Jury Out on HT’s Cognitive Benefits

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

CHICAGO — Hormone therapy might preserve cognition and memory in postmenopausal women, and even attenuate some of the cognitive deficits that occur in Alzheimer’s disease, new research suggests.

Controversy exists over the possible cognitive benefits of hormone therapy in older women, Dr. Mary Tierney said at the International Conference on Alzheimer’s Disease. “While preclinical and observational studies have shown a positive effect of estradiol on the brain and cognitive function, randomized controlled trials using conjugated equine estrogens have shown no treatment effects in women at risk for Alzheimer’s disease, or in women who have the illness.”

In fact, the most widely quoted study, the Women’s Health Initiative Memory Study (WHIMS), suggested that hormone therapy might even hurt, rather than help, said Dr. Tierney.

“Forty women in the estrogen plus progestrone group developed dementia of any type, but only 21 in the placebo group did,” Dr. Tierney said. “However, there were no significant differences in the estrogen-only arm compared to placebo.”

Additionally, she noted, a breakdown of the dementias by etiology showed that many of them were vascular in nature — playing into the criticism of WHI that the “minidoses” of the estrogen therapy user. These MRIs were taken during a memory task.

Medical-Legal Partnerships Take Root Across U.S.

Resolution calls for an AAFP-led initiative.

BY KATHRYN D’MOTT
Publication Editor

D r. Colleen Cagno recalls a patient who urgently needed help renewing his public housing.

And a lawyer who works down the hall were able not only to document how his medical condition qualified him for public housing, but also to expedite the process to prevent an eviction that would have no doubt taken a toll on the patient’s health, said Dr. Cagno, associate residency program director in the department of family and community medicine at the University of Arizona, Tucson.

In October 2005, the faculty and residents started offering such services to low-income patients and families under a medical-legal partnership known as the Tucson Family Advocacy Program. Now, two lawyers are available in the teaching clinic for a total of 40 hours per week. Since opening its doors, TFAP has assisted more than 370 patients with more than 270 legal matters affecting health, including disability benefits, Medicaid, Medicare, housing conditions, public benefits, advanced directives, and domestic violence.

The program is one of more than 70 medical-legal partnerships operating or soon to be operating across the country, experts said.

Medicare Expands List of Conditions It Will Not Cover

BY MARY ELLEN SCHNEIDER
New York Bureau

S tarting Oct. 1, Medicare won’t pay for a total of 11 preventable conditions acquired during a hospital stay, up from the current 8 such conditions.

Added to the list of noncovered preventable conditions are surgical site infections following certain elective procedures, such as orthopedic surgeries and bariatric surgery for obesity; manifestations of poor glycemic control; deep vein thrombosis or pulmonary embolism following certain orthopedic surgeries, such as total knee replacement and hip replacement. (See box on page 6 for current list of preventable conditions.)

The new conditions were included in the Acute Care Hospital Inpatient Prospective Payment final rule, which was published in the Federal Register on Aug. 19 and released earlier this month on the Centers for Medicare and Medicaid Services’ Web site.

The expansion of the preventable conditions list was criticized by the American Medical Association for putting patient care at risk.

Top Prescription Drugs by U.S. Sales in 2007

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<thead>
<tr>
<th>Drug Name</th>
<th>Sales (in billions of dollars)</th>
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<tbody>
<tr>
<td>Lipitor (atorvastatin)</td>
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<td>Nexium (esomeprazole)</td>
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<tr>
<td>Epogen (erythropoetin alfa)</td>
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Source: IMS Health Inc.
planned Anne M. Ryan, J.D., director of TFAP. Historically, most medical-legal partnerships have emerged from pedi-
attic settings, so TFAP is unusual in that its founders are family physicians, she said.
Across the country, medical-legal partnerships are found in a variety of settings, from universities to legal aid offices, hospitals, and law schools, Ms.
Ryan added.
A wealth of literature indicates that “if we don’t address our patients’ [bas-
ically medical] needs, we [as physi-
cians] end up spending more time in other ways,” Dr. Cagno added. These are the patients who often come in and out, and again, again. They might appear to have a tough time complying with their medication regi-
men, but often at the root of that prob-
lem is a social or financial obstacle.
With half of her clinic’s patients on Medicaid, Dr. Cagno noted that it’s not unusual for them to struggle with basic needs such as housing and food, so paying for medications becomes a second-tier priority.
Patients with asthma have needed le-
gal assistance dealing with landlords who are slow to eradicate a roach or mold in-
festation problem. Others are living with domestic violence, a situation in which having the clinic’s legal and social ser-
vices on hand makes all the difference in being able to take immediate action.
“it’s providing that kind of patient-
centered holistic care that really gets to the concept of the medical home,” Dr.
Cagno added.
Family physicians are already well aware of the social and financial chal-
lenge that complicates their patients’ lives and their ability to take care of their health. But they are often un-
aware of the resources available to do anything about those challenges, she said.
Helping family physicians find out more about those resources is the goal of a resolu-
tion that will be introduced by the Arizona Academy of Family Physicians at this year’s AAFP Con-
gress of Delegates, to be held this month in San Diego. The resolution proposes that the academy educate its members about medical-legal partner-
ships, in which lawyers work with AAFP members to identify and resolve legal issues affecting the health and well being of their patients.
Funds for TFAP come from a va-
riety of sources, including the Arizona Foundation for Legal Services and Ed-
ucation, Southern Arizona Legal Aid, the United Way of Tucson and Sou-
thern Arizona, and the University of Ari-
 zona Foundation. In addition, the uni-
versity’s department of family and community medicine pays for the staff time of the physicians who are involved in the partnership, and the clinic pro-
vides the office space for the lawyers, a social worker, and interns.
Physicians frequently get discour-
aged because they don’t have the time to find services for their patients who are in need, Dr. Cagno said. But in each community there are at least one or two key social service providers who will do the digging to help patients find services.
In addition, every state has legal aid offices, which provide free legal ser-
ices to individuals with limited in-
come. In addition, there are free legal service providers in every state that help disabled individuals, Ms. Ryan said.
And in many communities, lawyers volunteer their services to those in need either pro bono or on a sliding scale.
Screening patients for social or fi-
nancial issues is one way to go about it, Ms. Ryan said. “I do this in the evening.”
“Have you ever cut your medicine dose in half or skipped it be-
cause you couldn’t afford it?” Many patients are proud and they do not want to apply for public as-
sistance. The key is to desigmatize the need by having their physicians ask questions that validate their needs, she said.
Additional resources can be found on the Web site of the national organization, Medical-Legal Partnership for Children, at www.mlpar伙伴关系 for Children.