PSA

Patient Safety America Newsletter

June 2024 http://PatientSafetyAmerica.com *John T. James, Ph.D.*

Question: An online obesity treatment may help you lose how many pounds in 3 months?
A) 2 B) 4 C) 6 D) 8 E) 10

Ultra -Processed Foods (UPF) and the Health of Children

A huge team of investigators compared the amount of ultra-processed food consumed by nearly 1,500 children (average age 6 years) and their cardiometabolic parameters to include the following: body mass index, waist circumference, fat mass index, and fasting glucose.[1] They found unfavorable health differences when comparing the outcomes in the lowest tertile of UPF consumption to those in the highest tertile of (UPF) consumption.

Typically, UPF involves lots of industrial manipulation, including additives, and preservatives. They often contain high amounts of sugar, salt, and fat. The investigators used a NOVA food consumption index to classify the amount of UPF consumed. This index characterizes the amount of processing involved in production of the foods being consumed by the children. What's in your children's junk food?

Nutrition Facts	
9 Servings Per Container	
Serving Size	**1 Pack (28g)**
Amount per serving	
Calories	**130**
	% Daily Value*
Total Fat 4.5g	6%
Saturated Fat 1g	5%
Trans Fat 0g	
Polyunsaturated Fat 1g	
Monounsaturated Fat 2.5g	
Cholesterol 10mg	3%
Sodium 240mg	10%
Total Carbohydrate 19g	7%
Dietary Fiber <1g	4%
Total Sugars 0g	
Includes 0g Added Sugars	0%
Protein 3g	

Patient Experience as an Outcome of Oncologic Surgery

One of the ten key questions posed in a survey of desirable information before an invasive procedure is for the patient to know what to expect if the procedure goes as planned.[2] A surgical oncologist wrote an invited commentary in *JAMA Surgery* on the lack of data on the patient experience after cancer surgery.[3] The author proposes that we have entered a new area where patient experience can be reported electronically. The idea is to determine how well expectations of the patient align with the outcome data. The commentator mentions the following key aspects of the patient's experience: pain, mobility, return to work, experience of therapy, and wellbeing. He places the onus on the surgeon to find ways to capture the patient's experiences.

[1] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2818951

[2] https://bmjopen.bmj.com/content/bmjopen/9/7/e028957.full.pdf

[3] https://jamanetwork.com/journals/jamasurgery/article-abstract/2816277

In my opinion, capture of the patient-experience data is essential if the clinician is to truthfully answer the patient's question: What should I expect as I recover from the proposed surgery if all goes as expected? Of course, the patient should be told the risks and benefits of the invasive procedure. There must be a balanced shared decision-making process in which many other aspects of the patient's care should be considered.

Inappropriate Diagnosis of Community Acquired Pneumonia (CAP)

A huge team of investigators sought to determine the frequency of inappropriate diagnosis of CAP when patients were hospitalized. Inappropriate diagnosis of CAP was deemed to have occurred if the patient was given antibiotic treatment with fewer than 2 signs of CAP or a negative chest Xray. More than 17,000 records from 2023 were reviewed from 45 Michigan hospitals to determine the frequency of inappropriate diagnosis and the characteristics of the patients that that were most likely to be inappropriately diagnosed. The average age of the patients was 72 years.

The investigators found that 12% of hospitalized patients diagnosed with CAP were inappropriately diagnosed and that this was more likely to happen if the patient was older or had dementia. The authors note that full-course treatment of such patients with antibiotics may be harmful. The harm may come directly from the adverse effects of the antibiotic, or from missing an appropriate diagnosis of an acute or chronic illness that needs to be treated. If you or someone you are caring for is diagnosed with CAP, it might be wise to ask how that diagnosis was established. One may simply ask if the diagnosis was based on a metric of some kind and wait for an interesting answer.

Olive Oil and Dementia-Related Death

A team of investigators analyzed data from the Nurses' Health Study and the Health Professions Follow Up Study during the years 1990 to 2018.[4] The former included women and the latter included men. Each member of the cohort was free of cardiovascular disease or cancer at baseline. The average age was 56 years. There were 92,400 participant records, of which 2/3rd was from women. During the study period, 4,750 dementia related deaths occurred.

The intake of olive oil was assessed every 4 years, and each person was assigned to one of the following four groups for olive oil consumption: Less than once per month or never, a little but less than 4 ½ g/d, 4 ½ to 7 g/d, and more than 7 g/d. The highest consumption group had a 28% reduced risk of dementia-related death when compared to the lowest-consumption group. The investigators also looked at overall diet quality and found no association with dementia-related death.

What mechanism could be involved in the association between olive oil and death from dementia? The authors note that olive oil improves 'vascular health.' Studies have shown that olive oil consumption improves endothelial function (endothelium is a single layer of cells that lines blood vessels and the lymphatic system), oxidative stress, and reduces inflammation. The results of this study suggest that among the ways that *your* dementia risk may be reduced, olive oil should be included. A teaspoon is about 6 grams.

Blood Pressure Meds, Falls and Broken Bones

In a study of VA nursing home residents, almost all men, starting blood pressure lowering drugs was associated with an increased risk of falls and broken bones.[5] There were almost 30,000 participants and their ages were older than 65 years. The finding was reported in a News Commentary in *JAMA*. Those starting the meds had an 80% increased risk of falls and were twice as likely to experience broken bones. Those performing the study noted that clinicians should "contextualize a limited life expectancy against the anticipated time horizon over which the cardiovascular benefits are likely to manifest." In other words, 'Do not overlook

[4] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2818362

[5] https://pubmed.ncbi.nlm.nih.gov/3878755

the immediate fall risks of blood pressure medications when targeting the long-term cardiovascular benefits.'

The summary did not report the blood pressure target toward which the medications were being given, although those with the most need for lowering appeared to be most vulnerable to broken bones and falls. I would postulate that gradual lowering might mitigate some of these risks.

Online Obesity Treatment

Although I am not obese (yet), I struggle to keep my weight from drifting into the 'overweight' category. An article caught my attention. There is an online platform that supports overweight people in their quest for significant weight-loss.[6] A small team of mostly PhDs determined how an online weight-loss program called RxWL was able to elicit weight loss after 12 months of the intervention (primary outcome) and after 24 months of use (secondary outcome). There were 540 patients (71 % female, mean age 53 years with a body mass index greater than 25) referred by their primary care physician (n=100) for the program in Rhode Island. The amount of weight lost after 3 months in the program was 3.6 kg (8 pounds).

After three months, the participants were randomly assigned to one of three groups until 12 months had passed. This was to assess the amount of weight *regained* after the 3-month intense intervention. In the three groups the amount of weight regained was as follows: 0.37 kg, 0.45 kg, and 1.28 kg. The higher regain of weight was in the group that received only a monthly newsletter. After 24 months, the newsletter group regained almost all the weight lost during the 3-month start up intervention. The monthly maintenance group held on to regain roughly one kg at the end of 24 months. Their intervention after 3 months included lessons on how to maintain weight loss, dealing with boredom, self-regulation, and increasing their moderate to vigorous physical activity from 150 to 200 minutes per week. They also received automated feedback on how they were doing.

My personal observation is that this is a lot of stuff to do to lose 6-8 pounds after 24 months. I would wonder if reinitiation of the 3-month intense intervention would result in further weight loss over another test period. I find that interval fasting is easy to maintain if one avoids the temptations of alcohol, desserts, and junk food, which is not easy. I typically do not consume anything with calories over a 14-hour period each day. I also avoid binge eating in the remaining 10 hours of each day. I naturally get plenty of moderate to intense exercise each week. For walkers and cyclists, this requires a safe and pleasant place to exercise. This is missing in many disadvantaged neighborhoods.

An 'Inside Story' on Suffering

Three authors wrote about 'The Strength it Takes to Suffer' in *JAMA Internal Medicine*.[7] There are many facets to the way current healthcare delivery causes suffering. Among those I would list suffering due to the following: physical suffering due to medical errors, mental health suffering due to lack of effective treatment, fiscal suffering due to astonishing medical bills, and suffering due to unkind prolonging of life. The present story is one of a pioneering palliative-care physician diagnosed with amyotrophic lateral sclerosis (ALS). His wife and daughter wrote about his progressive suffering as ALS stole his life. He was cognizant of medical aid in dying (MAID).

The patient chose hospice and then MAID, which gently put him peacefully through the final minutes of this life. The writing was clearly a love story for the patient and for those who love him, so that they would not share in his growing suffering. The writers note that some physicians claim that opportunities like MAID deny the physician's calling to heal the patient. However, the authors call for dialogue around how to deal with patients who have been exhausted by suffering from a terminal illness. Their final words were as follows: 'We must

[6] https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2816064

[7] https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2815814

continue to rely on science to protect the social welfare, but it must be grounded in compassion. In the absence of compassion, science will do little for and harm to those who have exhausted the strength it takes to suffer in the face of terminal illness.' As I read the article, I thought about the do-not-resuscitate (DNR) order we signed as my 19-year-old son was dying from heart failure. Our suffering was fundamentally due to his cardiologist's failure to treat his hypokalemia and their failure to warn him not to resume running, as we discovered later. Our suffering continues to this day.

Interesting Links

Private equity problems from a lawyer's viewpoint: https://www.hortyspringer.com/question-of-the-week/may-9-2024/

Federal Trade Commission hearing on private equity in healthcare: https://www.ftc.gov/news-events/events/2024/03/private-capital-public-impact-ftc-workshop-private-equity-health-care

https://www.davispolk.com/insights/client-update/ftc-and-doj-focus-private-equity-investment-healthcare

NC Senate votes to outlaw public mask wearing for health reasons: https://www.wral.com/story/nc-senate-votes-to-ban-people-from-wearing-masks-in-public-for-health-reasons/21433199/?s=09

Downloadable WHO Patient Safety Rights Charter: https://www.who.int/publications/i/item/9789240093249. This is worth downloading. It is dedicated to all who have lost their lives due to bad medical care. Given the tendency of American Healthcare system's 'bottom line' approach to healthcare, these rights have no chance of becoming the center of how the US healthcare industry operates.

Through 'proper' voting,' The Doctors Company would like to see that you have fewer rights to redress when medical care harms you: https://www.thedoctors.com/siteassets/pdfs/government-relations/advocacy-updates/tdc-advocacy-update-vol.-9-issue-2.pdf

Medicare Advantage patients are in for a world of hurt as the industry focuses on profits (CVS CEO interview, from Wendell Potter): https://wendellpotter.substack.com/p/cvs-ceo-to-wall-street-people-in?utm_source=substack&publication_id=255152&post_id=144587223&utm_medium=email&utm_content=share&utm_campaign=email-share&triggerShare=true&isFreemail=true&r=1n8i0u&triedRedirect=true

Patient advocacy groups should stay out of FDA drug approvals: https://www.baltimoresun.com/2024/05/10/patient-advocacy-groups-should-stay-out-of-drug-approvals-guest-commentary/

For profit nursing homes may be dangerous: https://www.cbsnews.com/video/research-raises-concerns-about-quality-of-care-at-for-profit-nursing-homes/

NATIONAL QUALITY FORUM MEMBER

Answer to the Question: D), reference #6

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