Frequency of Failure to Inform Patients of Clinically Significant Outpatient Test Results

Casalino et al found that physicians frequently fail to inform patients of important abnormal test results. They reviewed outpatient medical records of 3434 patients in 23 medical practices and found apparent failures to inform for 7.1% of important abnormal results; the failure rate ranged from 0% in 3 practices to 26% in 1 practice. Practices that used 5 simple processes to manage test results, such as having the physician sign off on all results, had significantly lower failure-to-inform rates. See page 1123

Cutaneous Malignancies Among HIV-Infected Persons

As life expectancy of persons infected with human immunodeficiency virus (HIV) has increased, cancers have become an important cause of morbidity in this population. Crum-Cianflone et al studied the incidence rates and factors associated with cutaneous malignancies among 4490 HIV-infected persons. Six percent (n=254) of patients with HIV developed a cutaneous malignancy during a mean of 7.5 years of follow-up. Since the advent of highly active antiretroviral therapy (HAART), non-AIDS-defining cancers, basal cell carcinoma in particular, are now the most common cutaneous malignancies among HIV-infected persons, surpassing AIDS-defining cancers such as Kaposi sarcoma. In the authors’ multivariate analyses, the development of cutaneous non-AIDS-defining cancers among HIV-infected persons was associated with the traditional risk factors of aging and skin color but was not related to immune function or HAART use. See page 1130

Association Between Late-Life Social Activity and Motor Decline in Older Adults

Loss of motor function is a common consequence of aging, but little is known about factors that predict idiopathic motor decline. To test the hypothesis that late-life social activity is related to the rate of change in motor function in old age, Buchman et al followed 906 community-dwelling elders who rated the frequency of their participation in common social activities at baseline. Motor performance measures were tested annually for up to 11 years. Analyses showed that less frequent participation in social activities was associated with a more rapid rate of motor function decline. Furthermore, the annual rate of motor function decline related to less frequent participation in social activities was associated with a 40% increased risk of death and 65% increased risk of disability. See page 1139

The Impact of Selecting a High Hemoglobin Target Level on Health-Related Quality of Life for Patients With Chronic Kidney Disease

This study systematically reviews the randomized controlled trial (RCT) data on health-related quality of life for patients treated according to “low/intermediate” (9-12 g/dL) and “high” (>12 g/dL) hemoglobin target levels. A comprehensive search to identify all RCTs of erythropoietin-stimulating agent therapy with anemia associated with chronic kidney disease was completed. Eleven eligible studies were identified, with 9 using the 36-item Short-Form Health Survey (SF-36). The reporting of these data was generally incomplete. Data from each domain of the SF-36 were summarized. Statistically significant changes were noted in 4 of the 8 domains: physical function (weighted mean difference, 2.9; 95% confidence interval [CI], 1.3-4.5), general health (2.9; 95% CI, 1.3-4.5), social function (2.7; 95% CI, 1.3-4.2), and mental health (0.4; 95% CI, 0.1-0.8). Targeting hemoglobin levels in excess of 12 g/dL led to small and not clinically meaningful improvements in health-related quality of life. This, in addition to significant safety concerns, suggests that targeting treatment to hemoglobin levels that are in the range of 9 to 12 g/dL is preferred. See page 1104

The Frequency of Hyperkalemia and Its Significance in Chronic Kidney Disease

Hyperkalemia is a potential threat to patient safety in chronic kidney disease (CKD). Einhorn et al examined a large sample of veterans who had at least 1 hospitalization at the Veterans Health Administration in 2004-2005 to determine the incidence of hyperkalemia in the presence or absence of CKD and whether this metabolic disturbance was associated with excess mortality. The authors found that hyperkalemia was more common in patients with CKD vs no CKD, and the highest incidence was in those with CKD but no recent treatment with a renin-angiotensin aldosterone system blocker. The odds of death within 1 day of a hyperkalemia event were increased relative to normokalemia; however, this risk was somewhat attenuated in the presence of CKD. These findings underscore the importance of this metabolic disturbance as a threat to patient safety, especially in the presence of CKD where it is common. See page 1156