June, 2012

Heart to Heart

An e-bulletin created especially for healthcare providers

In the News . . .

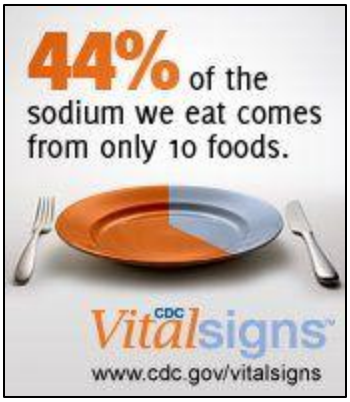
As America's Waistline Expands, Costs Soar

U.S. hospitals are ripping out wall-mounted toilets and replacing them with floor models to better support obese patients. The Federal Transit Administration wants buses to be tested for the impact of heavier riders on steering and braking. Cars are burning nearly a billion gallons of gasoline more a year than if passengers weighed what they did in 1960. The additional medical spending due to obesity is double previous estimates and exceeds even those of smoking, a new study shows.

Make the Call. Don't Miss A Beat.

What do you know about heart attack symptoms? Take a short quiz and find out. What you know could save someone's life-maybe your own or a loved one's. Learn more today! Have you seen the Des Moines bus signage?

All about Sodium . . .



Higher Sodium Intake Leads to Higher Stroke Risk, New Study Finds

A new study published in the April edition of *Stroke* found that high sodium intake is associated with an increased risk of stroke, independent of vascular risk factors. The study, "Dietary Sodium and Risk of Stroke in the Northern Manhattan Study," assessed four ranges of sodium intake among 2,657 participants over 10 years – ≤1,500 mg sodium/day, 1,501 to 2,300 mg/day, 2,301 to 3,999 mg/day, and ≥4,000 mg/day. Average sodium intake was reported as 3,031 mg/day; participants who consumed ≥4,000 mg sodium/day had an increased risk of stroke compared to those who consumed ≤1,500 mg/day. The study also found that a 500 mg/day increase in sodium intake corresponds to a 17% increased risk of stroke. The study may be found here: http://stroke.ahajournals.org/content/43/5/1200.full. "Less Salt and Less Risk of Stroke," a related editorial, may be found here: http://stroke.ahajournals.org/content/43/5/1195.full.

What about Stroke and Heart Attack . . .

New! Interactive Risk Factor Tool

Patient education tool about the most common risk factors for stroke. This easy-to-use learning tool interactively shows how complicated risk factors, such as atrial fibrillation, affect the body and increase risk for stroke. View it now.

New AHA/ASA Guideline on Aneurysmal Subarachnoid Hemorrhage

Patients diagnosed with aneurysmal subarachnoid hemorrhage (aSAH) in hospitals that manage fewer than 10 cases per year should be considered for immediate transfer to a hospital that treats at least 35 cases a year, according to updated guidelines on management of aSAH from the American Heart Association/American Stroke Association (AHA/ASA).

Lives, Money Saved by Protocol-Guided Transfusion Use

Statewide implementation of a protocol for managing the intraoperative and postoperative use of blood products with cardiac surgery not only cut down on transfusion-related clinical risks, as would have been expected, it saved money.

HDSP Heart Disease & Stroke Prevention

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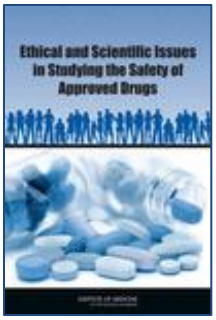
What's new from IOM ?



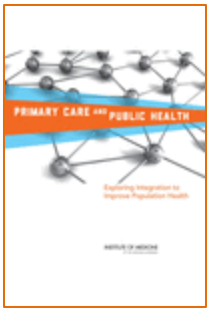
Ethical and Scientific Issues in Studying the Safety of Approved Drugs

In any given month, an estimated 48 percent of Americans take at least one prescription drug. Prescription drugs are crucial for preventing and treating diseases and improving the public's health, but they can also have unintended harmful effects. Often, their benefits and risks cannot be fully identified until after a drug has been used by a large, diverse group of patients over time, mainly because clinical trials conducted before approval may be too small or too short to detect all possible risks. The IOM concludes that the FDA's current approach to drug oversight in the postmarket setting is not sufficiently systematic and does not ensure that it assesses the benefits and risks of drugs consistently over the drug's life cycle. Adopting a regulatory framework that is standardized across all drugs, yet flexible enough to adapt to regulatory decisions of differing complexity, could help make the agency's decision-making process more predictable, transparent, and proactive.

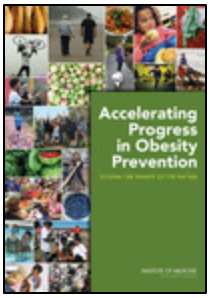
For the Public's Health: Investing in a Healthier Future

The poor performance of the United States in life expectancy and other major health outcomes, as compared with its global peers reflects what the nation prioritizes in its health investments. It spends extravagantly on clinical care but meagerly on other types of population-based actions that influence health more profoundly than medical services. The health system's failure to develop and deliver effective preventive strategies continues to take a growing toll on the economy and society.
In 2009, the IOM formed a committee to consider three topics related to population health: data and measurement, law and policy, and funding. In this final report, the IOM assesses both the sources and adequacy of current government public health funding and identifies approaches to building a sustainable and sufficient public health presence going forward, while recognizing the importance of the other actors in the health system, including clinical care, governmental public health, and others.

Primary Care and Public Health: Exploring Integration to Improve Population Health



This report calls for primary care physicians and public health professionals to overcome the traditional gap separating their respective disciplines as a means of ensuring the health of populations. Better collaboration would comprise sharing of data between professionals in the two disciplines to improve chronic disease prevention and treatment,
The report recommends ways that the Centers for Disease Control and Prevention and the Health Resources and Services Administration could foster integration between primary care and public health through funding, policy levers, and other means.



Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation

Two-thirds of adults and one-third of children are overweight or obese. Left unchecked, obesity's effects on health, health care costs, and our productivity as a nation could become catastrophic. The staggering human toll of obesity-related chronic disease and disability, and an annual cost of $190.2 billion for treating obesity-related illness, underscore the urgent need to strengthen prevention efforts in the United States. The Robert Wood Johnson Foundation asked the IOM to identify catalysts that could speed progress in obesity prevention. The IOM evaluated prior obesity prevention strategies and identified recommendations to meet five goals and accelerate progress .

HDSP
Heart Disease & Stroke Prevention

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