

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 physician, 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

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

review the information 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 relationship.” 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.

Long-term Survival after Stroke Predicted by Age and Infarct Severity

After 3 years, older patients and those with severe initial stroke were more likely to have died

Initial stroke severity and age predict 3-year survival after first-ever ischemic stroke, according to the results of a study published recently in *Clinical Neurology and Neurosurgery*. The influence of age was not as strong in cases of severe stroke.

Being able to accurately estimate stroke progression and mortality has great value for patient care, prevention, research, and more. Prior studies on prognostic factors showed varied results, and little data existed on the Asia region, which contributes approximately 60 percent of the world's total stroke mortality.

The authors of the current study thus set out to prospectively assess outcomes at a large medical center in southern Taiwan.

Three hundred sixty men and women (average age 65 years, 207

men) who were admitted to the Department of Neurology at Chang Gung Memorial Hospital, Kaohsiung, between September 1998 and October 1999 were included in the study. All participants were diagnosed with first-ever ischemic stroke (had no history of stroke or transient ischemic attack) and

had stroke onset within 48 hours before admission. Each patient had his or her stroke severity rated according to the NIH Stroke Scale (NIHSS). Data on age, sex, functional independence as measured by the Barthel Index, comorbidity, smoking, congestive heart failure, valvular heart disease,

atrial fibrillation, and history of cardiac disease were also recorded. Median patient follow-up time was 43.4 months.

The authors found the overall 30-day, 1-year, and 3-year mortality

NIHSS score proved to be an accurate predictor of severity as well as mortality: patients with scores of 7 to 15 had nearly 2.5 times the risk of death as patients with scores of 0 to 6, and patients with scores of 16 to 38 had a more than 300 times greater risk of death.

continued on page 4

... Long-term Survival after Stroke Predicted by Age ...
continued from page 3

rates to be 6.9 percent, 12.2 percent, and 20.6 percent, respectively. At 3 years, 37.4 percent of those with non-lacunar stroke had died, while only 8.9 percent of those with lacunar stroke had died. Each advancing year of age increased mortality by 8 percent, but this effect tapered off in patients with severe stroke. NIHSS score proved to be an accurate predictor of severity as well as mortality: patients with scores of 7 to 15 had nearly 2.5 times the risk of death as patients with scores of 0 to 6, and patients with scores of 16 to 38 had a more than 300 times greater risk of death. The authors also noted that home- or community-based care (as compared to institution-based care) after discharge was protec-

tive against mortality for 6 months. More research is necessary, but they write that "age and initial stroke severity were the main prognostic factors on long-term survival for patients with first-ever ischemic stroke as demonstrated by previous studies elsewhere."

Source: Chang K-C, Lee H-C, Tseng M-C, Huang Y-C. 2010. Three-year survival after first-ever ischemic stroke is predicted by initial stroke severity: a hospital-based study. *Clinical Neurology and Neurosurgery* 112:296-301.

Hot Topic Highlights

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

Physical Activity Reduces Stroke Risk in Women: Study

Moderate physical activity appears to decrease the risk of stroke in women, according to a study published recently in *Stroke*. Vigorous exercise did not have the same effect. Greater amounts of total leisure-time physical activity were correlated with lower risk of overall and ischemic stroke. A significant relationship between more time spent walking and walking speed and less risk of total and hemorrhagic stroke was found, and a smaller but significant (inverse) relationship between walking and ischemic stroke was found.

Source:

Sattelmair JR, Kurth T, Buring JE, Lee IM. 2010. Physical activity and risk of stroke in women. Published on April 6, 2010 on the *Stroke* website.

Statin Just as Effective as Combination Therapy for People with Diabetes

Two cardiovascular drugs are not more effective than one at preventing heart attack and stroke in most patients with type 2 diabetes, according to a study published recently in *The New England Journal of Medicine*. Study participants were followed for an average of 4.7 years. Risk of heart attack, stroke, or death was 2.2 percent in the statin plus fibrate group and 2.4 percent in the statin alone group. Increases in LDL ("bad") cholesterol and decreases in HDL ("good") cholesterol were similar, within 1 or 2 milligrams per deciliter.

Source:

Ginsberg HN, Elam MB, Lovato LC, et al. 2010. Effects of combination lipid therapy in type 2 Diabetes mellitus. Published on March 14, 2010 on the *The New England Journal of Medicine* website.