PSA

Patient Safety America Newsletter

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

Question: At what age should women start breast cancer screening? A) 35 B) 40 C)45 D) 50

Help with Gambling Issues

Many of us know good folks who gamble a lot. Some of them may turn their passion into a disaster. A cousin of my mother lost her house and marriage to problem gambling. Most of us may not think of gambling as a health problem, but a small team from Germany chose to determine if a self-guided, internet-based intervention of 6-weeks duration influenced gambling-related problems.[1]

The study involved 243 participants, ages 18-75 years, that were recruited from social media where they had a self-declared gambling problem. The outcome measures that were improved by the intervention were: obsessive and compulsive gambling thoughts and behavior, depressive symptoms, and gambling severity.

The intervention was based on 'cognitive behavioral therapy, metacognitive training, acceptance and commitment therapy, and motivational interviewing. Respectively (I looked these up), these interventions target emotional regulation with coping skills, regulation of the worry processes, and moving toward valued behavior. It was unclear if further study is planned to determine if a prolonged intervention would elicit further improvement.

My only concern with the study was that participants knew that they had a gambling problem. One must wonder if someone in denial of a gambling problem could be persuaded to use the internet tool to improve their problem gambling. Some people do not admit to a gambling problem until serious damage has happened.

Violent Crime and Bar Closing Times

A small group of investigators asked a fascinating question: Would closing bars earlier make a difference in the violent crime rate in the area surrounding the bars?[2] They selected an area in Baltimore where the times bars could be open shrank from 6 AM to 2 AM to 9 AM to 10 PM. They compiled the violent crime rate (8 PM to 4 AM) within 800 feet of each bar in the targeted area and in two other well-matched neighborhoods where the bar closings were not changed. Violent crime included the following: homicide, robbery, assault, and forcible rape. The study period was from May 2018 to December 2022. There were 26 bars in the 'experimental' neighborhood and 41 in the control neighborhoods.

There was no change in the rate of violent crime in the first month of implementation of the statute in the experimental neighborhood, but over time, when compared to the control neighborhoods,

[1] https://pubmed.ncbi.nlm.nih.gov/38904962/

[2] https://pubmed.ncbi.nlm.nih.gov/38557765/

the drop in violent crime was 23% per year higher in the experimental group compared to the controls. It is no secret that alcohol outlets and violent crime are associated. This study helped quantify the positive effect of a statute limiting the availability of alcohol.

Screening for Breast Cancer

The US Preventive Services Task Force has just made new recommendations on how women should be screened for breast cancer. It is the 'gold standard' for this kind of screening. Their recommendations are based on the amount and quality of medical evidence supporting a recommendation. Here is a summary of the current recommendations: you should have a screening every other year from ages 40 to 74 years old. This applies if you have no symptoms of breast cancer, are at average risk of developing breast cancer, have dense breasts, or a family history of breast cancer. These recommendations attempt to 'walk the line' between too much screening that could cause harm and too infrequent screening which could miss an early cancer. The evidence for women 75 years old and older is inconclusive and should be based on general health and results of previous screenings. The bottom line for patients to ask their clinician: which screening method is best for me, what happens if something is abnormal, when can I stop screening, how do I reduce my risk, and how do risk factors affect my need for more frequent screening? If you wish to have more details about how the recommendations were developed, please try the link below.[3] You may also look at the *JAMA* Patient Page, which is in the June 11, 2024, issue of the *JAMA*. You will have to go to a municipal or college library to find a hard copy of the page.

You Better Know Who is Doing Your Surgery

A study published in *BMJ Open* asked about the impact of adverse events on surgeons and their trainees.[4] A questionnaire was used in seven training programs to discern the impacts on trainees, and surgeons were interviewed from four surgical departments. This resulted in responses from 93 surgical trainees and 23 faculty members.

I am not going to dwell much on the impact on surgeons and their trainees as on the high probability that trainees may especially be involved in adverse events. Of the 93 trainee responders to the survey, 77 reported that they had been involved in an adverse patient event in the past year and 21 were involved in 5 or more adverse events. The greatest gender-based difference was apparent when the question was, 'My experience makes me wonder if I am a good healthcare provider.' Among women trainees, 31 of 34 responders felt this way, whereas only 27 of 41 male responders felt this way.

All faculty interviewees reported that they had been involved in at least one adverse event. This was typically characterized by it being unexpected, with unexplained cause, and involved significant patient harm. Most surgeons reported that they experienced guilt, shame and self-doubt. Some reported long lasting impacts, resulting in 'increased vigilance' that gradually faded.

My point for patients is that one cannot be too careful when selecting a surgeon or other specialist for that matter when there is a chance of a serious adverse event. If you are having an invasive procedure in a training hospital, insist that you know how any trainees will be involved and how they will be supervised. In that regard, a story has just been released about three heart surgeons in Texas not effectively overseeing open-heart surgery by unqualified residents and then falsifying records to avoid detection: Federal investigation determines Houston surgeons delegated advanced heart surgery procedures to residents – Houston Public Media .

Recalculating Your Risk of a Cardiovascular Event

In a 'news and analysis' article a journalist described the application of an improved method to calculate one's risk of atherosclerotic cardiovascular disease (ASCVD).[5] The hope, if you will, is that the new calculation may free millions from the need to

[3] https://jamanetwork.com/journals/jama/fullarticle/2818283
[4] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2819401
[5] https://jamanetwork.com/journals/jama/fullarticle/2820418

take statins to reduce their predicted risk. The old method, called the Pooled Cohort Equation (PCE) (from 2013), was compared with the new PREVENT prediction in 3725 subjects. Using the old PCE the prediction of an ASCVD event in the next 10 years, the risk was 8 %. Using the new PREVENT prediction, the risk was about 4 %. For black members of the cohort, the predictions were 11% and 5%, respectively. These results would suggest that the number of Americans taking statins to lower their ASCVD risk could drop from about 45 million to 28 million for 'primary prevention' of ASCVD. The new data on which PREVENT was based was obtained from 2017 to 2020.

The PREVENT predictor is not available to individual patients who would like to do their own calculation; however, it can be made available by your cardiologist. It is held for now by the American Heart Association. If you are on statins, and especially if you are having side effects, ask your cardiologist how you can be assessed for risk using the new PREVENT calculator. If he has never heard of that, you may want to find a new cardiologist.

Gun Violence Prevention and the National Institute of Health

You may have noted that a few days ago the Surgeon General of the United States, Vivek Murthy, has declared that gun violence is a public health crisis. Prior to this, three experts wrote in *JAMA Internal Medicine* about how the NIH could be involved in research to mitigate gun violence in the U.S.[6] The authors point out that in 2021 the death tolls were as follows: 26,000 suicides, 21,000 homicides, 500 accidental deaths, and 1,000 other types of causes.

The authors make proposals for the NIH to consider in addressing the crisis: NIH should establish an Office of Gun Violence Research, establish ways to coordinate gun violence research across federal agencies, fund training grants for gun violence researchers, and use the NIH infrastructure to build a science database on gun violence research. These may be laudable proposals, but they are unlikely to be welcomed by legislators who are beholden to the firearms industry.

The political currents of gun violence seem to flow even to the Supreme Court. Their decision to treat bump-stock-equipped assault weapons as not qualifying as outlawed machine guns was nonsense. In reality, these shoot just like a machine gun, although much less accurately. Common sense: if it looks like a duck, swims like a duck, and quacks like a duck, then it probably is a duck. Regarding the need for better and more organized research on gun violence at the NIH, I would argue that until the American sentiment changes over the meaning of the second amendment, all the research in the world is not going to make a difference…unless maybe the research should ask where the 'well regulated militia' is located.

> Second Amendment: A well regulated Militia, being necessary to the security of a free State, the right of the people to keep and bear Arms, shall not be infringed.

Becoming a Centenarian

So, you have made it to 80 years old and you are asking yourself how much longer you want to live. The 80+ age group has not received as much study as younger groups, so a team of investigators compared healthy lifestyles of members of the group with their chances of living to 100.[7] They assessed the lifestyles of 1450 people who lived to become centenarians and 3770 individuals who did not reach 100 years of age. They began with a 5-part assessment of lifestyle as follows: smoking, alcohol use, exercise, diet diversity, and BMI. Their final analysis indicated that alcohol use and BMI were not suitable variables, so their final analysis dropped these as components of lifestyle.

The investigators found that those with the healthiest lifestyle had about a 60% higher chance of becoming centenarians than those with the least healthy lifestyle. The lifestyle factors were discerned by interview and there is always a chance that self-

[6] https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2817485

[7] https://pubmed.ncbi.nlm.nih.gov/38900423/

reported information is biased. None-the-less, this study tends to confirm what work with younger people shows – lifestyle positively affects how long one may expect to live. It would have been fascinating to know if social engagement affected the likelihood of reaching 100. Loneliness is prevalent in older adults in the US.

Multivitamin (MV) Use and Mortality

Given the findings of the above summarized study, one might ask if the multivitamin I take every day is going to increase my chances of living longer than without it. Roughly 1/3rd of US adults ingests multivitamins regularly to reduce their risk of illness. A large team of investigators sought an answer to the question of multivitamin use.[8] They assembled data from three cohorts that allowed them to count more than 390,000 as 'participants.' During the follow up period of more than 20 years in the three groups, there were more than 165,000 deaths. The use of multivitamins was determined by a questionnaire and participants were divided into three groups: non-users, non-daily users, and daily users.

Interestingly, the daily MV users had a slightly *higher* mortality risk of 1.04 with a confidence interval of 1.02 to 1.07 when compared to non-users. There were important limitations to this study, not the least of which was many confounders that were managed and the uncertainty of how much MV use happened throughout each period of more than two decades. In my opinion, the study is no more than suggestive about the benefits and risks of MV use. It may be that folks who do not take MVs have a better overall diet than those that take a MV to make up for an unbalanced or unhealthy diet. That might explain why MV users have a slightly higher risk of mortality. The issue is far from settled.

[8] https://pubmed.ncbi.nlm.nih.gov/38922615/

Interesting Links

US maternal mortality is worst among developed nations, especially among US blacks (Commonwealth Fund): U.S. Maternal Mortality Crisis: An International Comparison | Commonwealth Fund

United Health CEO sold $5.6 million shares the day of a ransomware attack: UnitedHealth CEO Sold $5.6 Million in Shares the Same Day as Ransomware Attack (substack.com)

Trainee distress after surgical mistake: https://www.medpagetoday.com/surgery/generalsurgery/110500

COVID killed millions and we are NOT ready for another pandemic (Fauci testimony): https://www.courier-journal.com/story/opinion/2024/06/06/covid-pandemic-fauci-house-committee-kentucky/73986122007/

Patient Safety may be helped by new technology, Video: https://talltaleproductions.com/the-pitch-documentary/

Hospital protects doctor using gag orders: https://www.nbcnews.com/news/us-news/major-public-hospital-silencing-patient-accusations-protect-doctors-rcna154307

Sweden knows how to reduce motor vehicle deaths: https://www.linkedin.com/pulse/sweden-slashes-motor-vehicle-deaths-us-toll-climbing-cqsyc/

Imminent danger from women's doctor (podcast): Discussing the podcast, "Imminent Danger: One Doctor and a Trail of Injured Women" | WXXI News

HHS gives disincentives to information blocking by providers: https://www.hhs.gov/about/news/2024/06/24/hhs-finalizes-rule-establishing-disincentives-health-care-providers-that-have-committed-information-blocking.html

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Answer to the Question: B) 40. Reference #1

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