New heart attack test could reduce unnecessary admissions

Nearly all myocardial infarctions can be identified within 90 minutes by serially measuring the serum concentrations of three cardiac proteins, a new study conducted at the Veterans Administration Health Care System in San Diego, California, has found (American Journal of Cardiology 2001;88:611-7).

Dr Alan Maisel, chairman of the cardiology department at the University of California at San Diego, and his colleagues observed 1285 consecutive patients admitted to the emergency department with chest pain over a nine month period.

Patients were evaluated by clinical history, electrocardiography, and whole blood levels of cardiac troponin I, creatinine kinase MB, and myoglobin and were stratified into risk groups: non-cardiac chest pain and cardiac ischaemia, including possible unstable angina, probable unstable angina, and probable infarction.

Myocardial infarction was diagnosed if tests for any or all of the proteins had positive results and ruled out only if tests for all three markers were negative.

Of the 1285 patients, 66 were ultimately given a diagnosis of myocardial infarction and 138 of unstable angina. All 66 patients ultimately given a diagnosis of myocardial infarction and 138 of unstable angina. All 66 patients were admitted to the emergency department with chest pain over a nine month period.

The number of octogenarians—people aged 80 years and older who had undergone bypass surgery—was examined in a study that was conducted at the Hamilton regional cardiac surgery centre between 1 July 1997 and 30 April 2000. A total of 1034 patients were divided into three groups: young septuagenarians (70-74 years), old septuagenarians (75-79 years), and those 80 and older. Costs were determined in a subset of 773 patients by using a cost casing system developed at the centre.

Because of this, the group reviewed data on patients 70 years and older who had undergone bypass surgery at the Hamilton regional cardiac surgical centre between 1 July 1997 and 30 April 2000. A total of 1034 patients were divided into three groups: young septuagenarians (70-74 years), old septuagenarians (75-79 years), and those 80 and older. Costs were determined in a subset of 773 patients by using a cost casing system developed at the centre.

There were no significant differences between the three groups in the mean number of grafts per patient (3.0, 3.1, and 3.0 respectively), the rate of post-operative death (3.3%, 5.7%, and 8.0% respectively), and the hospital stay (13.0, 13.0, and 13.2 days respectively). However, there were significant differences in the cost of the operation, with the costs for young septuagenarians ($151,267), old septuagenarians ($151,267), and those 80 and older ($151,267) being nearly identical.

Mental health patients criticise lack of information

Mental health patients want more information from doctors about side effects of drugs and more choice in treatment, a new report from the charity Mind says.

Mind has uncovered patients’ discontent through its “yellow card” scheme, introduced in 1995, whereby patients can use the charity’s yellow cards to report to it the side effects of their drugs. It then passes the information on to the Medicines Control Agency. Mind set up the scheme in response to concerns about under-reporting of side effects by doctors under the government’s yellow card scheme.

Between March and July this year people who had adverse side effects from prescribed drugs sent in 502 yellow cards to Mind detailing their various experiences.

Sixty one per cent said that they had not had enough information about treatment and had not been offered alternatives. Among black and other ethnic minority respondents, this rose to 74%. Patients wanted choice in whether to have treatment, in ways of using medication, and alternatives to drugs.

GPs concerned over plans to send patients to Europe

Treating NHS patients in European hospitals could increase inequalities in access to healthcare, the BMA’s General Practitioners Committee has warned.

Committee chairman Dr John Chisholm last week expressed concern that “only white middle class patients from the south east of England would exploit the option.” Speaking after the committee’s regular monthly meeting, he said that social factors and the relative ease of access to cross channel transport made it likely that only these patients would benefit from foreign hospitals.

Dr Chisholm spoke of the committee’s “controlled enthusiasm” for plans to use the spare capacity in continental hospitals to treat UK patients. He acknowledged the need to work with the government to ensure equity of access and to make arrangements for patients’ aftercare, quality assurance, and complaints procedures.

Meanwhile, GPs would require guidance on making referrals and drawing up contracts with hospitals abroad.

Mental health patients criticise lack of information

Mental health patients want more information from doctors about side effects of drugs and more choice in treatment, a new report from the charity Mind says.

Mind has uncovered patients’ discontent through its “yellow card” scheme, introduced in 1995, whereby patients can use the charity’s yellow cards to report to it the side effects of their drugs. It then passes the information on to the Medicines Control Agency. Mind set up the scheme in response to concerns about under-reporting of side effects by doctors under the government’s yellow card scheme.

Between March and July this year people who had adverse side effects from prescribed drugs sent in 502 yellow cards to Mind detailing their various experiences.

Sixty one per cent said that they had not had enough information about treatment and had not been offered alternatives. Among black and other ethnic minority respondents, this rose to 74%. Patients wanted choice in whether to have treatment, in ways of using medication, and alternatives to drugs.

Bypass surgery safe for octogenarians

Cardiac bypass surgery can be safe for 80 year olds as for those in their 70s—and no more costly, says a study published in the Canadian Medical Association Journal (2001;165:759-64).

The number of octogenarians being referred for cardiac interventions is expected to increase, say the authors, who are with the CADENCE Research Group, Hamilton Health Science, in the department of surgery and the faculty of health sciences at McMaster University in Hamilton, Ontario.

Because of this, the group reviewed data on patients 70 years and older who had undergone bypass surgery at the Hamilton regional cardiac surgical centre between 1 July 1997 and 30 April 2000. A total of 1034 patients were divided into three groups: young septuagenarians (70-74 years), old septuagenarians (75-79 years), and those 80 and older. Costs were determined in a subset of 773 patients by using a cost casing system developed at the centre.

There were no significant differences between the three groups in the mean number of grafts per patient (3.0, 3.1, and 3.0 respectively), the rate of post-operative death (3.3%, 5.7%, and 8.0% respectively), and the hospital stay (13.0, 13.0, and 13.2 days respectively). However, there were significant differences in the cost of the operation, with the costs for young septuagenarians ($151,267), old septuagenarians ($151,267), and those 80 and older ($151,267) being nearly identical.

Mental health patients criticise lack of information

Mental health patients want more information from doctors about side effects of drugs and more choice in treatment, a new report from the charity Mind says.

Mind has uncovered patients’ discontent through its “yellow card” scheme, introduced in 1995, whereby patients can use the charity’s yellow cards to report to it the side effects of their drugs. It then passes the information on to the Medicines Control Agency. Mind set up the scheme in response to concerns about under-reporting of side effects by doctors under the government’s yellow card scheme.

Between March and July this year people who had adverse side effects from prescribed drugs sent in 502 yellow cards to Mind detailing their various experiences.

Sixty one per cent said that they had not had enough information about treatment and had not been offered alternatives. Among black and other ethnic minority respondents, this rose to 74%. Patients wanted choice in whether to have treatment, in ways of using medication, and alternatives to drugs.