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Tweeting About Healthcare

Using social media in the medical field is a growing practice

The use of the social media platform Twitter in the healthcare arena is a new concept, one that physicians and hospitals are starting to implement, according to a report published recently in *Telemedicine and e-Health*.

Social media has exploded in recent years, and practitioners are starting to take notice. Chat rooms, blogs, and RSS feeds led to social networking through Facebook and LinkedIn, which has led to one of the newest phenomena, Twitter. Members can enter messages — called “tweets” — of 140 characters or less and send them out to anyone who is following that account; they can also follow any other members’ tweets. Social media is often thought of as entertainment only, but it can be a useful clinical tool as well. With monthly use estimated at nearly 6 million, its potential as a mechanism for communication is great.

In the early stages of healthcare application, Twitter is being used by individual physicians, hospitals, and public health organizations. Individually, it allows clinicians to communicate with each other or office staff about appointments, scheduling, and other administrative issues.

Medical information can be exchanged on Twitter so that one physician may benefit from hear-

ing about another physicians’ area of expertise or experience with a certain drug. Pharmaceutical companies and conference organizers are starting to send out tweets as well,

which provide up-to-the-minute product development and event news. As one physician said, “It’s a great way to stay posted on medical topics that are relevant to my practice.” Providers must keep an eye toward privacy when tweeting with individuals, however. Reminding patients that Twitter is not the forum for personal questions or discussions may be necessary.

Social media has much potential, though its true clinical value is not yet established.

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Some hospitals are adopting Twitter as a vehicle to market themselves, share updates, and answer questions about events and expansion. By steering readers toward their website, press releases, and relevant articles in the news, hospitals can use Twitter as a self-promotion tool. And because research shows that more than half of patients between the age of 25 and 34 years (and a growing percent of other age groups) are influenced by social media, it is a line of communication that could reach many thousands of consumers.

The Centers for Disease Control and Prevention is one of the first major public health organizations to utilize Twitter, which was used during the H1N1 flu outbreak. They have emphasized their three Twitter feeds as a source of up-to-date, reliable information,

and they target their messages so that readers can choose a topic to follow what is most relevant to them. This type of communication tool lends itself to quick bursts of relevant data, which may be especially helpful during crises.

Social media has much potential, though its true clinical value is not yet established. Drawbacks include privacy and ownership/objectivity issues and a tendency toward gossipy, irrelevant content. As its use increases and more discussion occurs, outlets like Twitter may find themselves at the forefront of medical innovation — or fallen by the wayside.

Source: Terry M. 2009. Twittering healthcare: social media and medicine. *Telemedicine and e-Health* 15(6):507-510.

Sirolimus- and Paclitaxel-Eluting Stents Comparable for Left Main Coronary Artery Disease

Both stents have similar rates of death, myocardial infarction, revascularization, and stent thrombosis

In patients with left main coronary artery disease undergoing drug-eluting stent (DES) implantation, sirolimus-eluting stents (SES) and paclitaxel-eluting stents (PES) have similar long-term clinical outcomes in terms of death, myocardial infarction (MI), repeat revascularization, and stent thrombosis, according to the results of a study published in the *Journal of the American College of Cardiology*.

The authors note that coronary artery bypass graft surgery (CABG) has been the treatment of choice for patients with unprotected left main coronary artery (LMCA) disease. Improved interventional techniques have led physicians to reconsider percutaneous coronary intervention (PCI) for LMCA disease. In addition, the availability of DES, which significantly reduce restenosis and re-

peat revascularization rates, has led to interest in left main stenting. Finding few comparisons of long-term outcomes among currently available DES, the authors undertook the current study to evaluate long-term clinical

outcomes after implantation of SES or PES among patients with unprotected LMCA disease.

The authors followed 858 consecutive patients with LMCA stenosis, 669 of whom were treated with SES and 189 of whom were treated with PES between May 2003 and June 2006.

The adjusted risk of primary composite outcome was similar among groups for the primary outcome, which was a composite of death, MI, target vessel revascularization, and stent thrombosis. The two groups also had similar rates for each component of outcome. The authors conclude that although the SES and

Randomized trials with long-term follow-up are required to clarify the long-term efficacy and safety of DES implantation compared with CABG for treatment of unprotected LMCA disease.

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PES showed similar long-term clinical outcomes, “Randomized trials with long-term follow-up are required to clarify the long-term efficacy and safety of DES implantation compared with CABG for treatment of unprotected LMCA disease.”

Source: Lee JY, Park D-W, Yun SC, et al. 2009. Long-term clinical outcomes of sirolimus- versus paclitaxel-eluting stents for patients with unprotected left main coronary artery disease. *Journal of the American College of Cardiology* 54:853-859.

Cardiology Domain Article Updates

The following Patient Literacy Center articles were recently updated and reviewed by the Cardiology Domain Medical Advisory Board. The updated articles have been added to the websites of subscribers to the Cardiology Domain Patient Literacy Center. For information about becoming a Patient Literacy Center Subscriber, contact your Member Services Advisor at (800) 603-1420.

- Angioplasty/Stenting
- Atrial Arrhythmias
- Echocardiographic Stress Testing
- Metabolic Syndrome
- Pericardial Disease
- Tilt Table Testing

Hot Topic Highlights

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

Heartburn Medications Do Not Decrease the Effectiveness of Plavix

Taking acid-reducing medications called proton pump inhibitors (PPIs), such as omeprazole (Prilosec, Losec), lansoprazole (Prevacid), and rabeprazole (Aciphex), may not decrease the effectiveness of blood-thinning medications such as clopidogrel (Plavix) and prasugrel (Effient), according to the results of a study published on the *Lancet* website. The findings of the current study contradict the results of a study published earlier this year, which found that patients who took this drug combination were at increased risk for a second heart attack.

Source:

O'Donoghue ML, Braunwald E, Antman EM, et al. 2009. Pharmacodynamic effect and clinical efficacy of clopidogrel and prasugrel with or without a proton-pump inhibitor: an analysis of two randomized trials. Published on September 1, 2009 on the *Lancet* website.

American Heart Association Urges Avoidance of Added Sugar

Americans need to reduce the amount of sugar in their diets, according to a scientific statement issued by the American Heart Association (AHA), which was published in the journal *Circulation*. High intake of added sugars is linked with several cardiovascular risk factors, such as obesity, high blood pressure, and high cholesterol. The statement recommends that women limit their added sugar intake to 100 calories (25 grams or 6 teaspoons) per day and men limit theirs to 150 calories (37.5 grams or 9 teaspoons) per day.

Source:

Johnson RK, Appel LJ, Brands M, et al. 2009. Dietary sugars intake and cardiovascular health: A scientific statement from the American Heart Association. *Circulation* 120:1011-1020.