusa.org\)](#)



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Answer to question: B) 58%, reference 11.

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

