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Web 2.0 Diabetes Portal Enhances Patient Information Retrieval and Disease Management

Forum should be open and providers should log in frequently

According to a study published recently in the *Journal of Medical Internet Research*, Web 2.0 portals have great potential for supporting patients, both young and old. Clinical practitioners should be educated further on the use of these helpful interactive web tools.

Web 2.0 allows users to develop and manage content, which is a big step from the earlier Web 1.0. Healthcare organizations such as the World Health Assembly have encouraged the use of Web 2.0 in developing interventions for vulnerable groups. Prior research suggested that children with diabetes needed better patient information and access to services; and that adults with the condition who interacted with Internet-based interventions had improved health, education, and quality of care. The authors of the current study were interested in

this population and thus sought to assess patient and parent attitudes toward a local Swedish portal tailored to those with type 1 diabetes.

The portal, called Diabit, was developed over several years based on input from both patients and healthcare professionals. Launched in the spring of 2006, it contained diabetes-related information including educa-

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tional videos and extensive text pages as well as social networking functions like message boards and blogs. Diabit was targeted toward both adolescents and parents. For patients younger than age 12 years, the portal was targeted

at parents. A total of 16 mothers, 3 fathers, and 5 young patients (ages 11 to 18 years) completed an essay on their experiences using the portal over a period of about 2 years. They were asked two main questions, about their subjective successes and failures

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using the site, and their responses were coded using qualitative content analysis.

The authors found that participant attitudes toward Diabit could be categorized into three main groups: the management tool, the generator, and the gatekeeper. As a disease management tool, respondents said they were able to search for and find information relevant to them and that they trusted the information they found. They especially valued being able to find answers to difficult questions focusing on sensitive areas, such as anxiety and fear. As a generator, they valued the ability for the portal to generate more information than expected as well as their own ability to share information that was mediated by other users. The respondents also viewed the por-

tal as a gatekeeper, which to them was negative. They expressed difficulty logging in and following password procedures.

Overall, the test group found Diabit to be very informative and helpful. They suggested having a more open forum to reduce password issues and the feeling of stigmatization; they also suggested having providers log in frequently to update information and show that they are invested in the patient's progress.

Source: Nordfeldt S, Hanberger L, Bertero C. 2010. Patient and parent views on a Web 2.0 diabetes portal – the management tool, the generator, and the gatekeeper: qualitative study. *Journal of Medical Internet Research* 12(2):e17.

Study Questions Use of Oxygen for MI Patients

Some trial data show the practice may be harmful

According to a review published in the *Cochrane Database of Systematic Reviews*, there is no conclusive evidence to support the routine use of inhaled oxygen in patients with acute myocardial infarction (AMI).

Most clinical guidelines recommend the use of oxygen for MI patients, although some guidelines have noted that the recommendation is not evidence-based. Providing supplemental oxygen to patients with AMI is believed to improve oxygenation of ischemic myocardial tissue and reduce pain, infarct size, and morbidity and mortality. The authors of the current study say that this “pathophysiological reasoning has face validity,” but although plausible, the practice may have harmful effects, including the paradoxical effect of reducing coronary artery blood flow and increasing coronary vascular resistance. Citing uncertainty regarding oxygen

use, the authors systematically reviewed randomized controlled trials to establish whether the practice improves patient outcomes, particularly pain and death.

The review yielded three randomized controlled trials conducted between 1976 and 2005 and included 387 patients with 14 deaths. Oxygen use was associated with a relative risk of death of 2.88 in an intention-to-treat analysis and 3.03 in patients with confirmed MI. Oxygen

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use did not appear to affect pain, as measured by analgesic use (relative risk for analgesic use of 0.97).

The authors write that none of the three trials demonstrated that oxygen therapy does more good than harm on clinical outcomes. “We believe there is a need for a randomised controlled trial to establish the effectiveness of, or harm from, the administration of oxygen to patients with AMI,” they conclude.

Source: Cabello JB, Burls A, Emparanza JI, et al. 2010. Oxygen therapy for acute myocardial infarction. *Cochrane Database of Systematic Reviews* 6:CD007160. DOI: 10.1002/14651858.CD007160.pub2.

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Hot Topic Highlights

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

Many Patients Don't Take Blood Thinners after Stent Placement

A study published in *Circulation: Cardiovascular Quality and Outcomes* found that one in six people who receive a medicated coronary stent fail to take the anticlotting medication clopidogrel (Plavix), more than doubling their risk for heart attack and death. The study of 7,402 men and women found that patients who delayed filling a prescription had a 54 percent greater risk for heart attack or death than patients who filled their prescriptions at discharge.

Source:

Ho PM, Tsai TT, Maddox TM, et al. 2010. Delays in filling clopidogrel prescription after hospital discharge and adverse outcomes after drug-eluting stent implantation. *Circulation: Cardiovascular Quality and Outcomes* 3:261-266.

Lowering Cholesterol May Lengthen Your Life

Physicians have known for some time that lowering cholesterol levels can help you avoid heart disease, but now it looks like it helps you live longer, too. A study published in the *Annals of Surgery* found that patients with decreased LDL cholesterol had an increased life expectancy compared with those who didn't. The study compared 838 men and women who randomly received diet instruction or diet instruction and an ileal bypass. After 25 years of follow-up, participants in the surgery and diet group had an increased life expectancy of 1 year compared to those who modified only their diet.

Source:

Buchwald H, Rudser KD, Williams SE, et al. 2010. Overall mortality, incremental life expectancy, and cause of death at 25 years in the Program on the Surgical Control of the Hyperlipidemias. *Annals of Surgery* 251(6):1034-1040.