Clinical Briefs in Primary Care™

Evidence-based updates in primary care medicine

By Louis Kuritzky, MD

Supplement to *Clinical Cardiology Alert, Clinical Oncology Alert, Critical Care Alert, Hospital Medicine Alert, Infectious Disease Alert, Neurology Alert, OB/GYN Clinical Alert, Primary Care Reports.*

Volume 19, Number 8 Pages 15-16 August 2014

Pain and Fall Risk Assessment in Cognitively Impaired Nursing Home Residents

Source: Burfield AH, Cooper JW. Assessing pain and falls risk in residents with cognitive impairment: Associated problems with overlooked assessments. *Ann Long-Term Care: Clin Care Aging* 2014; 22:36-41.

In senior citizens, there may be an underrecognized link between pain and falls. Even if this link is not as strong as suspected, assessments for both need to be enhanced since in the nursing home, pain and falls are key quality measures.

More than half of nursing home residents fall each year, comprising 20% of all fall-related deaths. Cognitively impaired nursing home residents are 4-5 times more likely to fall than age-matched cognitively intact individuals.

Overall, the prevalence of pain syndromes in nursing home residents is approximately 30%. The impact of cognitive impairment upon pain reporting is clear when it is recognized that reporting of pain is essentially half as frequent among persons with severe cognitive impairment as compared to the nursing home resident population as a whole. Despite cognitive impairment, clinical trial data indicate that almost two-thirds of severe dementia patients can meaningfully utilize at least one pain scale.

Falls in nursing home residents are often attributed to psychoactive medications such as sedatives, antiparkinsonian agents, anticonvulsants, opioid analgesics, and antihistamines. There are several lines of evidence to suggest that review and potential revision of psychotropic agents can have a positive effect. In one study, daily administration of acetaminophen 3g allowed reduction of psychotropics by 75%. Similarly, a trial of psychotropic substitution with buspirone as a preferred anxiolytic resulted in reduced falls and was even associated with improved cognition. The authors provide a two-page *Checklist of Nonverbal Indicators of Chronic Pain/Fall Risk Assessment Guideline* with permission for free use by clinicians. ■

PSA Screening: Maybe You Saw the Movie 'NeverEnding Story'?

Source: Carroll PR, Vickers AJ. Point/Counterpoint: Early detection of prostate cancer: Do the benefits outweigh the consequences? *J Natl Compr Canc Netw* 2014;12:768-771.

The most recent lecture presentation I gave to an audience of clinicians about prostate cancer in May was titled: "Prostate Cancer: Game Over." And yet it seems that this controversy may be far from over. Presentations at the American Urological Association in Orlando in 2014 confirm the continued ambivalence about whether/how/when we should be addressing prostate cancer screening.

No one disagrees that routine prostate-specific antigen (PSA) screening can lead to overdiagnosis: that is, identification of disease destined to have no ultimate impact on the life span or well-being of the patient. New 2014 guidelines from the National Comprehensive Cancer Network (NCCN) include a more restricted PSA level indication for biopsy (> 3.0 ng/mL), less frequent testing, and restriction of biopsy to palpable abnormalities that are "highly suspicious" rather than "minor abnormalities." Use of PSA velocity, particularly at very low PSA levels, is now recognized to also lead to overdetection. Finally, active surveillance for low-risk disease is advocated by the NCCN.

Despite the availability of data representing more than 230,000 men from two recent randomized, controlled trials (PLCO and ERSC) that do *not* support the ability of PSA screening to reduce mortality, the issue continues to stimulate debate. ■

Screening for Lung Cancer in Asbestos Workers

Source: Ollier MD, et al. Chest CT scan screening for lung cancer in asbestos occupational exposure: A systematic review and meta-analysis. *Chest* 2014;145:1339-1346.

The united states preventive services Task Force (USPSTF) has endorsed screening for lung cancer in selected smokers by means of a series of three low-dose CT scans. This Level B endorsement has met with some resistance. The Medicare Advisory Panel has reviewed the evidence (2014), including a 20% reduction in lung cancer mortality and a 7% reduction in total mortality seen in the National Lung Screening Trial (n = 53,454), and has not advocated paying for screening. A similar position has been taken by the American Academy of Family Physicians,

whose position statement expresses doubt about the achievable benefits in typical clinical settings.

Asbestos workers, even when nonsmokers, are recognized to be at increased risk of lung cancer. Ollier et al reviewed data from seven clinical trials in which chest CT scans were used to screen former asbestos workers (n = 5074). Within this population, 49 cases of asymptomatic lung cancer were found, of which about one-third were stage 1, indicative of high potential for cure.

The prevalence of lung cancer detected among asbestos workers (1.1%) was quite similar to that found in the National Lung Screening Trial (1.0%). This would lead to the conclusion that specifically screening asbestos workers might be at least as beneficial as screening the recommended population of smokers suggested by the USPSTF guidance. ■

Another Win for Bariatric Surgery in Type 2 Diabetes

Source: Sjostrom L, et al. Association of bariatric surgery with long-term remission of type 2 diabetes and with microvascular and macrovascular complications. *JAMA* 2014;311:2297-2304.

Currently required FDA labeling for oral hypoglycemic agents includes the following wording: "There have been no clinical studies establishing conclusive evidence of macrovascular risk reduction with _____ or any other antidiabetic drug." Since cardiovascular events are the No. 1 cause of death in type 2 diabetes, what does work?

The Swedish Obese Subjects study is a prospective trial that enrolled patients for bariatric surgery vs "usual care" between 1987-2001, and continues to follow their outcomes. Surgical interventions include nonadjustable banding (n = 61), vertical banded gastroplasty (n = 227), and gastric bypass (n = 55).

Remission of type 2 diabetes subsequent to surgery was impressive: At 2 years, 72% of surgical patients remained in remission, and at 15 years, still 30% of type 2 diabetes patients were in remission (compared with 16% and 7%, respectively, in the "usual care" group). Both microvascular complications (twice as frequent in the control group) and macrovascular endpoints (32% fewer in the surgical group), favored bariatric surgery patients.

The evidence accumulating on bariatric surgery has been consistently favorable, including perioperative 90-day mortality rates of < 1%. Benefits of bariatric surgery are prompt and enduring. ■

Hemospermia: What's the Outcome?

Source: Zargooshi J, et al. Hemospermia: Long-term outcome in 165 patients. *Int J Impot Res* 2014;26:83-86.

The presence of blood in the semen is an unsettling experience for men and usually stimulates prompt consultation. Fortunately, this research article by Zargooshi et al provides very reassuring outcomes data.

From a general urology clinic in Iran, the investigators included all patients with hemospermia seen in their outpatient clinic over a 16-year span (n = 165). Mean age of the subjects was 38 years, but almost 20% of subjects were over age 50. Mean follow-up was 7 years. Study subjects underwent ultrasound of the testes and abdomen, and laboratory evaluation. In the absence of positive findings, subjects were empirically treated with a course of a fluoroquinolone plus a nonsteroidal anti-inflammatory drug (NSAID).

Pathology was discerned in only 3 of 165 patients: one case of tuberculosis, one case of bladder cancer, and one case of ejaculatory duct stones. The authors point out that during the 15-year span of the study, no patient developed life-threatening disease, and post-treatment recurrences were rare.

According to this trial, if hemospermia resolves after a course of antibiotics and NSAIDs, further investigation is unlikely to disclose meaningful pathology. Full evaluation should be reserved for recurrences or other high-risk indicators. ■

Weighing the Risk:Benefit Equation of Azithromycin for Pneumonia

Source: Mortensen EM, et al. Association of azithromycin with mortality and cardiovascular events among older patients hospitalized with pneumonia. *JAMA* 2014;311:2199-2208.

Azithromycin is generally considered to be an antibiotic associated with a low risk of important adverse effects, reflecting its frequent use in diverse outpatient disorders such as sinusitis, otitis, and bronchitis. It has been recently recognized that azithromycin is uncommonly associated with QT prolongation, which could — at least in theory — lead to cardiac toxicity. Contradicting that belief are at least two large data sets that failed to identify any cardiovascular risk signal.

Mortensen et al performed a retrospective cohort study in older patients (≥ 65 years of age; mean age = 77.8 years) who had been hospitalized with pneumonia to compare outcomes in patients who had been treated with azithromycin (n = 31,863) vs other antibiotics (n = 31,863).

Ninety-day mortality was found to be *lower* in the group who had been treated with azithromycin than in the group who had been treated with comparator antibiotics (odds ratio [OR] = 0.73). Even though there was a small relative increased risk of myocardial infarction (OR = 1.17; absolute event rate increase = 0.7%) in the azithromycin group, this was not sufficient to counteract the overall mortality advantage.

Because the population from which these data were drawn included only Veterans Administration patients, subjects were almost exclusively male (98.2%). Nonetheless, no differences in outcomes were discerned between genders (female study population, n = 1134). ■

Clinical Briefs in Primary Care™ is published monthly by AHC Media, LLC.
Executive Editor: Leslie Coplin.
Editor: Stephen Brunton, MD.
Managing Editor: Neill L. Kimball.

Subscriber Information
Customer Service: 1-800-688-2421
E-Mail Address: neill.kimball@ahcmedia.com
World Wide Web: www.ahcmedia.com
Address Correspondence to: AHC Media, One Atlanta Plaza, 950 East Paces Ferry Road NE, Suite 2850, Atlanta, GA 30326.

AHC Media