

May 2010



Please add newsletters@npdinc.com to your address book to ensure future delivery of NorthPoint Domain newsletters to your inbox (not bulk or junk folders).

NorthPoint Domain Inc.
One Joy Street
Boston, MA
02108-1403 USA

(800) 603-1420

www.northpointdomain.com
memberservices@npdinc.com

Interactivity, Multimedia Improve Informed Consent

Authors cite improved patient understanding and reduced patient anxiety

An interactive computer program (IMP) provides better patient understanding than standard consent (SC) for radical prostatectomy (RP), according to a study published on the *BJU International* website.

Surgeons have legal and ethical obligations regarding the informed consent process for surgical procedures. Patients considering radical prostatectomy need to fully understand the procedure, alternatives, potential oncological outcomes, and complications, including erectile dysfunction and incontinence. Patients should also have the opportunity to revisit the risks and benefits after their initial urological consultation. The authors say that the standard consent process, which is often a verbal description of the procedure and its complications by the physi-

cian, fails to ensure that patients have understood the information. Although there are considerable multimedia resources available to physicians, the authors found little data regarding their effect on informed consent. Thus with the current study, the authors

sought to compare an interactive multimedia presentation with SC.

Forty men undergoing RP randomly received SC or IMP, which was followed by a 26-item test regarding the procedure and its implications.

After taking the test, the groups were crossed and re-tested. SC involved verbal interaction and discussion with physicians and nurses. IMP provided animated information on these topics, and included multiple-choice questions about key points. Patients could not progress until they responded correctly, and were required to review the informa-

After the groups switched, the IMP group maintained their scores and the SC group improved their scores by an average of 11 percent.

continued on page 2

... Interactivity, Multimedia Improve Informed Consent
continued from page 1

tion following incorrect responses before repeating the question.

Patients who used the IMP answered a mean of 78 percent of test questions correctly as compared to the SC group, which answered a mean of 57 percent of the questions correctly. After the groups switched, the IMP group maintained their scores and the SC group improved their scores by an average of 11 percent. In addition, 67 percent of participants rated the IMP as easy to use or very easy to use. Although the data are limited, the authors note that patients appeared satisfied with the IMP approach, and the IMP “thus appears likely to enhance the surgeon-patient re-

lationship.” In addition, the IMP can record individual patients’ responses, which “might help the surgeon to identify any core misunderstandings that require more in-depth explanation,” they write.

Source: Gyomber D, Lawrentschuk N, Wong P, et al. 2010. Improving informed consent for patients undergoing radical prostatectomy using multimedia techniques: a prospective randomized crossover study. Published on March 19, 2010 on the *BJU International* website.

Continuous Flow LVAD Improves Function, Quality of Life in Advanced Heart Failure Patients

Similar improvements were seen for both bridge to transplant and destination therapy patients

Continuous flow left ventricular assist devices (LVADs) provided clinically relevant improvements in functional capacity and quality of life (QOL) in advanced heart failure patients, according to the results of a study published in the *Journal of the American College of Cardiology*.

Pulsatile volume displacement left ventricular assist devices are becoming a standard therapeutic option for patients with advanced heart failure, say the authors. Newer

continuous flow LVADs have shown improved functional class and QOL measures. However, no detailed analysis with a large number of patients has been performed. Thus, the authors undertook the current study to evaluate the impact of a continuous flow LVAD in 655 patients with advanced heart failure on QOL and functional capacity for up to 24 months of circulatory support.

This study establishes a benchmark against which other medical and device therapies can compare.

The authors analyzed data from the HeartMate II LVAD bridge to transplant (281 patients) and destination therapy (374 patients) trials. Patients in the bridge to transplant (BTT) trial had New York Heart Association (NYHA) functional class IV heart failure symptoms and were listed as high priority for transplant. Patients

in the destination therapy (DT) trial had NYHA functional class IIIB and IV symptoms and were ineligible for transplantation and refractory to optimal medical management. Exclusion criteria for

both trials included severe renal, pulmonary, or hepatic dysfunction, active uncontrolled infection, a mechanical aortic valve, aortic insufficiency, an aortic aneurysm, other mechanical circulatory support (except an intra-aortic balloon pump), and technical obstacles thought by the investigator to pose excessive surgical risk. Functional status included NYHA functional class, 6-minute walk distance, and patient activity

continued on page 4

... Continuous Flow LVAD Improves Function, Quality of Life ...
continued from page 3

scores. Quality of life scores were determined using the Minnesota Living With Heart Failure (ML-WHF) and Kansas City Cardiomyopathy Questionnaires (KCCQ), which participants completed before and after implantation.

Compared with baseline, LVAD patients demonstrated early and sustained improvements in functional status and QOL. Following implantation, 82 percent of BTT patients, 80 percent of DT patients at 6 months and 79 percent of DT patients at 24 months improved to NYHA functional class I or II. Mean 6-minute walk distance in DT patients was 204 meters in patients able to ambulate at baseline, which improved to 350 meters at 6 months and 360 meters at 24 months. There were also significant and sustained improvements from baseline in both BTT and DT patients in median MLWHF scores and KCCQ overall summary scores.

Recent studies have documented 1-year survival rates of 73 percent in BTT patients and 1- and 2-year survival rates of 68 and 58 percent

among DT patients supported with continuous flow LVADs, but the authors note that “a majority of patients with advanced heart failure express a strong desire for improvements in quality of life and functionality, even at the expense of longevity.” Although the current study has limitations, treatments “targeted to the stage D heart failure population must focus on patient-centric outcomes that include reduction of symptom burden and improved ability to perform activities of daily living.” They conclude that, “This study establishes a benchmark against which other medical and device therapies can compare.”

Source: Rogers JG, Aaronson KD, Boyle AJ, et al. 2010. Continuous flow left ventricular assist device improves functional capacity and quality of life of advanced heart failure patients. *Journal of the American College of Cardiology* 55(17):1826-1834.

Hot Topic Highlights

Cardiology Domain recently posted the following Hot Topics to your website:

Sleep Apnea May Increase Stroke Risk

People who experience sleep apnea are at increased risk for stroke compared to those who do not have the condition, according to a study published on the *American Journal of Respiratory and Critical Care Medicine* website. In addition, the study suggests that a man's stroke risk increases with sleep apnea severity. After following 5,422 participants for an average of 8.7 years, researchers found that, compared with men with mild sleep apnea, men with severe sleep apnea had an almost 3-fold increased risk for stroke. Stroke risk increased only among women with the most severe sleep apnea.

Source:

Redline S, Yenokyan G, Gottlieb DJ, et al. 2010. Obstructive sleep apnea hypopnea and incident stroke: The Sleep Heart Health Study. Published on April 8, 2010 on the *American Journal of Respiratory and Critical Care Medicine* website.

Polyunsaturated Fat May Help Decrease Heart Risk

People who replace saturated fat with polyunsaturated fat may decrease their risk for cardiovascular events, such as heart attack and stroke, according to the results of a study published on the *Public Library of Science Medicine* website. The analysis, which included 13,614 participants, revealed that those who replaced saturated fats with polyunsaturated fats had a 19 percent decreased risk for coronary heart disease-related events compared to those whose diets remained unchanged. For every 5 percent increase in polyunsaturated fat intake, CHD risk decreased by 10 percent.

Source:

Mozaffarian D, Micha R, Wallace S. 2010. Effects on coronary heart disease of increasing polyunsaturated fat in place of saturated fat: a systematic review and meta-analysis of randomized controlled trials. Published on March 23, 2010 on the *Public Library of Science Medicine* website.