

Technology & Information

Antibiotics Overused at End of Life

According to a report in the February 25 issue of the *Archives of Internal Medicine*, antibiotics are frequently prescribed to nursing home patients with advanced dementia in the 2 weeks before death. Among 214 patients who were followed for an average 322 days, 142 (66.4%) received at least 1 course of antibiotics and the overall average was 4 courses. Forty-two percent of those who died received antibiotics during the 2 weeks before their death. Study investigators stated, “The proportion of residents taking antimicrobials was 7 times greater in the last 2 weeks of life compared with 6 to 8 weeks before death.” Nearly 42% of the 72 antibiotics were given intravenously in the last 2 weeks, a method that may be uncomfortable for patients with advanced dementia. The overuse raises questions about end-of-life care and the potential for antibiotic resistance in nursing homes. For the full article, see <http://archinte.ama-assn.org/cgi/content/abstract/168/4/357>.

Palliative Care a Necessity

Palliative care is considered an integral part of care and should be offered to patients with severe respiratory illnesses, according to the American

Age-related macular degeneration (AMD) doubles the risk of death from MI or stroke.

Thoracic Society (ATS), in its clinical policy statement published in the April 15 issue of the *American Journal of Respiratory and Critical Medicine*. The statement asserts tenets designed to serve as long-standing guides and values to providing palliative care:

- Individualized care is patient- and family-focused.
- Integrated care is offered when suffering begins and continues even after the patient’s death with the psychological, spiritual, and practical support of the bereaved caretakers.
- Comprehensive symptom management is used to control shortness of breath, pain, and other physical complications as well as the psychological challenges related to illness or dying.
- Professional competence and development of specific skills are needed among healthcare providers who are involved in palliative care. Read the full document at www.thoracic.org/sections/publications/statements/pages/respiratory-disease-adults/palliative-care.html.

AHRQ Offers a Pill Reminder Card

The Agency for Healthcare Research and Quality (AHRQ) has made available free online instructions for creating a pill card—an illustrated medication schedule—with a personal or laptop computer and printer. Research has shown that using a pill card—which uses pictures and simple phrases to show each medicine, its purpose, how much to take, and when to take it—reduces patient misunderstandings. See AHRQ’s How to Create a Pill Card at www.ahrq.gov/qual/pillcard/pillcard.htm.

Keep a Watch on These Meds

What medical problems land more than 175,000 older Americans in the emergency department each year: falls, heart problems, or diabetes? None of these answers is correct. The answer is adverse reactions to medications—mostly to diabetes and heart disease medications. Help keep your patients safe from medication-related emergency events by offering them tips from the

March 2008 issue of *Harvard Heart Letter* on medications commonly prescribed to seniors, including warfarin, insulin, digoxin, aspirin, clopidogrel, and oral diabetes medications.

Patients taking warfarin should have their bleeding time (INR) checked regularly and use care when taking a nonsteroidal anti-inflammatory drug. A steady intake of green, leafy vegetables is beneficial.

Those taking insulin or oral medications for diabetes must check their blood sugar several times daily. Remind patients to store insulin properly, carry a supply of insulin at all times, and know the signs of low blood sugar. Those taking oral diabetes medications must be careful if they also have kidney or heart disease.

Patients taking digoxin should check their pulse when calm and relaxed and call the physician if it is slower than it should be. These individuals must be careful taking over-the-counter medications such as antacids, cold or sinus medicine, or laxatives. Vision changes, drowsiness, or confusion are warning signs that require a call to the doctor.

Finally, patients who take aspirin and clopidogrel sure be careful to always take the correct dose and be extremely careful if they also take warfarin. Remind such patients to report bleeding immediately.

Memory Loss Less Common in Seniors

A study published in the journal *Alzheimer's and Dementia* reports that the prevalence of cognitive impairment among age 70 and older seniors decreased 3.5% between 1993 and 2002—from 12.2% to 8.7%. The authors theorize that today's older people are much likelier to have had more formal education, higher economic status, and better care for risk factors such as high blood pressure, high cholesterol, and smoking. For more information, see www.alzheimersanddementia.org/article/PIIS155252600800023X/abstract.

Medicare Part D Impacts Prescription Drug Use

A large retail pharmacy chain reports that Medicare Part D increased the number of prescriptions used by seniors and reduced their out-of-pocket drug spend-

ing. According to the authors of a study in *Health Affairs*, Medicare Part D reduced user cost among elderly adults by 18.4%, increased the use of prescription drugs by about 12.8%, and increased total US usage by 4.5% in 2006. An inverse relationship exists between copayments and compliance in all risk groups: for each \$10 rise in copayments, average compliance in a plan-year fell by 5%. The authors estimated that if health plans had reduced high- and medium-risk patients' copayments on cholesterol-lowering medications from \$10 to \$0, their pharmacy payments would have increased by \$486 million, but their inpatient hospital spending would have declined by \$839 million. For more on the study, see <http://content.healthaffairs.org/cgi/content/full/26/6/1735>.

Heart Failure Numbers on the Rise

Although the incidence (rate of new diagnosis) of heart failure patients has declined over 10 years, the prevalence (the percentage of the population affected) has increased 30%, according to researchers at Duke University School of Medicine.

The number of patients living with the condition increased steadily from about 140,000 to about 200,000 with more men than women living with the disease each year. "The proportion of [Medicare] beneficiaries with a heart failure diagnosis grew from 90 per 1000 in 1994 to 120 per 1000 in 2000, and remained at about 120 per 1000 through 2003," the authors state. Identifying treatment and management strategies for heart failure is increasingly important. For the full story, see <http://archinte.ama-assn.org/cgi/content/abstract/168/4/418>.

AMD Increases Risk of Death from MI and Stroke

Age-related macular degeneration (AMD) doubles the risk of dying from a myocardial infarction (MI) or stroke, according to a study in the *British Journal of Ophthalmology*. In a study of more than 3600 people, researchers found that among people younger than 75 at the start of the study, AMD doubled the risk of death from MI or stroke within the next 10 years. For the full report, see <http://press.psprings.co.uk/bjo/february/bj131706.pdf>

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