

Medicine

Aspirin not panacea

■ Though millions of Americans take aspirin daily to reduce chances of heart disease and stroke, doctors recently found that aspirin doesn't work the same for everyone. Researchers have identified patients with aspirin resistance, in whom aspirin doesn't have the same blood-thinning effect it does in others. Without the blood-thinning effect, aspirin has no bearing on reducing heart attack risk. One researcher found that approximately 10% to 30% of patients don't respond to aspirin. These aspirin-resistant patients may need higher doses of aspirin or different drugs. Researchers believe more studies are needed to determine how best to treat aspirin-resistant patients.

Source: Bazell, R.: "Not all heart patients benefit from aspirin," MSNBC. Available online: <http://www.msnbc.msn.com/id/5479610>.

Lipid-lowering meds may reduce fatal heart attacks

■ Researchers set out to determine the potential benefits of lipid-lowering medications after major noncardiac surgery. Doctors consider lipid-lowering medications a key component in the primary and secondary prevention of cardiovascular disease. Researchers based their study on the hospital discharge and pharmacy records of 780,591 patients from 329 hospitals. While doctors use lipid-lowering medications as primary and secondary methods of cardiovascular disease prevention, this study is unique in that it's the first large-scale effort to suggest these medications may benefit patients around the time of noncardiac surgery. When patients hospitalized for major noncardiac surgeries received lipid-lowering medications, their risk of in-hospital mortality was reduced by 38%. A 1% absolute reduction of hospital mortality also occurred.

Source: Lindenauer, P., et al.: "Lipid-Lowering Therapy and In-Hospital Mortality Following Major Noncardiac Surgery," JAMA. 291:2092-2099, 2004.

Recent critical care guidelines

■ The Society of Critical Care Medicine released guidelines that aim to improve patient safety and specialty training. For the inter- and intrahospital transport of patients, the association determined the following: Each hospital should have a formalized plan that addresses pretransport coordination and communication, transport personnel, transport equipment, monitoring during transport, and documentation. A multidisciplinary team should develop the transport plan, evaluating and refining it regularly using a standard quality improvement process.

The guidelines regarding training and continuing medical education call for a continuum of education in critical care medicine, from residency, through specialty training, to practice. They aim to facilitate standardization of physician education in critical care medicine. The guidelines' authors believe physicians' training should include a structured process that incrementally transfers higher levels of decision-making, ensures continuous training in aspects of practical care, and provides training in administrative functions of the intensive care unit.

Source: Warren, J., et al.: "Guidelines for the inter- and intrahospital transport of critically ill patients," Critical Care Medicine. 32(1):256-262, 2004.

Dorman, T., et al.: "Guidelines for critical care medicine training and continuing medical education," Critical Care Medicine. 32(1):263-272, 2004.

Controlling patient pain

■ While pain is common in many hospitalized patients, populations at low risk for pain haven't yet been identified. Researchers aimed to study the prevalence of pain and pain control sat-

isfaction in a general medicine inpatient population to find out if they were at low risk for pain. Of the 5,584 patients studied, 59% reported pain ranging from severe to mild. Patients with sickle-cell crisis were the most likely to report significant pain, while those with syncope were the least likely. Less than 30% of the patients without high-risk characteristics for pain reported experiencing it. Approximately 82% of patients were satisfied with their pain treatment, 11% were somewhat satisfied, and 6.7% were dissatisfied. Experts concluded that although patient characteristics were weak predictors of pain, significant pain was common even in lowest risk populations.

Source: Whelan, Chad T., Jin, L., and Meltzer, D.: "Pain and Satisfaction with Pain Control in Hospitalized Medical Patients," Archives of Internal Medicine. 164:175-180, 2004.

Follow-up study yields new data

■ Experts sought to evaluate the time to onset and the predictors of atrial fibrillation (AF) during long-term follow-up of patients with typical atrial flutter (AFL) treated with transisthmic ablation. They investigated 383 patients, 75% of which were men, with a mean age of 61. Researchers found that AF occurred in a large proportion of patients after transisthmic catheter ablation of typical AFL. AF occurrence was progressive during follow-up. Younger age (less than 65 years old) and prior atrial enlargement were predictive factors in the study. The study's authors recommend that doctors advise patients of the risk of recurrent symptoms and late atrial fibrillation. They suggest close follow-up, even if the transisthmic ablation is successful. **NM**

Source: Bertaglia, E., et al.: "Long-term follow-up of radiofrequency catheter ablation of atrial flutter: clinical course and predictors of atrial fibrillation occurrence," Heart. 90:59-63, 2004.