

**Question:** At what age is it recommended to stop cancer screening?

- A) 65                      B) 70                      C) 75                      D) 80                      E) 85

### Communication with Patients During Hospital Discharge

A small team of investigators sought to understand how thoroughly patients were instructed in six domains important when being discharged from a hospital.<sup>1</sup> The setting was two urban teaching hospitals and each of the 33 patients in the study was observed by a trained record keeper to determine how well information was given to the patient. The six domains were as follows: reason for medication changes, follow up appointments and their purpose, self-management of disease, red flags that something is going wrong after discharge, solicitation of any questions from the patient, and teach-back to determine if the patient understood the information given.

The findings were troubling. Roughly half the time for four of the domains, the information needed was missing. Most of the patients did not receive information on red flags to watch out for, and only one patient was subjected to the teach-back procedure. The authors note that this was a small study, so any generalization should be done with reservation. Perhaps the top value of this study is its potential to inform patients about the kinds of questions they, or their advocate, should ask at discharge. It is well known that this transition, if not performed properly, can easily lead to patient harm.

### Ozempic and its Weight Loss Cousins

Unless you have been living in a remote village with no outside contact, you have probably seen Ozempic advertised for control of type 2 diabetes. It is also used by many non-diabetics for weight loss. A medical news correspondent

interviewed several MDs on the use of this drug and others related to it that compete with it for weight loss.<sup>2</sup> Ozempic, Rybelsus, and Wegovy are semaglutides that mimic the hormone that stimulates insulin production. They are all manufactured by the same drug company – Novo Nordisk. They also slow the emptying of food from the stomach, thereby decreasing appetite.



These drugs are approved for various purposes. Wegovy is the one approved for weight loss for people with a BMI above 30 or 27 with other conditions related to weight. For unclear reasons, Ozempic has received more attention. In general, weight loss should be accompanied by diet control and exercise to be most effective. The side effects of these drugs include nausea, vomiting,

<sup>1</sup> <https://pubmed.ncbi.nlm.nih.gov/36939674/>

<sup>2</sup> <https://pubmed.ncbi.nlm.nih.gov/37099334/>

diarrhea, and constipation. There also may be a risk of pancreatitis and kidney failure.

There are four other drugs approved by the FDA for weight loss. Phentermine was approved in 1959 but is less effective than semaglutides. That drug costs about \$30/month, whereas Ozempic and Wegovy cost \$900 and \$1300/month, respectively. Semaglutides work for long-term weight loss only if they are continued over the long term.

My experience with weight loss is three-fold:

1) limit the temptations to overeat, 2) practice fasting intervals, and 3) have another reason to control your weight than simply losing weight.

### **Weight Change in Older Adults and Mortality**

A large team of investigators sought an association between weight changes in older adults and subsequent mortality.<sup>3</sup> They started with 16,500 healthy, community-dwelling adults (>70 years old in Australia and >65 years old in the US). Of the participants, 1256 died over a mean observation period of 4.4 years. Body weight changes were classified as stable (Change <5%), modest change (loss or gain of 5-10%), and major change (loss or gain >10%).

The results were astonishing to me. In men, compared to those in the stable group, the all-cause mortality was 33% higher in the moderate-loss group, and 289% higher in the major-loss group. In women, compared to the stable group, the all-cause mortality was 26% higher in the modest-loss group and 114% higher in the major-loss group. Specific causes of mortality included cancer and cardiovascular disease.

This finding concerned me as I am trying to shed about 12% of my body weight based on what it was 2 years ago. I've reached about a 9% decrease. My goal is to reach a BMI of 25. Should I continue or quit? As I read about the limitations of the study, I felt reassured. The authors note that they could not distinguish between intentional or unintentional weight loss. I think that participants who developed cancer or serious cardiovascular disease during the study period may inadvertently lose weight from their illnesses. While there is an *association*, it is unclear if there is a cause-and-effect relationship. The authors conclude that physicians should be

<sup>3</sup> <https://pubmed.ncbi.nlm.nih.gov/37036703/>

aware of this association, especially in men. My primary care doctor, noting that I had lost some weight last year, asked if I had intended to do that and what actions I used. Good question!

### **High Costs Cause Medication Nonadherence**

A small team of investigators explored an important question: how frequently do people, aged 65 and older, fail to adhere to medication prescriptions due to the high cost of the medication.<sup>4</sup> They conducted a nationally representative sample of 2005 such Americans, finding that 20% of them struggle to adhere because of high cost. Extreme forms of cost cutting included doing without basic needs or going into debt.

The investigators also explored the possibility of physicians using a tool to estimate the cost of medications being prescribed. The patients accepted that help but cautioned that the tool must be a true reflection of the real costs of a medication. It may be appropriate for patients to ask their clinician if they truly need all the medications they are being prescribed. Ask for medication deprescribing to reduce costs.<sup>5</sup>

### **Blood Pressure Readings**

In a News & Analysis report in the *JAMA*, a medical writer describes the reasons that blood pressure treatment decisions must not rely solely on in-office measurements.<sup>6</sup> This is something I have harped on for some time. The author relied on a recent study of systolic bp readings in a half million people that demonstrated a 12-mmHg variability for measurements taken in consecutive office visits. There is also an understanding that in-office readings are higher than at-home readings. The writer lists three factors that could cause this elevation. Was the patient hurried before the visit, had she consumed a recent high-sodium meal, and was the patient placed in a quiet environment when the reading was taken?

As I noted last month, there are several choices for bp lowering drugs. However, the first question one must ask is whether they truly need to have their bp lowered. The second question, if the

<sup>4</sup> <https://pubmed.ncbi.nlm.nih.gov/31437309/>

<sup>5</sup> <https://www.aafp.org/pubs/afp/issues/2019/0101/p7.html>

<sup>6</sup> <https://pubmed.ncbi.nlm.nih.gov/37099281/>

first answer is ‘yes,’ is whether non-medication strategies could sufficiently lower their bp.

### **Physicians vs. an AI Chatbot in Answering Patient Questions**

The objective of a large team of investigators was ‘To evaluate the ability of an AI chatbot assistant (ChatGPT), released in November 2022, to provide quality and empathetic responses to patient questions.’<sup>7</sup> The investigators identified 195 randomly selected exchanges based on patient questions asked to live physicians in October 2022. These questions were then fed to the Chatbot, and the answers were compared to those from actual physicians. Responses were judged by a team of healthcare professionals into categories: very poor, poor, acceptable, good, and very good.

The findings were astonishing, at least to me. The evaluators preferred the Chatbot response to the physician response 79% of the time. On the empathy scale, Chatbot scored almost 10 times as many ratings of empathetic or very empathetic as the actual physicians. The authors did not propose that Chatbots could replace physicians, only that these may assist physicians in dealing with patient questions. The critical question is which will patients ultimately trust – the Chatbot or a live physician.

### **When to Stop Cancer Screening**

A patient page in *JAMA Internal Medicine* caught my attention because it addresses something I think about – when is it time to stop cancer screening?<sup>8</sup> The arguments against screening past a certain age include the realities that cancers in older individuals tend to be less aggressive than in younger people. In some forms of screening the potential harm increases with age. Finally, those with limited life expectancy are unlikely to benefit from screening.

The authors of the advice indicated that most research studies of the benefits of cancer screening do not include people older than 75 years. Consequently, there is scant evidence that screening prolongs life or quality of life in people older than 75 years. The authors opine that screening may

make sense in adults older than 75 years who have a healthy life expectancy of 10 years or more. I found a University of Connecticut site where one may calculate their healthy life expectancy: <https://apps.goldensoncenter.uconn.edu/HLEC/>. I think it is a bit optimistic.

### **Pelvic Organ Prolapse – Treatment is a Patient Centered Choice**

I tend to look out for articles with the words ‘patient-centered choice.’ This tells me that the patient is, or should be, in control of what happens to their body. Pelvic organ prolapse affects about one in eight women and is most common in the eighth decade of life. There are two basic choices: surgery or pessary. The former may involve insertion of a mesh barrier, whereas the latter involves non-surgical placement of a device that relieves the prolapse.

I read an editorial about the choice, based on a recent study showing that pessary and surgery have about the same success as measured at 24 months by the subjective Patient Global Impression of Improvement.<sup>9</sup> Subjective improvement was reported in 76% of the pessary group and 81% of the surgery group. Within each group, there are several choices depending on the nature of the prolapse and the type of pessary device in use. Both are considered quite safe; however, a wise patient should ask about the quality and source of any mesh that is proposed for surgical use. In the past, some mesh products have left women with plenty of suffering.<sup>10</sup>

### **The Supreme Court, Public Health, and the Environment**

The COVID-19 pandemic exposed the neglect the U.S. has given to maintaining public health infrastructure. According to a viewpoint in the *JAMA* by two lawyers from Georgetown University, the Supreme Court is harming public health *and* the environment.<sup>11</sup> The catalog of offences included the following: refusal to control large religious gatherings during the pandemic and

<sup>7</sup> <https://pubmed.ncbi.nlm.nih.gov/37115527/>

<sup>8</sup> <https://pubmed.ncbi.nlm.nih.gov/36912847/>

<sup>9</sup> <https://pubmed.ncbi.nlm.nih.gov/36884244/>

<sup>10</sup> <https://www.yalemedicine.org/news/transvaginal-mesh>

<sup>11</sup> <https://jamanetwork.com/journals/jama/article-abstract/2803498>

allowing evictions that helped spread the virus. The court rejected the ‘major questions’ doctrine, disallowing the EPA to move us toward clean power, instead saying that Congress, much less informed than EPA experts, should set policy. The reach of the second amendment was extended by disallowing states to rationally regulate guns.

The court allowed certain religious groups to deny same-sex couples a right to adopt children, even though the agency was publicly funded. There are many more cases coming through this year that are likely to follow suit with the decisions above. It is unfortunate that the most dishonest person to ever hold the presidency was able to choose three judges on the Supreme Court.

## Interesting Links

A doctor who almost died from blood loss:

[https://www.huffpost.com/entry/doctor-nearly-died-preventable\\_n\\_643f11b6e4b039ec4e7b1b0a](https://www.huffpost.com/entry/doctor-nearly-died-preventable_n_643f11b6e4b039ec4e7b1b0a)

DOJ in the wake of a surgeon having 21 malpractice settlements, calls for more transparency in the New Hampshire medical board:

<https://www.doj.nh.gov/news/2023/documents/20230414-summary-of-doj-board-of-medicine-review.pdf>

Countering the bogus Cochrane Review about masks not working: <https://www.scientificamerican.com/article/masks-work-distorting-science-to-dispute-the-evidence-doesnt/>

Doctor admits tele-medicine fraud:

<https://www.justice.gov/usao-edmo/pr/doctor-admits-telemedicine-fraud-st-louis>

Pandemic reporting system should continue:

<https://www.infectioncontrolday.com/view/opinion-covid-19-expanded-reporting-systems-should-continue>

Inhospitable trailer: <https://inhospitablefilm.com/>

More older Americans are dying from falls:

[https://www.upi.com/Health\\_News/2023/05/15/fatal-falls-seniors/8501683914836/](https://www.upi.com/Health_News/2023/05/15/fatal-falls-seniors/8501683914836/)

Updated Beer’s List for potentially risky medications for the elderly:

<https://agsjournals.onlinelibrary.wiley.com/doi/full/10.1111/jgs.18372>

Negotiate high cost medical bills:

<https://www.washingtonpost.com/wellness/2023/05/15/medi>

[cal-bill-negotiate-](#)

[tips/?mc\\_cid=cd0b043ff8&mc\\_eid=870964912a](#)

America’s broken healthcare system:

[file:///C:/Users/johnt/Downloads/Imprimis\\_Feb\\_3-23\\_.pdf](file:///C:/Users/johnt/Downloads/Imprimis_Feb_3-23_.pdf)

The value of narrative medicine:

<https://www.aamc.org/news/narrative-medicine-every-patient-has-story>

Concerts Super Bowl ads and push against hospital high prices:

<https://www.statnews.com/2023/05/25/billionaires-campaign-against-hospitals-fat-joe/>

View from the UK on how to reduce risk of medical devices:

<https://www.pslhub.org/learn/improving-patient-safety/equipment-and-facilities/medical-devices-new/medical-device-safety-effective-testing-is-key-r9423/>

Wild West of vascular surgery reaps high profits, endangers patients:

[https://www.propublica.org/article/maryland-dormu-minimally-invasive-vascular-medicare-medicaid?utm\\_source=sailthru&utm\\_medium=email&utm\\_campaign=dailynewsletter&utm\\_content=feature&utm\\_term=The%20Daily%20Digest](https://www.propublica.org/article/maryland-dormu-minimally-invasive-vascular-medicare-medicaid?utm_source=sailthru&utm_medium=email&utm_campaign=dailynewsletter&utm_content=feature&utm_term=The%20Daily%20Digest)

Doctors can buy their way out of trouble:

<https://www.reuters.com/investigates/special-report/usa-healthcare-settlements/>

Over prescribing of stimulants:

[https://www.medscape.com/viewarticle/991462?ecd=mkmet\\_230527\\_mscpmrk\\_pcp\\_adhd\\_etid5466840&uac=329378DZ&impID=5466840](https://www.medscape.com/viewarticle/991462?ecd=mkmet_230527_mscpmrk_pcp_adhd_etid5466840&uac=329378DZ&impID=5466840)

Polypharmacy killed my son:

<https://time.com/6280929/polypharmacy-dangers-essay/>

**Answer to question: (C) 75 years or when you have less than 10 years of healthy life expectancy.**



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Find past newsletters:

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

