29 June 2015

Sometimes the papers and journals are filled with jolly stories along the lines of “Pasty Filled With Poo Gets Man Evicted From Social Housing ... flatmates discovered him eating a home-made pasty filled with his own faeces.” (Huffington Post.) Sometimes, though, they're not … and this is one of those weeks.

WOMEN’S HEALTH

There have been some bad news stories about HRT (hormone replacement therapy) over the years and this has prompted the search for alternatives in the quest to eliminate some of the more debilitating symptoms that many women suffer during the menopause. Not all of these are without risk, however … LiverTox reports that Black Cohosh, a popular herbal medication derived from a plant of the buttercup family, has been implicated in many instances of acute liver injury … some of which have been severe and led to emergency liver transplantation or death.

Now the journal 'Injury Prevention' tells us that SSRI antidepressants taken for menopausal symptoms may increase your bone fracture risk – and the heightened risk seems to last for several years … so the researchers suggest that shorter treatment length may be preferable and add: “Further studies are warranted to see if the same association is found at lower doses of these drugs.”

SSRIs (or selective serotonin reuptake inhibitors) allow more serotonin (a neurotransmitter) to pool at nerve endings in the brain … and it is thought that this may be responsible for the improvement in mood seen when these drugs are taken by patients suffering from depression. These drugs are widely used. SSRIs have become the third most frequently prescribed class of drug in the US, and are often prescribed for disorders that are not ostensibly psychiatric in nature. These include irritable bowel syndrome and the hot flushes and night sweats typically associated with the menopause, for which SSRIs are seen as an effective alternative to HRT.

Psychiatric disorders, such as depression, have been linked to increased fracture risk, and the researchers wanted to know if SSRIs might be associated with a heightened risk of bone fractures among middle-aged women prescribed them to curb menopausal symptoms. Antidepressants may alter bone turnover, shifting the balance in favour of bone thinning rather than bone strengthening activities, they suggest.

So, whether you take SSRIs for 'psychiatric disorders' or for physical/'organic' problems – the result is the same … they appear to increase fracture risk. One answer is to follow the aforementioned advice and take a lower dose and/or take the drugs for the shortest possible time. Another is to keep a close eye on your bones … checking that 'bone thinning' isn't taking place and taking appropriate steps to remedy the situation if it is. Google 'Boots bone thinning' for more advice on the latter.

WHEN THINGS GO WRONG

When you put your money on a horse, the advice you're usually given is that 'the Bookies always win'. When you make a negligence claim against the NHS, however, we are told it's

the lawyers who always win. The BBC reports that "The government intends to put strict limits on the "excessive fees" some lawyers claim in medical negligence cases against the NHS in England. Officials want a defined limit on legal costs in cases where the claims are below £100,000, saying that some lawyers submit bills that charge more than patients receive in compensation." We're told that "the NHS was charged £259m in legal fees for claims in 2013-14." Nice work if you can get it.

The Medical Defence Union, which offers doctors guidance on medico-legal issues, supports the move. Whilst it accepts that "the system must provide access to justice where patients have been negligently harmed" there is little doubt that the costs are too high. We all know that every £1 spent on legal fees means that there is £1 less to spend on hip replacements and cataract surgery. The MDU opines that: "Legal fees must, therefore, be affordable and proportionate" and goes on to say: "If it was decided to introduce a well-thought-out, fixed-cost structure for legal costs in clinical negligence claims that could only be a good thing and should result in legal fees becoming more affordable and proportionate to the compensation claimed by the patient."

WHAT ARE YOUR CHANCES OF SURVIVING EMERGENCY BOWEL SURGERY?

Onmedica in 2011 reported that “Survival after colorectal surgery varies considerably between hospitals and is poorer than in many other countries.” Researchers were “calling for death rates after colorectal surgery to be published because survival following cardiothoracic surgery increased markedly after hospitals were obliged to reveal surgeons success rates.

The researchers analysed 30 day survival rates of just under 161,000 patients who underwent major bowel cancer surgery at 150 different hospitals across England between 1998 and 2006. The percentage of patients who died within 30 days of major surgery for bowel cancer fell from 6.8% in 1998 to 5.8% in 2006, according to the results published in 'Gut'. One trust had significantly better outcomes, but three trusts had significantly worse outcomes over time, two of these were foundation trusts.”

Professor Paul Finan, from the John Goligher Colorectal Unit at Leeds General Infirmary, was quoted as saying that the post-operative mortality seen was “notably higher than that previously reported for the UK” and “significantly higher than that reported from other countries”.

“Thirty-day postoperative mortality from population-based studies in Scandinavia, Canada and the USA ranged from 2.7% (for rectal cancers alone) to 5.7%.” This, needless to say, raised the suspicion that the NHS may have fundamentally worse postoperative outcomes than some other comparable health services.

Moving forward to the present, how have things improved? Obviously lessons will have been learned and outcomes will have improved in the interim … or have they? The BBC reports this week that “Too many patients are dying following emergency bowel surgery, experts who have done a comprehensive audit of care across England and Wales warn. One in 10 patients dies within 30 days of undergoing urgent, unplanned laparotomy and some of these deaths could be avoided, the authors say.”

The Beeb goes on to say that the “National Emergency Laparotomy Audit team found the care for these high-risk patients was lacking at some hospitals. Expert supervision and best

treatment was not always immediately on hand. The audit, commissioned by the Healthcare Quality Improvement Partnership and funded by the government, looked at data from more than 20,000 patients from 192 of 195 eligible NHS hospitals. It found:

- wide variation in care between hospitals

- expected standards of care were not met for 30-40% of patients in some hospitals

- only half of the patients were seen by a consultant surgeon within the recommended 12 hours

- one in six patients did not arrive in the operating theatre within the recommended time-frames, despite the urgent nature of the surgery

- many patients at high risk of sepsis infection did not receive timely antibiotic therapy

- post-operative access to critical or intensive care wards was patchy."

Prof Mike Groot, chairman of the audit, said even a modest improvement could have a substantial benefit and we should share best practice. The report authors say "It may be necessary to accept more delays for routine surgery so these emergency cases can be given a higher priority" … in other words, the delay caused by getting more experienced surgeons in or transferring patients from a 'high risk' to a 'low risk' hospital may be time well spent.

Denis Campbell in The Guardian writes: "More than one in 10 (11%) of those having emergency bowel surgery die within 30 days, according to an audit of the treatment received by 21,000 patients at 192 hospitals in England and Wales. But the death rate is higher than it should be because of the widespread failure of hospitals to ensure that patients whose lives are under threat – from vital organ failure and an obstructed bowel caused by cancer – get the right care before, during and after their operation. While some hospitals are good at ensuring that a high proportion of such patients are well looked after, a large minority are not, which reduces people's chances of survival. Problems include too few specialist doctors, delays in diagnosis, lack of operating theatres and breaches of hospitals' duty to give patients with life-threatening infections antibiotics urgently."

Our beloved NHS is in many ways a lame duck. It's mission is to be all things to all men and women from cradle to grave – but the result is that it spreads itself far, far too thin. We spend too much on prescriptions for toothpaste, sun cream, and yoghurt drinks and too little on matters of life and death. It is well overdue for well-thought-through change … yet the last thing we need is another chaotic 'top down' reform.

Dr John Cormack