



## **Patient Education January 2004**

1: J Investig Med. 2003 Nov;51(6):373-85.

Controlling blood pressure in 50% of all hypertensive patients: an achievable goal in the healthy people 2010 report?

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**BACKGROUND:** One important objective defined in the Healthy People 2010 report was to improve blood pressure (BP) control to < 140/90 mm Hg in 50% of all hypertensive patients. Because the US population is becoming older, more obese, and ethnically diverse, the health and economic benefits of reaching this goal become more valuable each year. Hypertension control rates are currently at approximately 31% of all hypertensives and have risen slowly and erratically since 1988. In the absence of a coordinated strategic plan, achieving this critically important goal for BP control is highly unlikely. **METHODS:** A selected literature review was undertaken to briefly assess the cardiovascular benefits of controlling hypertension. Greater focus was placed on variables that impact hypertension awareness, treatment, and control. The impact on hypertension control rates of theoretic changes in awareness, treatment, and control individually and collectively was examined. Four categories of potential barriers to optimizing BP control are discussed: systems, provider, patient, and treatment factors. **RESULTS:** Raising awareness to 80% of all hypertensives, ensuring treatment of 90% of aware hypertensives, and controlling BP to < 140/90 mm Hg in 70% of treated patients would achieve control rates of 50%. **CONCLUSIONS:** The barriers to achieving the Healthy People 2010 goal of controlling hypertension in 50% of all patients are formidable but appear to be resolvable with a coordinated strategic plan. Given projected demographic changes in the United States, the health and economic benefits of attaining the national goal for hypertension control would seem to merit a serious integrated effort.

Publication Types:

Review

Review, Academic

PMID: 14686641 [PubMed - indexed for MEDLINE]

**Library Program Office  
Office of Information**  
Veterans Health Administration

2: HIV Inside. 2003 Summer;5(2):1, 3-11.

Effective triage strategies for HIV/AIDS.  
[No authors listed]

Publication Types:  
Newspaper Article

PMID: 14686310 [PubMed - indexed for MEDLINE]

3: Can J Surg. 2003 Dec;46(6):408-12.

Steal syndrome complicating upper extremity hemoaccess procedures: incidence and risk factors.

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**INTRODUCTION:** Steal syndrome is a potentially grave complication of upper extremity hemoaccess (HA) in patients with renal failure. To determine the incidence and risk factors for steal in these patients at the St. Boniface Hospital, Winnipeg, a tertiary care centre for vascular surgery and dialysis, we reviewed data from patients requiring hemodialysis between September 1986 and July 2000. **PATIENTS AND METHODS:** We excluded all venous catheter and lower extremity procedures. There remained 325 upper extremity procedures in 217 patients. Data were collected from the patients' charts or by interview. First by univariate analysis and then by multivariate analysis for independent risk factors, we studied the effect on the development of steal of age, sex, race diabetes mellitus, hypertension, coronary artery disease or cerebrovascular disease, smoking, proximal procedures based on the brachial artery, distal procedures based on the radial artery, the use of prosthetic graft material and the creation of autologous fistulas. **RESULTS:** The incidence of steal was 6.2%. The significant independent risk factors were diabetes mellitus (odds ratio [OR] 5.00, 95% confidence interval [CI] 1.39-18.08,  $p = 0.01$ ) and Aboriginal race (OR 3.59, 95% CI 1.07-12.04,  $p = 0.04$ ). An increasing risk for each year of advancing age at the time of procedure was suggested but was not significant (OR 1.04, 95% CI 1.00-1.09  $p = 0.07$ ). **CONCLUSIONS:** Patients who are diabetic or Aboriginal are at increased risk for steal with upper extremity HA procedures. This knowledge can guide discussion of dialysis options and informed consent. If upper extremity HA procedures are undertaken in patients at risk, they should be closely monitored and early intervention applied if necessary.

PMID: 14680346 [PubMed - indexed for MEDLINE]

4: Diabetes Self Manag. 2003 Sep-Oct;20(5):93-4, 97.

Diabetes basics. What is diabetes?

O'Connell B, Hieronymus L.

International Diabetes Center, Minneapolis, Minnesota, USA.

PMID: 14679958 [PubMed - indexed for MEDLINE]

5: Posit Aware. 2003 Sep-Oct;14(5):13-4.

The power of brotherly love.

Green K.

Publication Types:  
Newspaper Article

PMID: 14679935 [PubMed - indexed for MEDLINE]

6: Jt Comm J Qual Saf. 2003 Dec;29(12):640-5.

John M. Eisenberg Patient Safety Awards. The LVHNN patient safety video: patients as partners in safe care delivery.

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**BACKGROUND:** In fall 2002, Lehigh Valley Hospital and Health Network (LVHNN), an 800-bed, three-site academic community hospital, embarked on an initiative to produce an educational patient safety video. **IMPLEMENTING THE INITIATIVE:** The video addresses six topics relevant to optimum patient safety: treatment plan, medication safety, falls, surgical site identification, hand washing, and discharge planning. Each segment outlines strategies that patients may employ or observations they should make to improve patient safety. **RESULTS:** Analysis of the patient survey data, which were based on 217 surveys, indicated that patients felt more comfortable talking with their health care workers about questions or concerns after viewing the video and that they rated their knowledge of patient safety higher. Patients generally rated the six sections as helpful. **DISCUSSION:** The video was intended to become an important step in the preadmission process. Releasing the video to patients and staff helped to normalize some practices that initially were not comfortable for staff (repeatedly asking an inpatient for his or her name and date of birth before administering all medications) or patients (inquiring whether a staff member has washed his or her hands). Additional methods were in development to share the video with current and prospective patients and assess its impact. The LVHNN patient safety council plans to share the video with the community at large.

PMID: 14679866 [PubMed - indexed for MEDLINE]

7: Arch Otolaryngol Head Neck Surg. 2003 Dec;129(12):1297-302.

Validation of a transfusion prediction model in head and neck cancer surgery.

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**BACKGROUND:** Allogeneic transfusions are necessary in 14% to 80% of patients undergoing major head and neck cancer surgery. Defining the risk for receiving allogeneic transfusion allows for informed decisions regarding appropriateness of type and crossmatch, preoperative autologous blood donation, and priming with erythropoietin. Based on logistic regression analysis of transfusion risk factors in 438 patients, we developed a transfusion prediction risk assessment (TPRA) model to determine the need for transfusion based on the preoperative hemoglobin value, tumor stage, and need for flap reconstruction. **OBJECTIVE:** To examine the utility of this TPRA model in clinical practice by assessing the performance of the model in a validation set of patients. **METHODS:** Between 1996 and 1999, 125 consecutive patients entered into a clinical care pathway underwent major surgical procedures. The ability of the model to discriminate between patients requiring and those not requiring transfusion was assessed using the area under the receiver operating characteristic curve. The agreement between actual and predicted risks was tested using the chi2 goodness-of-fit statistic. **RESULTS:** The overall transfusion rate was 25%. A 1-U transfusion was required in 7 patients, and multiple units were necessary for 24 patients. Flap reconstruction was required in 63 patients, 44 patients had preoperative anemia by normative values, and 64 had T3/T4 tumors. Among the low-risk non-T3/T4 patients whose preoperative hemoglobin level was normal, the actual/predicted transfusion rate without flap reconstruction was 10%/2%. For high-risk patients with T3/T4 tumors, anemia, and flap reconstruction, the actual/predicted transfusion rate was 43%/65%. The area under the receiver operating characteristic curve was 0.72. The goodness-of-fit statistic indicated lack of fit of the original model, but a recalibrated model fit the observed data well. **CONCLUSIONS:** In general, the TPRA model identifies patients at low or high risk for allogeneic transfusion and provides guidelines for preoperative counseling regarding the risk of receiving a transfusion. Knowledge of a patient's risk can help direct cost-effective utilization of type and crossmatch, preoperative autologous blood donation, and preoperative priming with erythropoietin.

Publication Types:  
Validation Studies

PMID: 14676155 [PubMed - indexed for MEDLINE]

8: Cent Afr J Med. 2000 Feb;46(2):54-5.

Drug use indicators at St Mary's Clinic.

Ball DE, Maidza J, Rusike T, Sharief K, Taderera T, Tangawarima T.

PMID: 14674211 [PubMed - indexed for MEDLINE]

9: HIV Clin. 2003 Fall;15(4):1-5.

New guidelines: clinicians should incorporate HIV prevention into ongoing care of patients.

Carney L, Dugas A.

Publication Types:  
Guideline  
Newspaper Article

PMID: 14672055 [PubMed - indexed for MEDLINE]