

■ Heart test increases chance of death

A study in the *Journal of the American Medical Association* says that a heart test performed on 1,000,000 critically ill patients each year has no medical benefit and increases the chance of death.

The test is called Right Heart Catheterization (RHC). In the study, 5735 intensive care patients records were examined. Of those, 2184 underwent RHC. The findings revealed that:

- 24% had a higher death rate than those who did not have the test but were just as sick.
- ICU stays were longer, 14.8 days vs. 13 days.
- RHC patients incurred higher costs, \$49,300 vs. \$35,700.

Five previous studies also linked the test to an increased risk of complications and death while adding \$2 billion a year to the cost of health care.

Of 1.7 million tests done each year world wide, 1.2 million are done in the United States. There is no consensus on appropriate use of RHC and no study has ever proven that it saves lives. ▲

■ Common heart procedure increases chance of death

The *Journal of the American Medical Association* reported in September of 1996 that a common heart procedure, right side heart catheterization, increases the likelihood of death by 21% within 30 days after the procedure is done.

Since over one million of the procedures are performed every year, this study suggests that right side heart catheterization alone accounts for 210,000 premature or unnecessary deaths annually.

In an accompanying editorial, a moratorium on the procedure was suggested until further research can be conducted. ▲

Common Heart Tests Not For Everyone

New federal guidelines presented in the February 17, 2004 issue of the *Annals of Internal Medicine* recommend that three common heart tests used to detect problems should not be done on low-risk patients who are experiencing no cardiovascular symptoms.

The three tests in question are the Treadmill Test, Resting EKG and the Electron Beam Computerized Tomography Scan. The new guidelines for their use were issued by the U.S. Preventive Services Task force and replaced ones issued in 1996.

The Task Force Chairman, Dr. Ned Calonge, says that if “you are a low-risk adult with no symptoms, there is really no reason to experience these tests. We do not recommend them because of the risk of false positives.”

According to Calonge, false positives usually lead to further, much more invasive tests such as coronary angiography and unnecessary medical treatment including dangerous medications.

Interestingly, the task force found there was insufficient evidence that the three tests were even effective in adults who were at an increased risk for heart disease.

Coronary Bypass Increases Risk Of Alzheimers

A study presented on July 20, 2004 at the International Conference on Alzheimer's Disease and Related Disorders in Philadelphia says that patients undergoing coronary artery bypass grafting (CABG) for blocked heart arteries run a higher risk of developing Alzheimer's disease than patients undergoing the less invasive angioplasty procedure.

5000 CABG patients and 4000 angioplasty patients treated at the Hines VA Hospital in Illinois were followed for 5 years after their procedures. All of the patients were age 55 or older at the start of the study and none of them had dementia.

After 5 years, 41 of the angioplasty patients were diagnosed with Alzheimer's. 78 of the bypass patients were similarly diagnosed.

The authors of the study theorize that stress during the bypass surgery triggers an increase in stress hormones that "may trigger a cascade of events that reduce the oxygen to the brain."

The authors go on to suggest that increasing the supply of oxygen and glucose to the brain during surgery may help reduce the stress of surgery.

Commentary: We would have preferred seeing the authors suggesting the less invasive, safer procedure. We would suggest the authors spend their energy researching ways to help prevent blocked coronary arteries in the first place. Wouldn't it make more sense to keep your body working the best it can with wellness approaches such as chiropractic care, nutrition and exercise? We agree.

■ Invasive Heart Procedures Lead To Higher Death Risk, Bleeding At Six Months

The February 20, 2005 issue of the British Medical Journal finds that people with a specific heart condition that end up undergoing more invasive heart procedures suffered a higher risk of death six months later than patients who didn't.

The study involved more than 28,000 patients in 14 countries including the U.S., Europe, Argentina, Brazil, Australia and Canada who were admitted to the hospital after suffering acute coronary syndrome between April 1999 and March 2003. Some of the hospitals had catheterization facilities, some did not.

The authors found that “in the total population of patients with acute coronary syndrome, and after adjustment for baseline characteristics, medical history and geographical region, patients first admitted to hospitals with catheterization facilities were at a 14% increased risk of death at six months. The risks of in-hospital stroke or major bleeding were also higher (53% and 94% respectively).”

The researchers concluded that the “results do not suggest that an invasive approach to patients with acute coronary syndrome is harmful but that a more restrictive selective use of invasive procedures...is a least effective as a more liberal routine use.” They also conclude that the results argue “against the early routine transport of these patients to a specialized...hospital with interventional facilities.”