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Customized Briefing for Mark Smith

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Leading the News

Long-term use of loop diuretics may increase fracture risk among postmenopausal women, research suggests.

[HealthDay](#) (1/26) reported, "Postmenopausal women who use loop diuretics are at increased risk of fractures, according to" research published in the Jan. 26 issue of the *Archives of Internal Medicine*. Laura D. Carbone, M.D., the University of Tennessee Health Science Center, and colleagues "conducted a study using data from the Women's Health Initiative on 133,855 women, of whom 3,411 used loop diuretics and 130,444 did not." The researchers examined "the women's risk of falls and fractures over a mean period of 7.7 years and analyzed data on baseline and three-year bone mineral density for 300 users and 9,124 non-users of loop diuretics."

They "found no significant differences between the two groups in bone mineral density at study entry and after three years of observation," [WebMD](#) (1/26, Boyles) added. The study also revealed "no significant difference...in total fractures, hip fractures, vertebral fractures in the back, or falls when loop diuretics were used for three years or less."

But, "women who used loop diuretics for more than three years had a significant 16 percent increased risk of fractures overall and of clinical fractures other than the hip or spine," [MedPage Today](#) (1/26, Phend) noted.

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Clinical Practice

Study links cutting calories to improvements in memory.

[ABC World News](#) (1/26, story 15, 1:45, Gibson) reported, "Some intriguing new research shows that people who go on a rigid diet and drop some pounds can actually improve their memory."

The [New York Times](#) (1/27, D3, Belluck) adds that "eating fewer calories may lead to better memory," according to a study appearing in the January 26 edition of *The Proceedings of the National Academy of Sciences*. The work, "involving 50 men and women ages 50 to 72 who ranged from normal weight to overweight," may "be the first to link calorie-restricted diets with improved memory in people." For the study, a third of the subjects cut their calorie intake by 30 percent, and another third kept their calories consistent but "were instructed to increase the unsaturated fat (healthy fat) they ate by 20 percent." Meanwhile, "a third group made no dietary changes." After conducting "tests involving memorizing words," the researchers found that "the calorie-restricted group averaged 20 percent improvement in memory performance. The other groups showed no significant change."

According to [CNN](#) (1/27, Harding), subjects "who cut calories became more sensitive to the blood sugar-regulating hormone insulin and had a drop in the inflammation-associated molecule C-reactive protein." Past evidence has linked these "factors...to an improvement in brain function." Experts suggest that "increased inflammation and a drop in insulin sensitivity (which is known as insulin resistance) may help explain why obesity and type 2 diabetes have been linked to worse mental performance and a greater risk of Alzheimer's disease."

Still, lead researcher Agnes Flöel, M.D., assistant professor of neurology at the University of Munster, stated that "it is difficult to tease out whether the cognitive and memory improvements were a result of weight loss," [HealthDay](#) (1/26, Colwell) added. The team is now planning "additional studies trying to replicate their results in a larger population. Future study will also look at the correlation between calorie restriction and changes detected by MRI in the hippocampus and prefrontal cortex areas of the brain." [WebMD](#) (1/26, Stacy), the Massachusetts Institute of Technology's [Technology Review](#) (1/26, Humphries), and the U.K.'s [Telegraph](#) (1/27, Devlin) also covered the story.

Study suggests blood glucose may be linked to brain function in patients with diabetes.

[HealthDay](#) (1/26, Preidt) reported that research published in the journal *Diabetes Care* suggests that, "in people with type 2 diabetes, higher average blood glucose (sugar) levels may be linked to lower brain function." Results from the Memory in Diabetes (MIND) study found "that patients with higher levels of hemoglobin A1C (a measure of average blood glucose levels over two to three months) had significantly worse results while doing cognitive tasks that tested memory, speed, and the ability to manage multiple tasks at the same time." In addition, "higher A1C levels were also associated with lower scores on a test of global cognitive function." Still, "the researchers noted it's not yet clear whether higher blood sugar levels increase the risk for cognitive impairment or whether cognitive impairment decreases the body's ability to control blood sugar levels."

Study suggests body mass index may be linked to heart failure.

[MedWire](#) (1/27) reported that "obesity and overweight measured by body mass index (BMI), waist circumference, and waist-to-hip ratio are linked with incident heart failure," according to a study published in the journal *Circulation: Heart Failure*. Investigators "studied 14,641 individuals from the ARIC (Atherosclerosis Risk in Communities) study, which is an ongoing multiethnic population-based cohort study." All "participants are aged 45-64 years and have a median of 16 years follow-up data for incident, hospitalized, or fatal heart failure." The researchers found that "the risk for heart failure for participants in

the highest (obese) versus the lowest (normal weight) categories of BMI, waist circumference, and waist-to-hip ratio, was significantly increased." Meanwhile, "overweight participants were also at higher risk for heart failure than those who were normal weight, but the increase in risk was lower in magnitude than between obese and normal weight individuals."

Researchers investigating efficacy of combined PTSD, addiction treatment.

The [AP](#) (1/27, Neergaard) reports, "At least half of [post-traumatic stress disorder (PTSD)] sufferers smoke, and others wind up dependent on alcohol, anti-anxiety pills, sometimes even illegal drugs." But, "few clinics treat both PTSD and addictions at the same time." Some studies are now "recruiting PTSD patients -- from New England drug-treatment centers to veterans clinics in North Carolina and Washington -- to determine what combination care works." Already, a "handful of studies suggest combo care helps," and "a new report on the co-illnesses from the National Institute on Drug Abuse...argues for simultaneous treatment." The report notes that "addiction itself is a mental health disorder that causes changes in some of the same brain areas disrupted by mood and anxiety disorders like PTSD." In fact, "up to 60 percent of people in addiction treatment are estimated to have PTSD...and they're three times more likely than other patients to drop out."

Legislative News

Pelosi expects Democrats to make significant progress in healthcare reform this year.

[The Hill](#) (1/27, Young) reports, "House Speaker Nancy Pelosi (D-CA) sought to clarify that Democrats will take significant steps this year on healthcare reform after comments by one of her deputies appeared to downplay those chances." Brendan Daly, a spokesman for Pelosi, wrote that "House Democrats are already taking 'incremental steps' toward health reform." He also pointed out that "the House has already passed an expansion of the State Children's Health Insurance Program (SCHIP), and is working on an economic stimulus bill that includes provisions to shore up the Medicaid program, facilitate displaced workers maintaining their private insurance benefits, and allocate funding to other healthcare priorities."

Access to Healthcare

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Republicans push back on SCHIP, citing eligibility concerns.

The [Tampa Tribune](#) (1/27) reports, "A children's healthcare bill that set congressional Democrats against the Bush administration last year now appears headed for passage – but with Florida's two senators splitting their votes." Democrat Bill Nelson expects to vote for the State Children's Health Insurance Program (SCHIP), while his colleague, Republican Sen. Mel Martinez, "hasn't firmly decided but voted against the bill last year." Among the GOP's "arguments against the bill" are that "it doesn't require strict documentation to prevent children of illegal immigrants from receiving benefits;" it relies on "increasing tobacco taxes;" and "it raises income eligibility levels too high, allowing states to cover families up to three times the \$22,050 federal poverty level for a family of four." President Obama has indicated that he would sign the bill if passed.

The [AP](#) (1/27, Freking) explains that "Republican lawmakers tried to slow momentum for expanding a children's health insurance program Monday by arguing that a bill in the Senate would draw about 2.4 million children away from private insurance into government-sponsored coverage." Legislation in the Senate "would increase spending by \$31.5 billion over the next 4 1/2 years," an expansion that "would be paid for by increasing the federal excise tax on tobacco products." But among the provisions being opposed by Republicans, are concerns that "a third of those who gain insurance as a result of the bill would otherwise have access to private insurance" and concerns that "states like New Jersey and New York are broadening the program to families with incomes that exceed the need for government assistance." Ultimately, however, "Republicans lack the votes to block the legislation as Democrats have strengthened their majorities in Congress."

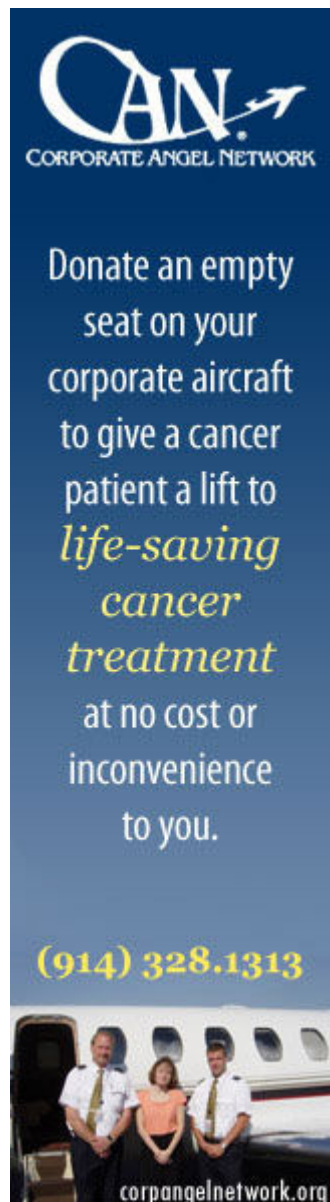
Stimulus package may include health insurance help for unemployed.

[USA Today](#) (1/27, Appleby) reports, "Laid-off workers could get help with health insurance through the stimulus package under debate in Congress. States would receive federal funds to open Medicaid health programs to the unemployed." Also, workers who were let go "between Sept. 1, 2008, and Dec. 31, 2009, could qualify for help paying 65 percent of the cost of keeping coverage under their former employers' insurance." The plan would help "workers pay for that coverage with temporary subsidies -- 12 months under the House version and nine months under the Senate's." The bill would further allow "workers 55 and older and those with at least 10 years at an employer to extend coverage under their former employers' insurance at their own expense until they reach Medicare age or get other jobs."

Pharmaceutical News

Medicare expands coverage of off-label cancer treatments.

In a front-page story, the [New York Times](#) (1/27, A1, Abelson, Pollack) reports, "Medicare, with little public debate, has expanded its coverage of drugs for cancer treatments not approved by the Food and Drug Administration." In doing so, the Centers for Medicare and Medicaid Services (CMS) increased "the number of reference guides" that it "relies on for determining which off-label uses of cancer drugs to cover." Under the new rules, "adopted in the final months of the Bush



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administration," when "at least one of [the guides] recommends a cancer treatment, Medicare is essentially obliged to pay for it," even if "there is little clinical evidence behind a particular recommendation." Officials contend that the move is in response "to cancer doctors' concerns that the agency has been too slow to recognize promising new off-label treatments." The American Society of Clinical Oncology "hailed the new rules, saying they will ensure that the appropriate off-label uses are covered," and "drugmakers say they welcome the Medicare changes."

However, critics of the new policies contend that the guides "could be influenced by their ties to the companies that make drugs," the [Wall Street Journal](#) (1/27, Armstrong) adds. According to experts, "two of the compendia are funded, in part, by pharmaceutical concerns and a third uses reviewers with financial relationships to drugmakers." One of the guides, "published by the National Comprehensive Cancer Network (NCCN), a group of hospitals, relies on panels of experts to review drugs." Half of the experts, however, "had financial ties with a cancer drugmakers." For its part, the NCCN stated that "it limits the potential for industry bias by disclosing the conflicts and making sure panels are large enough to prevent undue influence by a single voice."

More Americans went without prescribed drugs in 2007 as costs increased, survey suggests.

[MedPage Today](#) (1/26, Fiore) reported, "The cost of prescription drugs is proving a barrier to many Americans well before they reach Medicare age, even as young as childhood, according to a survey issued" by the Center for Studying Health System Change (HSC). The HSC's "findings came from the organization's Health Tracking Household Survey of 10,400 persons covering ages 19 to 64 and 2,600 children." The researchers found that "in 2007, more than 36 million children and working-age patients bypassed a prescription because of cost concerns...an increase of 11.7 million from 2003. Prior to that year, the number of patients with unmet drug needs remained steady." In addition, "more than a quarter of working-age adults with a chronic condition -- such as diabetes or COPD -- reported unmet drug needs in 2007, compared with 13 percent of those without a chronic condition."

Healthcare Technology

Research suggests computerized record-keeping may lower mortality, costs.

[Bloomberg News](#) (1/27, Waters) reports, "Putting patients' health records on computer systems instead of handwritten paper charts reduces medical complications, deaths and costs, according to a study of 41 Texas hospitals." The paper appearing in the *Archives of Internal Medicine* lends "support [to] President Barack Obama's campaign proposal that spending \$50 billion a year for five years on technology for electronic records would save money." During the study, researchers at Johns Hopkins University asked doctors at 41 Texas hospitals "whether they used computers to keep patient notes, order medications, list test results, and track the reasons for other aspects of patients' care." Investigators "found that the hospitals where doctors made the greatest use of electronic records had lower death rates, cheaper costs, and shorter lengths of stay."

Furthermore, "when computers replace paper, patient mortality rates drop 15 percent during hospitalization, among other metrics," according to [Modern Healthcare](#) (1/26, Conn). In addition to the lower mortality rates, "hospitals with higher scores for computerized order-entry systems posted 55 percent lower odds of death for patients undergoing surgery for coronary artery bypass grafts and nine percent lower odds of death for patients with myocardial infarction."

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