

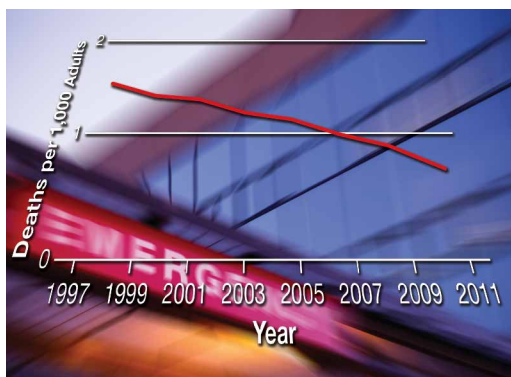
Rate of ED Deaths Drops by Nearly 50%

BY JEFF BAUER
FROM HEALTH AFFAIRS

The rate of ED deaths dropped by almost half from 1997 to 2011, according to recent analysis of a large database of ED visits.

Researchers evaluated data from the National Hospital Ambulatory Medical Care Survey, which is conducted annually by the National Center for Health Statistics and is the largest nationally representative database of information about emergency conditions in the United States. For the 1997 through 2011 study period, it provided data on 1.3 billion ED visits by patients ages 18 years and older. Using data from the US Census Bureau, researchers calculated the ED mortality rate per 1,000 US adults. Death in the ED also included individuals who were dead upon arrival.

There were 1.48 ED deaths per 1,000 adults in 1997 and .77 deaths per 1,000 adults in 2011, the most recent year for which data are available. This is a 48% reduc-



tion. Compared to patients who survived to ED discharge or hospital admission, those who died in the ED were older, had higher triage scores, and were more likely to be male and white. The proportion of patients who visited a rural ED or an ED in the South was higher among those who died than among those who survived. For roughly 63% of ED deaths, the patient was in cardiopulmonary arrest, uncon-

scious, or dead on arrival.

The study was not designed to identify possible reasons for the reduction in ED deaths. The authors suggested it was likely due to multiple causes, including an increase in palliative care, less frequent use of resuscitation efforts in the prehospital setting, and improvements in emergency medicine and public health.

1. Kanazaria HK, Probst MA, Hsia RY. Emergency department death rates dropped by nearly 50 percent, 1997-2011. *Health Aff (Millwood)*. 2016;35(7):1303-1308.

AHA Issues Statement on Drugs That May Cause or Exacerbate Heart Failure

BY MITCHEL L. ZOLER
FRONTLINE MEDICAL NEWS

Many commonly used prescription drugs, many over-the-counter (OTC) agents, and several complementary or alternative medications can either trigger heart failure or exacerbate the disease in patients with existing heart failure, according to a scientific statement written by a committee of the American Heart Association (AHA).

This first-ever authoritative US overview of what is known about drugs that can affect heart failure was compiled to address an important practice issue for the large and growing number of US patients with heart failure, which is estimated to be nearly 6 million Americans, and “provide some guidance to healthcare providers in how to minimize polypharmacy, improve medication safety, as well as identify the medications that could exacerbate or cause heart failure,” said Robert L. Page II, PharmD, chair of the committee and a professor of clinical pharmacy at the University of Colorado at Denver, Aurora.

Although the comprehensive statement lists 88 dis-

tinct prescription drugs or drug classes as agents that pose major or moderate threats for causing or worsening heart failure, “from the American public’s perspective, importance should be placed on educating patients regarding the impact that OTC medications can have on their heart failure,” Dr Page said in an interview. “For example, nonsteroidal anti-inflammatory drugs like ibuprofen or naproxen can cause sodium and water retention and antagonize the effects of evidence-based heart failure pharmacotherapies. Additionally, OTC medications like pseudoephedrine, which many cough and cold products contain, can increase blood pressure and afterload,” he noted. The risks these drugs pose become even greater when they are taken at higher doses.

The full text of the AHA statement is available at <http://bit.ly/29ELCXz>.

1. Page RL 2nd, O’Byrant CL, Cheng D, et al. Drugs that may cause or exacerbate heart failure: a scientific statement from the American Heart Association. *Circulation*. 2016 Jul 11. [Epub ahead of print]