

Literature Update in Hospital Medicine

William Southern, MD, MS, SFHM^{a,*}, Bradley A. Sharpe, MD, SFHM^b,
Romsai Tony Boonyasai, MD^c

KEYWORDS

- Evidence-based medicine • Perioperative medicine • Anticoagulation
- *Clostridium difficile* • Antibiotic usage

This article provides hospitalists with the opportunity to read and understand the most compelling recent research relevant to the practice of hospital medicine. To identify articles to be included in this update the authors independently reviewed the literature for peer-reviewed articles that were published from March 2012 to March 2013. In addition to Medline searches, the authors examined Journal Watch and the American College of Physicians Journal Club reviews of articles. In total, 111 original articles were identified and reviewed. Next, each article was ranked independently by each author in importance (3-point scale) based on the likelihood that it would:

1. Change practice or teaching
2. Modify practice or teaching
3. Confirm practice or teaching

The 9 articles with the highest scores were included in the review. In addition, the authors included 1 additional bonus article that they thought would be of interest.

^a Division of Hospital Medicine, Department of Medicine, Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, NY 10467, USA; ^b Department of Medicine, UCSF, 505 Parnassus Avenue, Box 0131, San Francisco, CA 94143, USA; ^c Department of Medicine, Johns Hopkins University School of Medicine, 1830 East Monument Street, #8047, Baltimore, MD 21287, USA

* Corresponding author.

E-mail address: wsouther@montefiore.org

HOSPITAL MEDICINE CLINICS CHECKLIST

1. Perioperative statins reduce perioperative myocardial infarctions, atrial fibrillation, and length of stay.
2. Statin use does not increase the risk of intracranial hemorrhage.
3. New oral anticoagulant agents are superior to warfarin in preventing stroke in patients with atrial fibrillation, and may have a better safety profile.
4. In patients with an acute upper gastrointestinal (GI) bleed, the threshold for red blood cell transfusion should likely be a hemoglobin less than 7 g/dL.
5. In patients who have an acute GI bleed while on warfarin, restarting the warfarin after a week may lead to fewer thromboses and lower mortality without increasing the bleeding risk.
6. Patients admitted to the hospital with an exacerbation of chronic obstructive pulmonary disease should receive antibiotics in addition to bronchodilators and steroids.
7. Patients with low English proficiency should receive professional interpreter services on hospital admission.
8. Unnecessary proton pump inhibitors should be discontinued and their use should be limited to patients who cannot tolerate other acid suppression therapies.
9. Treatment with a 7-day course of oral ciprofloxacin should be considered for patients with acute, uncomplicated pyelonephritis.
10. Dogs may be trained to accurately detect *Clostridium difficile* infection by sense of smell on hospital wards.

What effects do perioperative statins have on myocardial infarction, atrial fibrillation, death, and length of stay?

Chopra V, Wesorick DH, Sussman JB, et al. Effect of perioperative statins on death, myocardial infarction, atrial fibrillation, and length of stay. Arch Surg 2012;147(2):181–9.

BACKGROUND/PURPOSE

Despite advances in anesthetic and operative techniques, cardiac complications of surgery are common. Although tools exist to identify patients at high risk for perioperative complications, there are few proven medical interventions to reduce the risk. The purpose of the analysis was to determine the effects of statins, administered in the perioperative period, on the risk of myocardial infarction, atrial fibrillation, death, and length of stay (LOS).

STUDY DESIGN

The investigators performed a systematic review and meta-analysis of 15 randomized, controlled studies. The primary outcomes were perioperative myocardial infarction, perioperative atrial fibrillation, perioperative death, and LOS. The 15 studies examined were determined to be of high quality.

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