Wellness Through Answers News v36:no.2 March-April 2021

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Recommended Citation
https://opencommons.uconn.edu/pcare_articles/135
Learning to Live with COVID

We are beginning to feel optimistic. COVID vaccines are 90% effective at preventing serious illness in the real world. Soon COVID vaccines will be available in all 50 states to anyone 16 and older who wants one. By the end of April, Connecticut may have vaccinated 75% of its eligible adults. Our governor has rolled back pandemic restrictions on social gatherings, dining out, and attending sporting events. Are brighter days ahead?

Immunologists, virologists, and infectious disease experts who are working on COVID say the virus is here to stay. What happens will depend heavily on the type of immunity people acquire through infection or vaccination and how the virus evolves. Researchers predict COVID will become endemic, meaning it will continue to "circulate in pockets of the global population for years to come."
While scientists create models to predict COVID pathways, society has many big problems to tackle. The pandemic has created epic levels of depression, anxiety, burnout, problem drinking, weight gain, food insecurity, and homelessness. WTA News touches on some of these issues and points to resources for those seeking help.

**Vaccine News**

- European regulators conclude rare clotting event is a side effect of the AstraZeneca vaccine
- Researchers expect a new, cheaper vaccine called NDV-HXP-S will create more potent antibodies than the current generation of vaccines
- What you need to know about the COVID vaccination card
- Planning a vacation? Here's your pre-trip checklist
- Vaccine passport apps are coming, but developing them will not be easy
- The Society of Breast Imaging recommends delaying screening mammograms until after COVID vaccination
- Vaccines may not protect the immunosuppressed from COVID infection
- The American College of Cardiology and American Heart Association encourage heart disease patients to get vaccinated
- Video explainer - "Vaccines and the Immune System"
- The complexities of producing millions of doses of COVID vaccine
- The "Good Rx" website features a vaccine finding tool with free alerts
- Do vaccines work if they don't cause side effects?
- Vaccines improve symptoms for some Long COVID patients
- A side-by-side comparison of Pfizer, Moderna, and Johnson & Johnson vaccines

**COVID-19 Updates**

- Children with the multisystem inflammatory syndrome had a delayed immune response to COVID
- The virus infects cells lining the mouth
- European Medicines Agency says there is a causal link between the AstraZeneca's vaccine and blood clots
- The Mayo Clinic COVID tracker predicts COVID hotspots
- What we know about Long COVID
- Which COVID treatments are effective and which are not?
- Older adults are at higher risk for reinfection
• Why women experience COVID and vaccines differently than men

Cancer - That Other Drinking Problem

While many people took up bread baking to deal with the boredom of lockdowns, others took to drinking. Sales of alcohol in March 2020 (the start of lockdowns) increased by 54% over the same month in 2019. With bars closed, Zoom cocktail parties became a thing. Others drank alcohol to cope with job losses and the stresses of pandemic life. Twenty-three percent of adults surveyed by Consumer Reports said they drank more during the pandemic than before. While health experts saw off-the-chart increases in alcoholic liver disease, another alcohol-related health problem, cancer, was not getting much attention.

Alcohol drinking is the third leading preventable cause of cancer after smoking and obesity. Alcohol is associated with cancers of the mouth, pharynx, larynx, esophagus, breast, colon, stomach, and liver. Annually, alcohol accounts for 75,000 cases of cancer and close to 19,000 deaths a year in the US. Despite these statistics, fewer than half of Americans know about alcohol’s cancer risk. US cancer doctors and public health experts recently petitioned the federal government to add a warning label to alcoholic beverages to raise consumer awareness.

Why is the public largely unaware of the alcohol-cancer connection? One explanation may be the popular idea that drinking, especially red wine, is good for the heart. The Dietary Guidelines for Americans used to include the recommendation that drinking in moderation could promote heart health. The American Heart Association disputes this, saying there is no cause-and-effect research to support this idea. People who drink red wine may have less heart disease because of healthier lifestyles, better diets, or higher socioeconomic status. The American Cancer Society cautions that all alcoholic beverages contain ethanol which causes DNA damage, oxidative stress, and cell proliferation.

We are still in a pandemic, and cutting back on alcohol may be a tall order. Here are some tips from experts on how to reduce your drinking:

• Plan how often and how much you want to drink
• Keep a record of how much you drink
• Replace drinking with an activity
• Avoid drinking triggers
• Talk with your doctor
Can We Breath Easier?

Since September of last year, there have been fewer than 1500 cases of the flu. Health experts believe handwashing and face masks lowered both cases of COVID and the flu. As states lift mask requirements and reopen businesses, many unvaccinated people are anxious about getting sick.

Indoor spaces can be dangerous because exhaled viruses accumulate in the air and infect people. Any place can become crowded and poorly ventilated. In March, the WHO released a "Roadmap to improve and ensure good indoor ventilation in the context of COVID-19." It sets minimum targets and offers steps businesses, governments, and homeowners can take to improve ventilation and make buildings safer.

Nature interviewed scientists about how to protect the public against COVID in indoor settings like schools and restaurants. Some scientists advocated installing carbon dioxide (CO2) detectors. When people exhale virus-carrying aerosols, they also exhale CO2. When ventilation is poor, CO2 accumulates along with the virus. Other scientists argued that there is no correlation between CO2 levels and the COVID virus and that low CO2 levels could give the public a false sense of security. Beefed-up mechanical ventilation systems could also help, but they would have a high environmental cost. Other scientists recommended mobile air purifiers as a more accessible, temporary fix. Scientists agreed, however, that more research is needed to establish standards for ventilation systems to safeguard the public from infectious diseases.

Commonly Prescribed Drugs Increase Fall Risk in Older Adults

Many commonly prescribed drugs can make us dizzy, less alert, and slower to react or move. These drugs are known as FRIDs, or Fall Risk Increasing Drugs. FRIDs include:

- Blood pressure medications (antihypertensives)
- Anti-anxiety drugs
- Antihistamines
- Over-the-counter (OTC) pain relievers
- Antidepressants
• Prescription sleep medications
• Opioids

Older adults are more at risk of drug-related falls because they often take multiple prescriptions which may interact with each other, and their bodies metabolize drugs more slowly. In recent years, the number of deaths due to falls has increased in older adults. Researchers at the University of Buffalo found this trend coincided with an increase in FRID prescriptions for older adults. FRID prescribing may not be responsible for the higher rate of fall-related deaths, but their increased use is concerning. The next time you visit your parents or grandparents, you might want to scan the contents of their medicine cabinet. What can you do if you find potentially harmful medications? The following resources could be helpful:

• Choosing Wisely - includes the American Geriatric Society's evidence-based deprescribing recommendations for unnecessary or harmful medications
• MedStopper - helps clinicians and patients make decisions about reducing or stopping medications. The tool evaluates a patient's medications based on their potential to improve symptoms, reduce the risk of future illness, and cause harm.

State Medical Boards Are Too Lax in Disciplining Physicians

Most state medical boards don't do enough to protect the public from incompetent, abusive, and unethical physicians, says Citizen Action, a consumer advocacy group. Citizen Action ranked state medical boards based on the number of serious disciplinary actions boards took against their state's licensed physicians. Kentucky had the most aggressive board that averaged 2.29 actions per 1000 physicians yearly. The District of Columbia had the most lenient board- it averaged only 0.29 actions per 1000 physicians.

How can state boards be more like Kentucky's? They can make good use of the disciplinary data in the federal National Practitioner Data Bank (NPDB.) The NPDB collects adverse actions taken by licensing boards in every state, all malpractice payments, and all punitive action taken by hospitals and other health care entities against their licensed physicians. The annual charge for boards to receive NPDB updates is two dollars per physician. In many states, the medical board queries the NPDB only when physicians apply for a license.

Citizen Action offers other recommendations to improve board performance:

• Improve board funding and staffing
• Replace some board members with citizens who have no ties to the medical profession
• Require boards to search the NPDB when they receive consumer complaints
• Make the NPDB accessible to the general public

Reducing Health Risks for New Mothers

Heavy bleeding after childbirth (postpartum hemorrhage or PPH) affects roughly 100,000 women annually and is a leading cause of death due to childbirth. Only 20% of pregnant women have known risk factors for PPH, so it is often unexpected. The most common treatment is blood transfusion, but because blood loss can be substantial and happen quickly, doctors often remove the uterus (hysterectomy.) A safer yet underutilized treatment is uterine artery embolization (UAE.) An interventional radiologist uses a slender, flexible tube (catheter) to inject small particles into the uterine arteries to block blood flow.

Emory University researchers reported hysterectomy was more common than UAE in Latinx patients, rural and non-teaching urban hospitals, southern states, and Medicare and self-paying patients. Compared to UAE, hysterectomy had lengthier hospital stays, cost more, and was three times as likely to end in death.

How could hysterectomies be avoided? The researchers recommended hospitals create PPH trauma teams that include an interventional radiologist. These teams would train together, develop protocols to identify PPH risk factors, and ensure that the proper staff is on hand to save a mother's life without radical surgery.

Is Price Transparency a Good Thing?

The federal government would like consumers to shop around when choosing a hospital for their gallbladder removal. A new Centers for Medicare and Medicaid Services (CMS) rule now requires hospitals to post consumer-friendly price information on their websites for 300 shoppable services. The Hospital Price Transparency Rule covers popular medical procedures, surgeries, lab tests, radiology procedures, and observation and management services.

The rule is supposed to empower patients to make smart healthcare purchases, encourage competition among hospitals and insurers, and lower health costs.
Traditionally, hospitals negotiated prices confidentially with the employers and insurance companies that paid for health care. This practice allowed hospitals to increase their prices and helped drive up the cost of health insurance premiums.

Hospital compliance with the rule has been a problem. A Wall Street Journal (WSJ) investigation published in March revealed that many hospitals intentionally embedded code on their websites to make it impossible for search engines to find hospital prices. After the WSJ article appeared, the hospitals identified in the article corrected their coding mistakes.

Critics of the rule say the level of detail required in the price breakdowns will result in an enormous data dump which consumers will struggle to navigate and comprehend. A second criticism is the rule covers only services provided in the hospital, not in ambulatory care facilities (ACFs). Critics say hospitals will move procedures currently done in-hospital to ACFs to avoid posting prices.

Whether the rule will make it easier to shop for the best prices for surgeries or lab tests remains to be seen. In the meantime, consumers can use tools like the Healthcare Blue Book for hospital prices.

For more information about the hospital pricing rule, check out:

- The Lown Institute video conversation about hospital price transparency
- CMS website for frequently-asked-questions about hospital price transparency and a complaint form for consumers who cannot find pricing information

More News and Resources You Can Use

- Mental State of the World Report
- Relax with a train cab travel video
- Know what your doctors know about chronic lymphocytic leukemia - a webinar
- A special report on the state of doula care in the US
- Learn to love your body through positive affirmations
- Paper mills and the sham-science problem
- A beginner's guide to therapy
- Deforestation and commercial forests linked to animal-borne diseases
- A saliva test can diagnose concussions
- New guidelines for the diagnosis of chronic traumatic encephalopathy
- The History of Vaccines - a 6-part video series covering the history of anti-vaccine sentiments, vaccine legislation, and societal backlash
- Five exercise routines you can do in under ten minutes
• Spice up your walks with these apps.
• Wireless braille keyboard for smartphone users
• Facemask integrates a microphone and earbuds to enhance communication
• Structured home exercise programs benefit people with peripheral arterial disease
• Scientists turn a smart speaker into a device to catch abnormal heartbeats
• Seven ways to avoid being a misinformation super spreader

Have a Personal Health Question?

Wellness Through Answers staff can help you find answers. Our medical librarians research personal health questions for Connecticut residents. Our service is free and confidential. Call or email us with your question: (860) 679-4055 / hnet@uchc.edu

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