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Privileged Communication

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Improving the Care of Stroke Patients

Just because national guidelines are published on the care that should be provided to different patient populations does not mean that physicians are going to change their practice to incorporate these guidelines into their daily care. For this reason, the American Heart Association, American Stroke Association and the Centers for Disease Control undertook a quality improvement project called 'Get with the Guidelines-Stroke" to improve adherence to the national guidelines. A similar, highly successful program was done in 2001 with coronary artery disease.

All US hospitals were eligible to participate in this program. Workshops were used to increase the knowledge of the best practices for patients with TIAs [transient ischemic attacks, also known a mini-strokes] and strokes and the hospital teams implemented these guidelines.

- From April 2003 to July 2007, a total of 790 hospitals participated, with a total of 322,847 patients with TIAs or strokes.

- There were 7 individual outcomes that were measured before the program and 5 years afterward. The percentage of patients receiving guidelines-based care are below:

    - IV clot busting medications received within 2 hours of symptoms [increased from 42.09% to 72.84%]
    - Antithrombotic medication [prevents clots] within 48 hours of admission [increased from 91.46% to 97.04%]
    - Deep vein thrombosis prophylaxis administered within 48 hours for nonambulatory patients [increased from 73.9% to 89.54%]
    - Antithrombotic medication provided on discharge [increased from 95.68% to 98.88%]
    - Anticoagulation for atrial fibrillation provided on discharge [increased from 95.03% to 98.39%]
    - Treament of LDL [bad cholesterol] concentrations greater than 100mg/dl [increased from 73.63% to 88.29%]
    - Counseling or medication for smoking cessation [increased from 65.21% to 93.61%]

- The greatest improvements were seen in larger hospitals, teaching hospitals and hospitals with the highest annual stroke discharge rates. ■

Source: www.Medscape.com

Accidental Overdoses with Methadone

Methadone has been used since the 1970s to treat drug abuses such as Heroin. In more recent years though it has been used to treat chronic pain. The FDA issued an advisory in February 2007 and repeated it again in their February 2008 issue of Patient Safety News.

The FDA Advisory reports that there has been reports of life-threatening events and death in patients receiving Methadone for pain control. Part of the reason for this is the physicians prescribing methadone for pain relief may not fully understand the drug's pharmacology and potential adverse effects. Methadone, like other

opioids causes respiratory depression. But in addition, it can also have effects on the conduction of the heart, leading to serious arrhythmias. It also interacts with many other drugs, some of which can slow the body's elimination of Methadone and increase the likelihood of overdose and adverse effects related to respiratory depression or serious heart rhythm disturbances.

"Overdoses can also occur because methadone remains in the body much longer than the drug's analgesic effect lasts." So if a patient takes more methadone to extend the duration of pain relief, they may be putting themselves at serious risk.

When Methadone is prescribed patients should be educated that:

- they should not take more Methadone than prescribed or sooner than prescribed.
- if their pain is not relieved at the prescribed dose, they should contact their doctor.
- it may take several days after starting Methadone to get pain relief.
- they should seek medical attention right away if they experience palpitations, dizziness, lightheaded or fainting.
- they need to tell their doctor about other medications they may be taking to identify possible drug interactions. ■

Source: FDA Patient safety News at www.fda.gov/psn

Understanding Psychiatric Diagnosis

Have you ever tried to read a psychiatric consult note or psychiatric records and wondered what was meant by the Axis I-V classifications? Below are brief explanations.

Axis I- Mental health disorders like major depression, or generalized anxiety disorder

Axis II- Personality Disorders

Axis III- Medical Conditions

Axis IV- Stressors that could contribute to above conditions

Axis V- Global Assessment of Functioning [GAF is a numeric scale from 0-100, that mental health professionals use to subjectively rate the person's social, occupational and psychological functioning.

With a GAF below 60 there is moderate impairment in their functioning and with a score of 40 or below, the person has major impairment of functioning and could be admitted to a psychiatric ward. ■

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