

FROM THE JOURNALS

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The following articles should be of interest to Hospitalists:

Post Discharge Hospital Utilization among Adult Medical Inpatients with Depressive Symptoms

Mitchell, SE et al., J Hosp Med 5(7):378-84

A positive screen for depression symptoms during hospitalization is associated with an increased rate of readmission within 30 days in an urban, academic, safety-net hospital population. While demonstrated to be useful in ambulatory medicine, the utility of screening acutely ill patients for depression has not been studied. Though it is uncertain if the higher readmission rates result from the depression itself or from its association with medical comorbidities, this study highlights the potential value of addressing this issue. Attention to the presence of depression should improve patient-centered care and this important topic warrants further study.

Oral Rivaroxaban for Symptomatic Venous Thromboembolism

The EINSTEIN Investigators, NEJM 363; 26:2499-2510

In a tandem study, investigators first evaluated the non-inferiority of oral rivaroxaban alone compared with subcutaneous enoxaparin in an open label study lasting 3, 6 or 12 months in patients with acute DVT. Subsequently, they compared rivaroxaban with placebo in a randomized controlled trial for continued therapy. Rivaroxaban had non-inferior efficacy and superior effect in reducing DVT/PE; the principle safety outcomes were similar in both groups. In the continued treatment study, rivaroxaban had superior efficacy in preventing recurrence; non-fatal bleeding was higher in the rivaroxaban group (0.7%) than in the placebo group (0%). Rivaroxaban offers a simple, single-drug approach to the short-term and continued treatment of venous thrombosis and may improve the benefit-risk profile for anticoagulation.

Metoprolol vs. Amiodorone in the Prevention of Atrial Fibrillation after Cardiac Bypass Surgery

Halonen, J et al., Ann Int Med 153(11): 703-709

Patients were randomized to receive a 48 hour infusion of metoprolol, 1-3 mg/hr (limited by heart rate) or amiodorone 15mg/kg/day (maximum dose 1000 mg), starting 15-24 hours after cardiac surgery. The occurrence of atrial fibrillation was similar in both groups. However, the study did not include patients who were at high risk for atrial fibrillation and the wide confidence interval of the results indicated that further study, with sufficient power, is indicated to conclude that the therapies are equally effective. The authors thus recommend adherence to current guidelines which advise use of beta blockers as the first line of atrial fib prophylaxis in patients who undergo cardiac bypass surgery.

Effect of B-Type Natriuretic Peptide Testing on Clinical Outcomes in Patients with Acute Dyspnea in Emergency Settings

Lam, L and P Cameron, Ann Int Med 153 (11): 728-735, A Meta-Analysis

The review examined five randomized trials that compared usual care +BNP testing with usual care to diagnose heart failure in adults presenting to emergency rooms with dyspnea. Overall, the use of BNP had only modest effect on patient management. However, this meta-analysis found that BNP testing 1. reduced admission rates and 2. reduces length of stay for those admitted by one day. Of note, BNP testing did not conclusively affect hospital mortality rates. The authors conclude that the use of BNP testing in such patients could reduce hospital utilization.