



Clinical Digest

CARDIOVASCULAR DISEASE

Communicating the Benefits of Coronary Revascularization

Before patients decide whether or not to undergo coronary revascularization (CR), it's obviously vital for them to have a firm understanding of the procedure's potential benefits. But do patients really gain such an understanding from speaking to their physicians?

To find out, researchers from Medical College of Wisconsin, Milwaukee; University of Kentucky, Lexington; Pittsburgh VA Healthcare System and University of Pittsburgh, Pittsburgh, PA; and Emory University, Atlanta, GA conducted a study of 633 patients (who were mostly older, male, and white) and 49 physicians. They asked the patients, who had been offered coronary artery bypass surgery or percutaneous coronary interventions after having elective coronary angiography, whether they thought CR would improve their chances of survival. Patients who reported symptoms due to coronary artery disease also were asked whether they thought CR would improve their symptoms. In addition, patients were asked whether a treating physician had told them that CR was likely to improve their chances of survival or their symptoms. The physicians, who had treated 490 of the patients, were asked whether they thought CR would improve individual patients' chances of survival or their symptoms.

The patients' and physicians' feedback suggests poor communication between the two groups, according to the researchers. The relationship between a physician reporting that he or she expected improved survival for

a patient and that patient reporting the same expectation was only 51%, which was no better than chance. Furthermore, the relationship between physicians' and patients' reports that they expected improved symptoms was 78%, which was not much better than chance. And there was no relationship between physicians' reports on how CR would benefit individual patients and those patients' reports on what benefits the physicians had told them to expect. Overall, the researchers say, the patients' reports both of what they expected and what their physicians had told them were "essentially unrelated" to the physicians' reports.

Patients tended to be more optimistic than physicians about the benefits of CR, the researchers note. Asked whether they expected improved survival, 508 (83%) of 615 patients said yes, and asked whether they expected improved symptoms, 441 (83%) of 531 patients said yes. In contrast, physicians reported that they expected CR to improve survival for only 260 (53%) of 490 patients and that they expected it to improve symptoms for only 372 (76%) of them.

The researchers suggest that possible reasons for the discrepancies include misstatements of physicians to patients, misinterpretation of physicians' statements by patients, grogginess on the part of the patients due to sedation during discussions with physicians, and the "more positive attitude" physicians may exhibit when speaking with patients than when "formally estimating benefits for study personnel." One way to investigate these possibilities further, the researchers say, would be to design a study with direct observation of interactions between physicians and patients.

Source: *Am Heart J.* 2007;154(4):662-668.

GERIATRICS

The Great Outdoors

Getting outdoors frequently may help frail elders to maintain their independence, say researchers from Osaka City University, Osaka, Japan; University of Tokyo, Tokyo, Japan; Saku City Government Office, Nagano, Japan; and University of California, Los Angeles.

In November 2000, they surveyed 137 elders in a rural Japanese community, all of whom could walk on their own but needed some assistance with independent living, about their functional and psychological status and how often they went outside. Two follow-up surveys were performed—one at nine months (the results of which were published previously) and one at 20 months.

At both follow-up points, participants who had reported going outdoors four or more times a week at baseline were more likely to be living at home than those who reported going outside either one to three times a week or less than once a week. These participants also were more likely to have maintained their baseline levels of activities of daily living (ADL)—such as shopping and gardening.

Interestingly, those who went out one to three times a week at baseline maintained their baseline ADL levels at the nine-month but not the 20-month follow-up. These results indicate that "older people probably need to get outdoors at least four times a week" to protect against functional decline, the researchers say. They note, however, that the frequency of going outside may be only an intermediate variable and not a causal factor in determining elders' functional and psychological status. ●

Source: *Arch Gerontol Geriatr.* 2007;45(3):233-242. doi:10.1016/j.archger.2006.10.013.