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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, schedul-

ing, and other administrative issues. Medical information can be exchanged on Twitter so that one physician may benefit from hearing 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 priva-

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*continued on page 2*

... Tweeting About Healthcare  
*continued from page 1*

cy when tweeting with individuals, however. Reminding patients that Twitter is not the forum for personal questions or discussions may be necessary.

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.

## Carotid Restenosis More Common After Endovascular Treatment

**Endarterectomy for a stenotic internal carotid artery is associated with better outcomes**

**C**arotid restenosis is three times more likely in patients who undergo endovascular treatment as opposed to endarterectomy, according to a study published in the October issue of the *Lancet Neurology*. Endovascular therapy was also found to increase the risk of cerebrovascular events.

Prior research from the Carotid and Vertebral Artery Transluminal Angioplasty Study (CAVATAS) had indicated a greater risk of early restenosis in patients randomly assigned to endovascular treatment, but long-term effects were unknown. The authors of the current study thus set out to analyze a subset of data from CAVATAS, to assess long-term outcomes associated with endovascular and surgical therapy. Data from 200 patients who had endovascular treatment and 213 patients who had endarterectomy for a stenotic internal

carotid artery were used. Follow-up information from carotid duplex ultrasound — at 1 month, 6 months, 1 year after treatment, and yearly thereafter — was available for all participants. Clinical and duplex ultrasound follow-up lasted an average of 5 and 4 years, respectively.

The study's primary outcome was

**Endovascular patients who had a stent as well as angioplasty fared better than those treated with angioplasty alone.**

restenosis greater than 70 percent and the secondary outcome was restenosis greater than 50 percent. Restenosis was defined as any residual or recurrent severe stenosis or occlusion of the carotid artery detected

during the follow-up period. Endovascular patients experienced 70 percent or greater restenosis three times more frequently than endarterectomy patients; the secondary outcome of 50 percent or more restenosis was also more common in patients undergoing endovascular treatment. Endovascular patients who had a

*continued on page 4*

... Carotid Restenosis More Common After Endovascular Treatment  
*continued from page 3*

stent as well as angioplasty fared better than those treated with angioplasty alone. Smoking was the only independent predictor of 70 percent or more restenosis. Further, restenosis or occlusion in the first year after treatment was associated with a higher risk of subsequent ipsilateral cerebrovascular events (ipsilateral stroke or transient ischemic attack).

The authors say that more data are necessary to assess if newer stenting techniques are as effective as surgery and if “patients treated with endovascular meth-

ods require long-term follow-up with carotid duplex ultrasound to detect restenosis before it becomes symptomatic.”

**Source:** Bonati LH, Ederle J, McCabe DJH, et al. 2009. Long-term risk of carotid restenosis in patients randomly assigned to endovascular treatment or endarterectomy in the Carotid and Vertebral Artery Transluminal Angioplasty Study (CAVATAS): long-term follow-up of a randomised trial. *Lancet Neurology* 8:908-917.

## Hot Topic Highlights

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

### Carotid Endarterectomy Equally Safe and Effective in Older Patients

Being older than age 80 years should not prevent patients from having carotid endarterectomy (CEA) as a stroke prevention treatment, according to a study published recently in the *Journal of Vascular Surgery*. After an average of about 7 years of follow up, the authors found very little difference between the older group (average age 85 years) and the younger group (average age 67 years). Likelihood of high cholesterol and heart, lung, and kidney disease was similar, as was the risk of stroke, other neurological problems, and death. Nearly 97 percent of patients who had CEA when they were older than age 80 years lived the rest of their lives without stroke.

**Source:**

Ballotta E, Da Giau G, Ermani M, et al. 2009. Early and long-term outcomes of carotid endarterectomy in the very elderly: an 18-year single-center study. *Journal of Vascular Surgery* 50:518-525.

### Choline Levels in Pregnant Women Tied to Congenital Abnormalities

Women who have low levels of the nutrient choline during pregnancy may increase their babies' risk of brain and spinal cord disorders, according to the results of a study published in *Epidemiology*. Researchers looked at the information of 180,000 pregnant women who were screened between 2003 and 2005, identify-

ing 80 pregnancies that were affected by NTDs. They found that the risk for neural tube defects was 2.4 times higher for women with the lowest choline levels compared to those with the highest.

**Source:**

Shaw GM, Finnell RH, Blom HJ, et al. 2009. Choline and risk of neural tube defects in a folate-fortified population. *Epidemiology* 20(5):714-719.

### Radiation Therapy for Brain Tumors May Cause Cognitive Decline

A study published in *The Lancet Neurology* found that radiation therapy for low-grade brain tumors can cause problems with cognitive function, even at low doses. The study of 65 participants found that 53 percent of patients who had radiation therapy had cognitive deficits compared to 27 percent of patients who had other treatment, particularly with executive functioning, information processing speed, and attention. In addition, the brain scans of radiation therapy patients had more white matter hyperintensities compared to those who did not receive radiation, and this was also associated with diminished cognitive performance.

**Source:**

Douw L, Klein M, Fagel SSAA, et al. 2009. Cognitive and radiological effects of radiotherapy in patients with low-grade glioma: long-term follow-up. *The Lancet Neurology* 8:810-818.