Discussion  |  Although the results of the 2014 congressional midterm elections in the United States may have constituted an important political shift toward the Republicans, the majority of physicians continued to be aligned with the Democrats. Of physicians who contributed to federal campaigns in the 2013-2014 election cycle, 55% contributed to Democratic candidates, 45% to Republican candidates.

Political divisions among physicians will almost certainly persist. Given the increasing numbers of women physicians and salaried physicians, who typically ally with the Democrats, in contrast to surgeons, who typically ally with the Republicans, our findings suggest that the medical profession will be challenged to achieve consensus on health policy issues. The profession is unlikely to speak with one voice on questions such as the provision of health insurance or controlling the costs of medical care. The polarization among physicians, however, may spur both political parties to work harder to maintain and increase physicians’ support. Thus, the political divisions among physicians may have the unintended effect of enhancing the political standing of the medical profession.

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The Course of Functional Impairment in Older Homeless Adults: Disabled on the Street

During the past 25 years, the proportion of the homeless population aged 50 years or older has increased, from 11% in 1990 to 50% today. Older homeless adults experience the early onset of age-related conditions compared with the general population, including difficulty performing basic self-care activities that are considered essential for independence, such as bathing and dressing. Such functional impairment occurs in 30% of homeless adults in their 50s and early 60s—a prevalence exceeding that of housed adults who are 20 years older. However, it is unknown whether functional impairment among older homeless adults is transient or persistent and thus what types of interventions are needed to address these deficits. We examined the persistence of functional impairment in homeless adults aged 50 years or older and identified risk factors for persistent or worsened functional impairment.

Methods  |  We conducted a 12-month prospective study of 250 older homeless adults recruited from 8 homeless shelters in Boston, Massachusetts, from January 25 to June 30, 2010. Eligibility criteria included age 50 years or older, current homelessness, and ability to communicate in English. We interviewed participants in person at baseline and at 12 months. The institutional review boards of the participating universities approved the study; all participants provided written informed consent and received financial compensation.
persistent ADL impairment as difficulty performing an increased number of ADLs from baseline to follow-up. We defined the IADL impairment categories similarly. We used multivariable regression models to identify risk factors for persistent or worsened functional impairment.

Results | Of the 250 participants enrolled at baseline, 204 completed the 12-month follow-up assessments from January 25 to June 30, 2011. The mean age was 56.0 years, and 37 participants were women (Table).

At baseline, 65 of 204 participants reported impairment in 1 or more ADLs; 51 of these 65 individuals had difficulty performing 1 or 2 ADLs. The most common ADL impairment at baseline was transferring (n = 54), followed by dressing (n = 23) and toileting (n = 16). In 32 of the 65 participants with ADL difficulty at baseline, these difficulties persisted or worsened at follow-up. The ADL impairment most likely to persist was transferring (n = 54), followed by dressing (n = 23) and toileting (n = 17).

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At baseline and 12 months, participants reported whether they had difficulty performing 5 Katz activities of daily living (ADLs) and 6 instrumental ADLs (IADLs). We assessed IADLs using a validated instrument developed for use in homeless persons.5 We defined persistent ADL impairment as difficulty performing the same number of ADLs at baseline and follow-up and worsened ADL impairment as difficulty performing an increased number of ADLs from baseline to follow-up. We defined the IADL impairment categories similarly. We used multivariable regression models to identify risk factors for persistent or worsened functional impairment.

Discussion | Functional impairment improved over time in some older homeless adults but persisted or worsened in many others. These findings suggest that functional impairment in many older homeless adults but persisted or worsened in many others. These findings suggest that functional impairment
older homeless adults is a long-term issue in need of long-term solutions. Approaches to managing functional impairment among older homeless adults might include referral to medical respite for individuals with short-term impairments and, for persons with longer-term impairments, promoting access to permanent supportive housing with appropriately tailored environmental adaptations and personal care services. Because few factors measured in standard practice predict whose impairments will persist vs improve, monitoring older homeless individuals over time will be necessary to understand their functional trajectory and identify appropriate services.

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Hyperbaric Oxygen Treatment for Persistent Postconcussion Symptoms—A Placebo Effect?

To the Editor As coauthors of a recent study1 on hyperbaric treatment for children with cerebral palsy (CP), we would like to comment on the editorial by Hoge and Jonas2 published in JAMA Internal Medicine. Based on the study by Miller et al,3 they draw definitive conclusions on the efficacy of compressed air and hyperbaric oxygen treatment (HBOT) for postconcussion symptoms in military personnel: that HBOT does not work, but the ritual of intervention does. Although they2 recognized that both groups treated in hyperbaric chambers had significant improvements in postconcussion symptoms and secondary outcomes compared with the control group, they2 failed to reach the most evident conclusion: that both treatments were effective.

The same error was made by many when interpreting the randomized trial on HBOT for CP published in The Lancet.4 The treatment protocol was similar to that of Miller et al with a group treated with slightly pressurized room air. But the US Agency for Healthcare Research and Quality analyzed our study and concluded that “The possibility that pressurized room air had a beneficial effect on motor function should be considered the leading explanation.”5,10-14 In our last controlled study3 we showed that even a modest pressurization could produce the same positive effects as a higher dosage of oxygen in children with CP.

We find it disconcerting that with today’s knowledge, the same misinterpretation is reproduced as the physiology of hyperbaric therapy in neurological conditions is better understood.6 Hyperbaric treatments at 1.2 atmospheres absolutely substantially increase the amount of dissolved oxygen in the blood and simultaneously induce cascades of metabolic changes and gene activation. Therefore, the treatment arm in the study by Miller et al is not a sham or a placebo, and similar increases in pressure are used to save lives in patients with mountain sickness.

Hoge and Jonas are correct—a hyperbaric chamber is a “healing environment” because of the increase in pressure and the oxygen concentration. They should recommended its use or maybe suggest any other healing environment with comparable powerful effects.

True science should always be guided by facts and intellectual rigor, not by beliefs. If there were no preconceived ideas...