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<http://PatientSafetyAmerica.com>

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**Question:** How many people commit suicide each year in the US? A) 10,000 B) 20,000 C) 30,000  
D) 40,000 E) 50,000

## Stress and Cognitive Function in Older Adults

A team of investigators explored the association between perceived stress as reported by patients administered a 4-question survey and cognition as measured by a six-item test.<sup>1</sup> Both measures have a history of validation by experts. About 25,000 patients of median age 64 years were involved in the surveys from 2003 to 2017. Roughly 23% of the subjects reported elevated stress. Elevated stress was 1.37 times more likely in low cognitive function people than those with higher function. The findings appear to be independent of age, race, or gender.

As for a mechanism of the association between stress and cognition, the authors note that elevated markers of stress are associated with brain atrophy, which could lead to gradual cognitive decline. The picture shows my father at 94 years old. He had less stress when family was present.



## Leaders Write about Investing in Patient Safety

The *New England Journal of Medicine* had a 'Catalyst' article published on patient safety.<sup>2</sup> Leaders in the healthcare industry, government, consulting firms, and from other countries rendered their opinions of what must change for safer care of patients. Herein, I will highlight some of the ideas expressed by leaders, adding my opinions.

- 1) Recognize and use patients and their families as co-producers of safe healthcare. They can provide early warning that something is amiss. I would add that when given genuine shared decision making, they have a much-improved chance of contributing to safety.
- 2) Comprehensive learning networks that rely on open communication. I would have added that these must demand full accountability about harmful events and root cause analysis to reach optimal understanding.
- 3) Deal effectively with professional burnout. I would add that this may be difficult in for-profit situations where 'efficiency' is perceived as contributing to the bottom line.
- 4) Employ clinical decision support to improve diagnoses. This would be especially important in emergency rooms where many missed diagnoses occur. I would have added a call for artificial intelligence support and that patients also get access to decision support aids.

<sup>1</sup> <https://pubmed.ncbi.nlm.nih.gov/36881411/>

<sup>2</sup> <https://catalyst.nejm.org/doi/full/10.1056/CAT.23.0090>

- 5) Expand the concept of ‘hospital at home.’ These seem to avoid healthcare acquired infections. I would add a warning that patients treated this way must be carefully selected, lest patients get sent home to save money rather than give them the support they need.
- 6) One commentator mentioned the prescribing of marginally effective and expensive drugs. I happen to know that 1/3 of the ER visits of Medicare patients happen because of harm from drugs. The response to each visit should receive a root cause analysis to discern the cause of each incident.
- 7) Health equity was deemed essential if patient safety is to improve. I think that is true but did not see any mention of the extreme bias against poor people who now fear using the healthcare system because of high medical bills they cannot pay.

Overall, I think the effort should include a comprehensive way to count medical errors by degree of harm. Otherwise, how will we know if harm is being reduced?

### **Screening and Prevention of Skin Cancer**

Summer is just around the corner and many of us will be enjoying time outside under a hot sun. The *JAMA* published a patient page on this topic. The article points out three types of skin cancer – basal cell carcinoma, squamous cell carcinoma, and the dreaded melanoma. Three ways to reduce your risk are as follows: wear sunscreen, wear a wide-brim hat, and avoid tanning salons. Interestingly, the experts have mixed opinions about the value of routine screening. Obviously, if you find something suspicious, go to a dermatologist for an opinion.

I would add several thoughts. Have someone check for lesions on your back and scalp. If a needle biopsy is suggested for you by a dermatologist<sup>3</sup>, ask about infection-prevention measures.

### **Some FDA-Approved Drugs Are Not Approved Elsewhere**

Interesting insight is to be gained by asking whether drugs approved by the US-FDA were approved in other developed countries. A team of four experts sought to discover how many of the 206 FDA-approved drugs (2017-2020) were approved by agencies of Australia, the UK, or Canada.<sup>4</sup> Of the FDA approved drugs, five were not approved by any of the other agencies due to unfavorable risk-benefit profiles. An additional 42 were denied public payments due to either unproven clinical benefit or high cost. The median cost of the drugs that were denied approval was \$115,000 per year per patient. Many were oncology drugs.

The authors opine that drugs that remain unapproved by international agencies may require careful scrutiny before they are prescribed even when FDA approved. In my opinion, it would be interesting if Congress asked the FDA to justify approval of each drug that has not been approved for marketing or reimbursement by agencies in other developed countries. One cannot avoid thinking about the Aduhelm situation. The FDA approved the drug despite a strong recommendation by its expert panel *not* to approve it. Fortunately, the CMS had the courage to refuse reimbursement until better studies become available.

### **Personalized Hypertension Control – Maybe?**

An editorial by an MD on the implications of a limited study of two blood pressure medications in people with stage 2 hypertension (systolic bp=140-159 mmHg) suggested that customizing the specific medication (there are four of these with different biological targets) may prove most effective in reducing bp.<sup>5</sup> The investigation used what I would call a flip-flop approach in which a medication was tried, washed out for a couple of weeks, and then another tried with a wash out period before returning to the first. The question was the difference in responses to the two medications in test subjects.

<sup>3</sup> <https://jamanetwork.com/journals/jama/fullarticle/2803802>

<sup>4</sup> <https://pubmed.ncbi.nlm.nih.gov/36780147/>

<sup>5</sup> <https://pubmed.ncbi.nlm.nih.gov/37039804/>

The editorialist wrote that this amounted to about 4.4 mmHg.

While the study may demonstrate a ‘proof of principle’ as the writer indicated, the measurement of blood pressures to within a few mmHg is challenging. Perhaps the take-home message here is to know that it is likely that one class of the four available classes may be most suitable for *your* treatment. Before piling on more medications, ask your clinician to try another type of antihypertensive rather than simply adding to your medication load. Your goal should be a bp < 130/80 mmHg. Carefully follow the instructions that came with your bp monitor.

### **Mortality and Alcohol Consumption**

A meta-analysis of studies involving alcohol consumption and longevity was just published in *JAMA Open*.<sup>6</sup> The authors dug up 107 studies published from 1980 through 2021 that together included 4.8 million people with a median age of 56 years. During the studies there were 425,000 deaths. They found that there was no effect on mortality with consumption at or below 25 g/day (about two standard Canadian drinks). Men could tolerate more alcohol than women. Note that there was no gain from abstinence from alcohol.

### **Reducing Falls in Older Folks**

I am at time in my life when one of my friends experiences a fall almost every month or two. About a month ago I took a spill on the golf course where I walk at night. It was an especially dark night and I tripped over a stone T marker. Fortunately, I fell into a cushion of grass, injuring my only my pride. There are many ways to reduce falls in older people as reported in a News Brief in *JAMA*.<sup>7</sup> The brief reported the findings of a *Cochrane Database of Systematic Reviews*. The findings pointed to a significant reduction in home falls with reduced clutter, adequate lighting, and presence of stair rails. Supportive shoes, better

<sup>6</sup> <https://pubmed.ncbi.nlm.nih.gov/37000449/>

<sup>7</sup> <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013258.pub2/full>

eyeglasses, and education about fall prevention did not seem to be that effective.

My personal observations about fall prevention include the following: community sidewalks without bumps at the seams, evenly spaced stairs, and trails that are relatively free of rolling rocks or downed branches.

### **Social Vulnerability and Suicide**

A large team of investigators sought to discern whether suicide rates and social vulnerability were associated in the US.<sup>8</sup> They used two measures of social vulnerability – social vulnerability index (SVI) and social vulnerability metric (SVM). The former is determined from the ‘domains of education access and quality, health care and quality, neighborhood and built environment, social and community context, and economic stability.’ The SVM depends more on the ability of a zip-code level community to deal with a public health emergency. The team used data from 222,000 suicides in the years from 2016 to 2020 for comparison to SVI and SVM measures.

They found that the at the extremes of SVI (highest 10% and lowest 10%) people were 56% more likely to commit suicide in counties with a high social vulnerability. Using the same extremes of the SVM metric, they found that people were 82% more likely to commit suicide in the highest than in the lowest vulnerability counties.

There about 45,000 suicides per year in the US, making it the 12<sup>th</sup> most common mode of death. Of the G7 countries, the US ranks highest in the suicide rate (16.7/100,000/year).<sup>9</sup> This is about 2 ½ times higher than in the lowest country (Italy). In my opinion, these data suggest that the US needs to think about who we have become. What do other countries do that we do not do? Are we leaving too many behind to live lives of desperation, the harbinger of suicide?

<sup>8</sup> <https://www.bing.com/search?q=Social+Vulnerability+and+Risk+of+Suicide+in+US+Adults%2C+2016-2020&form=ANSPH1&refid=f4097365b94e4696947b70d2436f91ef&pc=U531>

<sup>9</sup> <https://www.theglobaleconomy.com/rankings/suicides/G7/>

## Interesting Links

Health insurance coverage is about to shrink dramatically:

<https://www.vox.com/science-and-health/2023/2/13/23582863/medicaid-health-insurance-covid-19-coverage-florida-texas?s=03>

California a state for sanctioned dentists:

<https://www.dentistrytoday.com/california-sanctuary-state-for-disciplined-dentists/>

Cutting edge of hand hygiene to reduce infection risks (SHEA):

[SHEA/IDSA/APIC Practice Recommendation: Strategies to prevent healthcare-associated infections through hand hygiene: 2022 Update](https://www.shea-online.org/idsa/apic-practice-recommendation-strategies-to-prevent-healthcare-associated-infections-through-hand-hygiene-2022-update) | Infection Control & Hospital Epidemiology | Cambridge Core

Sneaky ways healthcare profiteers try to get your data:

<https://www.statnews.com/2023/04/07/medical-data-privacy-phreesia/>

Primary care doctors on telehealth:

<https://www.commonwealthfund.org/publications/issue-briefs/2023/apr/primary-care-physicians-telehealth-2022-international-survey>

How older adults did in the U.S compared to Europe in the initial COVID wave:

<https://www.commonwealthfund.org/publications/issue-briefs/2023/apr/first-covid-wave-experiences-adults-age-50-older-us-europe>

Texas court undermines preventive health services:

<https://www.commonwealthfund.org/blog/2023/coverage-preventive-services-without-cost-sharing-jeopardy-texas-court-strikes-down-aca>

Bone tired residents, recipe for mistakes:

<https://www.motherjones.com/politics/2023/03/medical-residents-sleep-time-off-medical-training-reform/>

The hospice hustle: [https://www.propublica.org/article/hospice-healthcare-aseracare-](https://www.propublica.org/article/hospice-healthcare-aseracare)

[medicare?utm\\_campaign=socialflow&utm\\_source=twitter&utm\\_medium=social](https://www.propublica.org/article/hospice-healthcare-aseracare-medicare?utm_campaign=socialflow&utm_source=twitter&utm_medium=social)

A patient safety advocate writes about the harm from liposuction:

<https://www.patientsafetyaction.org/wp-content/uploads/2022/11/Lipo-Research-Sasha-Lauren-2022.pdf>

Private equity is swallowing healthcare:

[https://nonprofitquarterly.org/how-private-equity-is-swallowing-up-health-care-and-what-to-do-about-it/?mc\\_cid=9bbdffe143&mc\\_eid=ac89abe3bf](https://nonprofitquarterly.org/how-private-equity-is-swallowing-up-health-care-and-what-to-do-about-it/?mc_cid=9bbdffe143&mc_eid=ac89abe3bf)

Colon cancer screening in Ontario:

[https://www.cancercareontario.ca/sites/ccocancercare/files/assets/H-FIT\\_PCC\\_2742\\_ClinicalToolForProviders.pdf](https://www.cancercareontario.ca/sites/ccocancercare/files/assets/H-FIT_PCC_2742_ClinicalToolForProviders.pdf)

Patient killed in golf cart accident while being transported on hospital grounds: [https://www.beckershospitalreview.com/patient-safety-](https://www.beckershospitalreview.com/patient-safety-outcomes/patient-killed-in-golf-cart-accident-at-atrium-hospital.html?utm_medium=email&utm_content=newsletter)

[outcomes/patient-killed-in-golf-cart-accident-at-atrium-hospital.html?utm\\_medium=email&utm\\_content=newsletter](https://www.beckershospitalreview.com/patient-safety-outcomes/patient-killed-in-golf-cart-accident-at-atrium-hospital.html?utm_medium=email&utm_content=newsletter)

Deadly devices, transvaginal mesh:

<https://trusttheevidence.substack.com/p/trans-vaginal-mesh-part-1-deadly>

Gross negligence is new standard in Florida for harm to patients:

<https://www.floridamedicalrights.org/single-post/new-law-zero-accountability-for-medical-negligence-when-you-live-through-it>

The cost of gun violence in the US compared to other countries (a sobering picture of why the world thinks we are laughing stock as gun nuts):

<https://www.commonwealthfund.org/publications/2023/apr/health-costs-gun-violence-how-us-compares-other-countries>

Phony doctor treated thousands of patients in California:

<https://www.nbcnews.com/news/us-news/phony-doctor-treated-thousands-patients-years-cancer-prosecutors-say-rcna81348>

Four dead after outbreak in Seattle hospital: [4 dead, 31 infected after bacterial outbreak hits Seattle hospital \(yahoo.com\)](https://www.yahoo.com/news/4-dead-31-infected-after-bacterial-outbreak-hits-seattle-hospital-1200000700.html)

Babies die unnecessarily even in 'good' hospitals:

<https://www.bostonglobe.com/2023/04/29/metro/boston-childrens-pays-15-million-after-child-dies-during-sleep-study/#:~:text=Jackson%20Kekula%20was%206%20months,of%20errors%20by%20children%27s%20staff.&text=As%20her%206%20month%20old,place%20known%20for%20saving%20lives.>

How to prevent medication errors while hospitalized:

<https://www.ncoa.org/article/6-tips-for-medication-safety-during-an-unexpected-hospital-stay>

Patients like ChatGPT interactions better than those from doctors:

<https://studyfinds.org/empathy-chatgpt-medical-advice/>

**Answer to question: D or E. It's about 45,000 (reference #8).**



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Find past newsletters:

<http://patientsafetyamerica.com/e-newsletter/>

