

FROM THE JOURNALS

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Feasibility study of a systematic approach for discontinuation of multiple medications in older adults

Garfinkel, D. et al., Arch Int Med 2010; 170(18):1648-1654

Interesting study addressing the issue of polypharmacy in older adults. Mean age of patients in the study was 82.8 years, with patients taking a mean of 7.7 medications at the study initiation. Recommendations were made to discontinue 58% of drugs (4.4 drugs per patient). Only 2% of the medications were restarted due to symptom recurrence and no significant adverse events or deaths were attributed to having discontinued the medications. Indeed, 88% of patients reported global improvements in their health.

Patient-level meta-analysis: Effect of measurement timing, threshold and patient age on ability of d-dimer testing to assess recurrence risk after unprovoked venous thromboembolism.

Douketis, J. et al., Ann Int Med 2010; 153:523-531

Meta-analysis of seven studies following patients with recent unprovoked DVT for a mean of up to 27 months after the DVT. Those with elevated d-dimer levels had a greater than two-fold risk of recurrent DVT compared to those without d-dimer elevation (8.8 per 100 patient-years vs. 3.7 per 100 patient-years). This suggests that measurement of d-dimer in such patients may contribute to risk stratification when deciding on the risks vs. benefits of long term anticoagulation.

High-dose vs. non-high dose proton pump inhibitors after endoscopic treatment in patients with bleeding peptic ulcer.

Wang, C. et al., Arch Int Med 2010; 170(9):751-758

Meta-analysis of over 1100 pts from seven studies looking at benefits of PPI regimens in bleeding peptic ulcers. Use of high dose PPI did not result in lower rates of rebleeding, surgical intervention or mortality when compared to low dose regimens. In a subsequent issue (Arch Int Med 2010; 170(18):1697-1700), several letters questioned the conclusions of this study, stating that current evidence could not lead to claim of equivalence between low dose and high dose regimens. This is an important clinical question and more data is needed to resolve the issue with certainty.

Patient handovers within the hospital: translating knowledge from motor racing to healthcare.

Qual Safety in Health Care 2010; 19:318-322

A qualitative study examining key lessons from Formula 1 racing teams, applying them to patient hand-offs in health care. Key common themes included: 1. proactive learning with briefings and checklists to prevent errors, 2. active management using technology to transfer information and 3. post hoc learning from the storage and analysis of electronic data records