

September 2009



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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

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

one physician may benefit from hearing about another physician’s 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.

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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.

Carotid Restenosis More Common After Endovascular Treatment

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

Carotid 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 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 stent as well

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

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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 methods 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

Vascular 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 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 patients older than age 85 years who had endarterectomy and younger patients. Likelihood of high cholesterol and heart, lung, and kidney disease was similar, as was the risk of stroke, other neurological problems, and death.

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.

Daily Physical Activity May Improve Peripheral Arterial Disease

Being physically active may improve blood flow in patients with peripheral arterial disease (PAD), according to a study published in a recent issue of *Vascular Medicine*. More activity resulted in better brachial artery flow-mediated dilation, which is a measure of vessel health in the main artery of the upper arm. This positive effect was seen with physical activity done during daily life, which is typically less intensive than

treadmill or other supervised exercise.

The authors note that increasing this type of activity may be more easily adopted by people with PAD.

Source:

Payvandi L, Dyer A, McPherson D, et al. 2009. Physical activity during daily life and brachial artery flow-mediated dilation in peripheral arterial disease. *Vascular Medicine* 14:193-201.

Healthy Lifestyle May Prevent High Blood Pressure

Young women who live a healthy lifestyle have a significantly lower risk of high blood pressure (also known as hypertension), according to a study published in the *Journal of the American Medical Association*. The strongest risk factor was a higher body mass index, suggesting that being overweight or obese contributes largely to high blood pressure. Normal weight and overweight women with healthy lifestyle factors decreased their risk for hypertension, while obese women engaging in these behaviors did not. Adopting low-risk behaviors may therefore have the potential to prevent new cases of hypertension.

Source:

Forman JP, Stampfer MJ, Curham GC. 2009. Diet and lifestyle risk factors associated with incident hypertension in women. *Journal of the American Medical Association* 302(4):401-411.