Journal Club April 17, 2014

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Articles:

1) Murray J, et al: An overweight and Obesity intervention: brief motivational interview in the emergency department. Georgetown University Medical Center – online article.

Summary:

• Administration of a brief motivational intervention on overweight- and obesity-related health risks given to the patients and their visitors in the Ambulatory Care Center and ED at Washington Hospital Center (level 1 trauma center with 80K annual visits) – administered by medical student.  
• Patients were asked to describe their dietary and exercise habits, describe their weight, ideal weight and height; actual weight and height were assessed.  
• Medical student then provided motivational feedback by addressing three topics of dietary and exercise-related health risks: heart disease, hypertension, and diabetes.  
• Patients were actively engaged when assessed and there was positive impact with this. Many patients were willing to change and were receptive to the feedback they received.  
• Many patients were not aware of the correlation between obesity and the adverse health risks.  
• Follow-up and long-term studies are needed.

Journal Club Pearls:

• When discussing with a patient their care plan, addressing risk factors, such as obesity, is important.  
• Give small goals  
• Set up with resources i.e. back to their PCP, nutritionist, etc.  
• The more the patient hears about their risks and what they need to do, the more likely they will follow-through.


Summary

• Hypertension is a highly prevalent risk factor for cardiovascular disease.
• Early identification of HTN and management reduces morbidity and mortality (CVD, stroke, renal disease).
• This study
  o Determined the extent to which the ED has been used to screen patients for undiagnosed HTN
  o Estimated the incidence of undiagnosed HTN in the ED population
  o Identified and described the programs for ED HTN screening
  o Determined the feasibility ED-based HTN screening programs
• HTN-screening in the ED is feasible
• Patients with HTN should be referred for follow-up
• Identified a high-risk population who did not have PCP that needed the screening and education from the ED.
• We should identify patients with elevated BP, provide HTN education and ensure appropriate intervention and referral.

Journal Club Pearls

• Address elevated BP in the ED – don’t just ignore it. Discuss it with the patient and assist with appropriate follow-up. Consider starting agent in the ED i.e HCTZ for the patient.
• Current guidelines for diagnosis require more than one clinic visit for most patients before initiating therapy. Many patients do not have a PCP and we are their resource for them, they are the ones to benefit the most.


Summary

• Systemic review of cessation interventions initiated in the adult or pediatric ED setting.
• Of the studies reviewed, the ones that reported significant differences in cessation both used motivational interviewing-based interventions. Patients also had great satisfaction with this.
• ED visits in combination with ED-initiated tobacco cessation interventions are correlated with higher cessation rates than those reported in the National Health Interview Survey.

Journal Club Pearls:

• There is a need for some definitive trials with a standardized control group, but a brief intervention (under 5 minutes) from an emergency physician is quite effective at encouraging cessation.
• Motivational interviewing-based intervention by a trained interventionist when coupled with follow-up phone calls to the patient is effective but can be costly.
• A brief intervention in the ED is cheap, simple, quick and effective.

Summary

- Emergency Physicians know the health of their surrounding communities and are often the first to detect emergency epidemics, from communicable diseases to social epidemics (i.e. violence)
- The ED can provide a setting for preventive measures in populations who infrequently encounter the health care system.
- We, as ED physicians, believe in the “teachable moment”, during which patients may have increased capacity to effect behavioral change after a life event such as an ED visit.
- Patients with unmet preventive health needs often manifest as more seriously ill patients presenting to the ED in the future.
- SAEM talk force on prevention found that 6 preventive measures were appropriate for the ED setting
  - Alcohol screening and intervention
  - HIV screening
  - HTN screening
  - Pneumococcal vaccine for older adults
  - Smoking cessation counseling
  - Social services needs assessment and referral to primary care physicians for children
- Screening, brief intervention and referral to treatment is a central concept for interventions in the ED.
- Computerized screening methods have been successfully used to identify candidates for interventions in tobacco, alcohol, drug abuse and intimate partner violence.
- We should incorporate the principles of public health, population health, and prevention into the core curriculum of emergency medicine.
- Brief workshops in screening and motivational interviewing for residents have been shown to improve skills when evaluated in simulated patient scenarios in other disciplines.
- Simulation cases can be formulated to discuss the importance of and methods of screening.

Journal Club Pearl:

- Consider screening in our ED population for the above issues – the more the patient is asked, the more likely they will be willing to discuss and change their behavior/situation.
- We as ED physicians have to look at the broader scope in order to treat the illness that we see in front of us.