



Adult Acute Care

Jan./Feb. '99

Bulletin

2

**ASA Addresses
Physician-Assisted
Suicide, End-of-Life Care**

Age Matters

**Men Less Likely to
Report Severe Asthma
Symptoms Than Women**

3

**Outlook Bright for US
Asthma/COPD
Prescription Drug
Market**

**Coalition Helps
Consumers Make
Informed Decisions
About HMOs**

**Are They Deaf - or Are
We the Problem?**

**New Test May Identify
Those At Highest Risk of
Death from Congestive
Heart Failure**

**Drug Reverses
Osteoporosis from Lung
Transplants**

4

**Weight Training Builds
Bone Strength for
Transplant Patients**

**Survey Points to
Deficiencies in Health
Care System**

**TB Patients May Do
Better on Their Own**

American Association
for Respiratory Care

Adult Acute Care Section To Benefit From Electronic Mailing List

The Adult Acute Care Section now has an electronic mailing list that members can use to communicate with their colleagues around the country. For those of you who are unfamiliar with the electronic "listserver," here's how it works:

You type and send one message to the mailing list and your message is automatically delivered to the emailboxes of all other section members who have signed up for the listserver. They, in turn, can answer your email by writing and posting a public response to the mailing list.

To access this new membership benefit, you must first "subscribe" to the list. However, do not misunderstand this term – you are not paying for a subscription in the typical sense of ordering a publication. (You have already paid for the privilege of accessing the listserver via the dues you pay to belong to the section.) All it means is that you are adding yourself to the mailing list of recipients.

Here's how to subscribe:

1. Sign on to AARC Online (<http://www.aarc.org>) and then click on "Members Area" at the left of the opening screen. Then click on "AARC Specialty Sections." When

prompted to put in your Name and Password, type in your AARC member number beside Name, then type in your member number again beside Password and click "OK." Note: If your membership number begins with a zero (e.g., 01234567), do not enter in the first zero. Begin entering in your membership number with the first non-zero number.

2. Click on "Adult Acute Care Section" and reenter your membership number as described above.
3. Follow the directions for subscribing to the listserver found on the section's site.

You must be a member of the section in order to participate in the discussions. If you are an AARC member but not a member of the section, you can join the section at any time using the online membership application found at: https://www.respiratory.org/membership/active_form.html.

Just fill out the portion relating to Specialty Section membership. Alternatively, you may call the AARC Membership Department at (972) 243-2272 and join with a Visa or MasterCard. ■

Hot List Topics: AARC Times Wants Your Input

AARC Times is looking for clinical topics to feature during 1999 and is asking the members of our section to help come up with a "hot list." What are the key issues that we would like to see featured in the magazine over the coming year? Please take a minute to jot down

the topics you would most like to read about in '99 and e-mail them to *AARC Times* Editor Marsha Cathcart at cathcart@aarc.org. If you would like to write on one of those topics, please let Marsha know and she'll get back to you with the details regarding article submission. ■

End-of-Life Care May Be Changing

A new study from investigators at the Veterans Administration Medical Center in White River Junction, VT, contradicts conventional opinion that end-of-life decisions are driven by technology and

don't take the wishes of the patient and family into account. When they surveyed 131 ICUs in 110 hospitals in 38 states to

"End-of-Life Care" continued on page 2

"End-of-Life Care" continued from page 1

determine the frequency of cardiopulmonary resuscitation and other end-of-life measures, they found significant use of compassionate care.

During the six-month study period, 6,303 patients died, 393 of whom were

brain-dead. Of the remaining 5,910 patients who died, 1,544 received full ICU care, including failed CPR. Another 1,430 received full ICU care without CPR, 797 had life support withheld, and 2,139 had life support withdrawn.

The study did find, however, significant differences between ICUs. In some,

death followed failed CPR more than 75% of the time while in others CPR was attempted prior to death in less than 5% of the cases. (American Journal of Respiratory and Critical Care Medicine, 10/98) ■

ASA Addresses Physician-Assisted Suicide, End-of-Life Care

The American Society of Anesthesiologists (ASA) has issued a position statement on end-of-life care stating that proper care for a terminally ill patient should include adequate pain relief but

no physician-assisted suicide. Noting that physician-assisted suicide is not compatible with the role of a physician, the ASA suggests the use of current treatments that can allow a terminally ill patient to be treated adequately for the pain and distressing symptoms that may occur near the end of life.

Says ASA President John B. Neeld, Jr., MD, "Making a patient more comfortable with less anxiety and without pain can be achieved with the many treatments, techniques, and medications available today." The ASA believes fur-

ther improvements in end-of-life care can be made by:

- Educating and training patients, families, health care workers, and physicians to promote available, compassionate, comprehensive, and interdisciplinary end-of-life care.
- Improving the care of terminally ill patients by minimizing the depression, sense of abandonment, and the loss of control often described by patients near the end of life.

(ASAnews release, 10/21/98) ■

Adult Acute Care Bulletin

is published by the
**American Association
for Respiratory Care**
11030 Ables Lane
Dallas, TX 75229-4593
(972) 243-2272
FAX (972) 484-2720
e-mail: info@aarc.org

Kelli Hagen

AARC communications coordinator

Debbie Bunch

Bulletin managing editor

Edwards Printing

Bulletin typesetting

Section Chair

John M. Graybeal, CRTT
531-8568

FAX (717) 531-4110

e-mail: rabbitfarm@yahoo.com

Chair Elect

Dennis Hastings, RRT
772-8190

Medical Advisor

Frederick A. Oldenburg, MD (ACCP)
942-6096

Bulletin Editor

Nicholas Widder, RRT
Lead Therapist, Department
of Respiratory Care
Carolinas Medical Center
PO Box 32861
Charlotte, NC 28232
Phone (704) 355-2389
Fax (704) 355-8185
e-mail: NAWidder@aol.com

Age Matters

The level of lung function that asthmatics can attain after treatment with inhaled steroids or bronchodilators appears to be limited by aging, say Italian researchers who studied 50 asthmatics with a mean age of 59.7 years and 51 others with comparable disease duration and baseline functional impairment who had a mean age of 35.7 years.

All of the participants underwent spirometry and a bronchodilator test with 200 mcg. of inhaled salbutamol. Those

whose FEV1 values were not at least 85% of predicted were given a four-week course of inhaled steroids.

Upon reevaluation, researchers found that while the difference in maximum response following steroid or bronchodilator treatment was not statistically significant between the older and younger patients, mean lung function attainable after treatment was significantly lower in the older age group. (Chest, 11/98) ■

Men Less Likely to Report Severe Asthma Symptoms Than Women

Researchers from the US and Canada who looked at nearly 1,300 asthma patients treated in 36 emergency departments found that men are far less likely than women to report severe asthma symptoms. Although men had more severe airway obstruction than women (53% vs. 41%), the males in the group reported less frequent and distressful symptoms and less severe activity limitation. If the men had moderate airway obstruction, they were far less likely than women to report severe asthma symptoms (52% vs. 74%), severe distress (34% vs. 51%), and activity limitation (26% vs. 46%).

Only patients diagnosed with acute asthma were enrolled in the research project. The age of the patients ranged from 18 to 54, with the average age being 35.

Sixty-six percent were women. Airway obstruction was measured by peak expiratory flow rate, then categorized as mild, moderate, or severe. Patients were asked to rate asthma symptoms (including frequency, distress, and activity limitation) during the previous 24 hours.

Investigators said the findings may partially explain gender differences in health care utilization (i.e., women are much more apt to seek out medical care), because patients with moderate airways obstruction—where the differences were the greatest—require more physician discretion in deciding asthma care. However, the investigators say it is not clear if the gender differences are based on physiological, psychological, or other factors. (Source: CHEST, October 1998 Supplement; 114(4S): 257) ■

Outlook Bright for US Asthma/COPD Prescription Drug Market

US sales of prescription therapeutics for asthma and COPD exceeded \$2.6 billion in 1997, and double-digit revenue growth has been achieved in the last three years, according to the Asthma/COPD Market Annual, a new report from Richards Communications

that closely examines the challenges and opportunities currently facing the industry. The report cites the rising incidence of the diseases and new product launches as key drivers of the market. For example, the incidence of both asthma and COPD has increased 75% since

1980, and six new chemical entities, a new therapeutic category, and three new delivery devices have been approved since the beginning of 1996. (PRNewswire, 11/5/98) ■

Coalition Helps Consumers Make Informed Decisions About HMOs

A coalition of patient advocacy groups placed ads titled "What You Don't Know About Your HMO Might Hurt You" in California's major daily newspapers last fall to help consumers make informed decisions when choosing a health plan. The campaign was sponsored by the International Patient Advocacy Association, Congress of California Seniors, and Citizens for the "Right to Know."

Scheduled to coincide with Califor-

nia's open enrollment period, the advertisement instructed consumers to ask the following questions of their health plan and their doctor:

- Can I see the doctor of my choice?
- Will the HMO cover the medicines I rely on to stay healthy without restrictions?
- Does the HMO place financial pressure on my doctor and limit my access to care?

Consumers were also directed to a web site (www.rtk.org) where they could search by health condition, drug class, or specific drug name to determine access restrictions placed on medications by California's HMOs and find general information about how to choose a health plan and what to do if they encounter a difficulty with their plan. (PRNewswire, 10/23/98) ■

Are They Deaf - or Are We the Problem?

Researchers from Brandeis University have found that the occasional difficulties that older adults have in following conversation may arise from simple background noise and mile-a-minute talkers rather than from failing hearing, which affects fewer than 40 percent of those over age 75. The double whammy of fast speech and a noisy background –

such as when a health care practitioner fires off speedy instructions in a loud emergency room – causes seniors' speech comprehension to lag behind that of their younger peers.

The group found that when testing took place in the quiet of a speech lab, there were no differences in the ability of undergraduates and older adults to deci-

pher speech. But when the din of 20 chattering voices was superimposed over the headphone-fed passages that test subjects were trying to decipher, seniors' ability to process speech dropped off more rapidly than their younger counterparts.

A report on the study appeared in a recent issue of *Psychology and Aging*. (Science Daily, 10/23/98) ■

New Test May Identify Those At Highest Risk of Death from Congestive Heart Failure

British investigators have found that measuring heart rate variability (HRV) over the course of one 24-hour period may help identify which individuals with congestive heart failure are at highest risk of dying from the condition within a year.

In the study, people with the lowest HRV whose fastest heart rate was not much different from their slowest heart rate were three times more likely to die than individuals with the highest HRV. The annual death rate of people with the

lowest HRV was 51.4% compared to 5.5% for those with the highest HRV. People whose HRV was between the two extremes had an annual death rate of 12.7%. (Circulation) ■

Drug Reverses Osteoporosis from Lung Transplants

A University of North Carolina at Chapel Hill study indicates that treatment with the drug Pamidronate can lead to about a 10% reversal of bone loss caused by immuno-suppressant drugs taken by cystic fibrosis patients who have under-

gone lung transplants.

Twenty-two of 35 lung transplant patients completed the two-year Pamidronate treatment study at the university, noting an overall increase in their femur mineral densities of 9% and an

overall increase in spine mineral densities of 11% when compared with control subjects who received no Pamidronate. (Science Daily, 10/20/98) ■

Weight Training Builds Bone Strength for Transplant Patients

Unlike other transplant patients who develop brittle bones after surgery from anti-rejection drugs, lung patients often acquire the problem long before they reach the operating room because the anti-inflammatory and steroid medications used to treat their lung conditions can cause bones to thin.

Long-term studies have shown that pumping iron can counteract rapid bone loss in patients after an organ transplant. But for the first time, it appears the regi-

men also can help lung patients awaiting surgery, say University of Florida researchers. A lung transplant candidate who volunteered for the weight training program because he was concerned about being refused a life-saving lung transplant due to his advanced osteoporosis increased his lower spine and hip bone mass by 3%. During the twice-a-week training program, he exercised on eight different machines, each time performing one set of low back exercises that isolate

the lumbar spine, considered especially important because up to 35% of transplant patients end up with bone fractures in that area.

His results mirrored those found among heart transplant patients who followed the same exercise routine post-surgery to restore bone mineral density levels to their pre-surgery levels. (Science Daily, 10/15/98) ■

Survey Points to Deficiencies in Health Care System

A new survey from Baylor College of Medicine in Houston, TX, paints a gloomy picture of the average American's opinion of health care today. Among other findings, the survey showed that:

- 83% expect that the number of people unable to afford medical care when they are seriously ill will increase in the next five years.
- 84% expect the number of people who will not be able to get specialty care when they are seriously ill to increase in the next five years.
- Nine out of ten, including physicians and employers, expect an increase in the number of people who will not be able to pay for nursing home care or home care in the coming years.
- 78% think there will be an increase in the number of people who will be unable to afford medical care for a seriously ill child.
- 30% fear that their employers will stop providing health care insurance or severely limit coverage in the future.

The survey captured the perspectives of four critical health care stakeholder groups – the general public, physicians, corporate employers, and legislators. It was commissioned by Baylor College of

Medicine in partnership with Texas Children's Hospital and conducted by Louis Harris & Associates, Inc.

According to the survey, there is also widespread concern about America's uninsured and underinsured. This seems particularly unsettling with regard to children, but Americans are worried about adults as well. For instance:

- Nearly eight out of ten adults fear that the number of uninsured children will increase over the next five years.
- Nearly nine out of every ten Americans believe government should provide health insurance coverage to children who need it.
- 74% want government to provide insurance coverage to all adults who need it.

The public's concern about future changes in employer medical coverage apparently seems to be well-founded. The survey revealed that in the next five years, 92% of employers are likely to make one or more of the following changes in quality of coverage:

- Shift more employees into managed care plans.
- Employ more part-time workers and/or shift full-time workers to part-time jobs without health care benefits.

- Introduce a defined contribution plan for employees.
- Shift more retirees into managed care plans.
- Introduce a defined contribution plan for retirees and/or drop some or all health care coverage to employees, dependents, or retirees.

The survey showed that almost half of the public believes that a major change is needed and that more than 80% are willing to vote for a candidate who is willing to support legislation to improve the quality of health care. But people don't trust either the private sector or the government alone to solve the problem. Nearly 90% of Americans believe that the answer to America's health care problems lies in a public and private sector partnership.

The survey also revealed that congressional staffers don't understand the public's worry about the future of health care. For example, 42% of the public and 33% of doctors said the current system suffers major problems and is in need of dramatic change. However, only 25% of congressional staffers concurred. (PRNewswire, 11/23/98) ■

TB Patients May Do Better on Their Own

Public health officials have long believed that direct observation of therapy for some tuberculosis patients was necessary in order to ensure compliance with the medical regimen. Researchers from South Africa who studied patients being treated at five clinics near Cape Town, however, found that patients who were permitted to take their medication

without supervision were just as likely to complete the therapy as those who were directly observed.

All the patients in the study were directly observed during medication administration for two weeks, then randomly assigned to either a directly observed or self-supervision group. Fifty-four percent of the patients in the

directly observed group completed treatment compared to 60% in the self-supervision group. Interestingly, among those patients who were being re-treated, compliance was significantly higher in the self-supervision group (74%) than in the directly observed group (42%). (Lancet 1998;352:1326-1327) ■