

**Question:** *What percentage of American women are victims of intimate partner violence?*  
 A) 10%    B) 20%    C) 30%    D) 40%    E) 50%    F) 60%

## Care of Women Victimized by an Intimate Partner

I would have guessed that women experiencing intimate partner violence in the US over their lifetimes would be well less than 10%. An article written by a couple of experts in *JAMA Internal Medicine* shows immediately how ignorant I am. The authors cite an article in which it is estimated that nearly half (47%) of all women experience serious IPV sometime during their lifetimes.<sup>1</sup> This problem is so prevalent that the National Academies of Sciences, Engineering, and Medicine was asked to convene a committee of experts to make recommendations for healthcare services for women to mitigate the harm caused by IPV.

The NASEM committee made fifteen recommendations for women 13-years-old and older. They fell into the following groups: education of women

about IPV, screening of women for IPV, emergency medical care, reproductive care, screening and treatment of sexually transmitted diseases, mental health care, availability of shelters providing childcare, and dental care.

I think the bottom line for my readers is to be aware that the problem of IPV may be closer to you than you think. If there are relatively young women, or older women for that matter, in your life, be sensitive to their life situation, especially if there is evidence of IPV. This could be mental harm or physical harm. Never be afraid to raise concerns if there is evidence of IPV. If you have suspicions of IPV, talking to a professional who deals with IPV may be in order.



<sup>1</sup><https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2821078#:~:text=This%20Viewpoint%20describes%20essential%20health%20care%20services%20for>

## Flavonoids and Reduced Dementia Risk

A study published in *JAMA Open* demonstrated an association between consumption of flavonoids and reduced risk of dementia.<sup>2</sup> The cohort (UK Biobank, 121,000 participants) was aged 40 to 70 years and followed for an average of 9 years starting between 2006 and 2010. The primary target was to determine which dietary components were associated with a reduced probability of dementia during the study period with a focus on sources of flavonoids. They found that in the general population, daily consumption of 5 servings of tea, 1 serving of red wine, or ½ serving of berries were associated with a reduction in the risk of dementia. They developed a flavonoid score and divided their cohort into five groups. The group with the highest quintile flavonoid score was 28% less likely to develop dementia than the quintile with the lowest score.

The investigators had secondary goals of assessing the association in people with genetic risk factors for dementia, people with depression, and people with hypertension. In each of these groups, the reduced risk of dementia associated with flavonoids consumption was more pronounced than in the general population. In general, flavonoids are found in plants, so a plant-based diet might be expected to reduce the risk of dementia. Please remember that an ‘association’ is not the same as cause-and-effect.’ Given the biochemical effects of flavonoids on humans, there are plausible mechanisms to suggest a cause-and-effect relationship. Frankly, I was happy to see red wine on the list of sources of flavonoids. I’ll be thinking about the anti-dementia effects next time I sip a little cheap merlot while reading a good book.

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<sup>2</sup><https://jamanetwork.com/journals/jamanetworkopen/fullarticle/28236>

## Health-Related Worries of Older Americans

Given our parasitic healthcare industry, it is no surprise that Americans will have worries about their healthcare as they age and generally use more health-related services than during their younger years. A team of investigators in Michigan asked more than 3,600 adults, aged 50+ years old that were nationally representative, what worries them most in relation to their healthcare.<sup>3</sup> They listed 26 possibilities. Here are the top six worries and the number that were reported to be ‘very worried’: cost of home care, assisted living and nursing home care (1461), cost of medical care (1443), cost of prescription medications (1388), financial scams and fraud (1377), cost of health insurance and Medicare (1312), and cost of dental care (1122).

Healthcare quality came in 8<sup>th</sup> with 870 older Americans reporting that they are very worried about this. Just behind this in 9<sup>th</sup> place were 880 participants reporting that they were very worried about ‘inaccurate or misleading health information.’ [The numbers in the paper must be in error or the place reversed.] Healthcare in the US is much more costly than in other developed countries, so the incidence of older Americans who are ‘very worried’ should be no surprise to those who read this newsletter.

## Do Not Hasten to Dialysis

I remember that my mother decided against dialysis as her estimated glomerular filtration rate dropped (eGFR) below 10 units. She did OK as it approached 5 units, managing the situation with medications and a smart diet. A study just published in the *Annals of Internal Medicine* and described in a *JAMA News Brief* makes an important point about entering dialysis too early.<sup>4</sup> The study was from the VA where 20,400 patients, 65 years old or more, with an eGFR of 12 units or less were studied. Half were

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<sup>3</sup> <https://jamanetwork.com/journals/jama/article-abstract/2822473>

<sup>4</sup> <https://jamanetwork.com/journals/jama/fullarticle/2823799#:~:text=Older%20adults%20with%20chronic%20kidney%20failure>

started immediately on dialysis and the other half waited a median of 3 years to start. They used medications to control their symptoms.

The immediate-dialysis group lived 9 days longer than the delayed-dialysis group, but the former spent 14 more days in a clinical setting than the latter group.

This is an area where shared decision-making is essential. Patients must be aware that there are important choices when their kidneys begin to fail. Rushing to start dialysis may not be a wise choice unless you just like the company of those in the dialysis facility. Dialysis is big business and like any big business, the sales staff may be biased toward early dialysis.

## Long-term Financial Hardship for Cancer Patients

I remember talking several times with a middle-aged woman whose house we worked on following hurricane damage. She had metastatic breast cancer and knew she was dying despite all the chemotherapy she was receiving. She taught advanced science, and her goal was to live long enough to complete her last year of teaching them. Her bills were astronomical. She ignored those bills, assuming that the equity in her small house would help cover them. She had no one close to her that would be stuck with her bills, so she was at peace. She barely survived her last year of teaching and died peacefully, having taught her beloved students until the end of her final semester.

For many cancer patients, there is no escaping high medical bills. Editorialists in *JAMA Network Open* wrote about the harm that comes from high medical bills sent to cancer survivors, of which there are about 18 million in the US.<sup>5</sup> They note that the cost of cancer care extends beyond medical bills to transportation, childcare, missed work and lost wages. They describe a study in which about 450 survivors of non-metastatic colon cancer were surveyed about their financial hardships at 3, 6,

12, and 24 months after the start of treatment. They were asked about worry, non-adherence to care, and financial hardship. Financial hardship was divided into two categories – minor (e.g. decreased spending on food or clothes) and major (e.g. taking money from retirement accounts or borrowing money to pay for care). About 9 % of the cohort reported non-adherence to their care due to cost. Financial hardship was high near the beginning but settled down to about 1/3<sup>rd</sup> of the participants by the end of the surveys.

The reason that authors describe this situation is that there needs to be more attention paid to the financial toxicity of cancer care. Patients must be directed to sources of assistance with their bills and other causes of financial hardship. There needs to be a concerted effort to identify those likely to suffer financial toxicity. Special attention must be given to the possibility that financial worries cause non-adherence to medical care. If you have high medical bills from any cause, ask about how to control *your* financial toxicity. You may wish to consult a book by the late Marshall Allen entitled *Never Pay the First Bill: And Other Ways to Fight the Health Care System and Win*.

## Interesting Links

Psychiatric hospital traps patients:

[https://www.nytimes.com/2024/09/01/business/acadia-psychiatric-patients-trapped.html?unlocked\\_article\\_code=1.HU4.TlsG.PeBxj-F1XJpz&smid=url-share](https://www.nytimes.com/2024/09/01/business/acadia-psychiatric-patients-trapped.html?unlocked_article_code=1.HU4.TlsG.PeBxj-F1XJpz&smid=url-share)

California doctor accused of multiple sexual batteries:

<https://www.latimes.com/california/story/2024-08-31/o-c-doctor-accused-of-multiple-sexual-battery-charges-faces-new-allegations>

Surgeon kills patient by removing the liver instead of the spleen:

<https://www.pnj.com/story/news/2024/09/04/florida-doctor-removes-wrong-body-part-how-often-happens/75067400007/>

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<sup>5</sup><https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2823614#:~:text=Currently,%20more%20than%2018%20million%20cancer>

Strengthen primary care for better health  
(Commonwealth Fund):  
<https://www.healthaffairs.org/content/forefront/out-balance-fixing-our-health-system-s-neglect-primary-care?>

Tennessee Medica Board refuses to apply a new law allowing foreign educated doctors to be licensed without training in the US:  
[https://www.medpagetoday.com/special-reports/exclusives/111837?xid=nl\\_medpage](https://www.medpagetoday.com/special-reports/exclusives/111837?xid=nl_medpage)

White House has a patient safety plan unveiled:  
<https://www.beckershospitalreview.com/patient-safety-outcomes/white-house-unveils-sweeping-healthcare-safety-efforts-8-notes.html>

Medical Device Safety group at FDA to be led by exec from troubled device company:  
<https://www.statnews.com/2024/09/20/fda-medical-device-safety-ross-segan-olympus-scopes/>

60 Minutes on the astonishing cost of inhalers in the US:  
<https://x.com/60Minutes/status/1837996813661470943?t=7pmcljGpLbeWISuW6clbXw&s=03>



Low blood pressure in older adults and dementia risk:  
<https://www.peoplespharmacy.com/articles/can-low-blood-pressure-raise-dementia-risk-in-older-adults>



Answer to the Question: (E) 47% from a reference in my reference #1

Find past newsletters:  
<http://patientsafetyamerica.com/e-newsletter/>