

What's Zip? @St John's Hospital

Issue 27, July 1st, 2019



Campus Day 2019, The theme 'quality with empathy'
PC: Dr. Deepti Shanbhag



WORLD BLOOD DONORS' DAY 14th June 2019

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St John's National Academy of Health Sciences
St John's Medical College Hospital, Bengaluru



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MESSAGE FROM THE EDITORIAL TEAM

Sello All!

We are happy to share twenty seventh issue of “What’s Up? @ St John’s Hospital” magazine today.

Dear readers, as you are aware, we are show-casing published research done by the staff of St. John’s National Academy of Health Sciences in the section called ‘St. John’s Fountainhead’. We request you to submit the articles which have been published in the year 2018 (January to December) for this section of magazine.

The present issue is themed red to highlight ‘World Blood Donors’ Day. We thank Dr. Sitalakshmi (Professor and Head, Department of transfusion medicine and immunohaematology) for providing us a brief report on ‘World blood donors day’.

Do not miss the story of a 9 year old girl which escaped the jaws of death in the section ‘Survivor’s Corner’. And our watchdog busts the fake message circulating on Whatsapp on ‘cancer prevention’.

Please feel free to communicate with us to publish your achievements. Feedback on any section of magazine is welcome. Happy Reading!!

Editorial Team

UPDATES THIS WEEK

WORLD BLOOD DONORS' DAY

14th June 2019

Department of Transfusion Medicine and Immunohaematology

The Department of Transfusion Medicine and Immunohaematology, St. John's Medical College Hospital provides safe blood component supply and immunohaematological testing facility to meet the requirements of needy patients. In addition, apheresis facility is offered for those patients who require repeated platelet transfusions. Blood safety begins with voluntary blood donations. World Blood donors day is celebrated to encourage and thank voluntary blood donors.



HISTORY

The World Blood Donor Day (WBDD) was first celebrated in 2004 and was organised by WHO. 14th June was chosen as the date to commemorate the birthday of Karl Landsteiner. The WHO aims to help all countries meet their blood requirements by voluntary unpaid donations by 2020.

OBJECTIVES

1. To obtain sufficient and safe blood stores- especially for emergencies, mothers and babies.
2. To reduce mortality due to lack of blood.
3. Motivate voluntary donors through campaigns and programs.
4. Make donations act like gifts to people who need them.
5. Highlight stories of people who need blood to survive.
6. And to thank donors.

THEME for 2019: Safe blood for all

WBDD IN INDIA

The activities for WBDD in India are planned by National Blood Transfusion Council (Ministry of Health and Family Welfare).

WORLD BLOOD DONORS' DAY

AIM

1. To celebrate and thank individuals who donate blood and to encourage those who have not yet donated blood to start donating;
2. To highlight the need for committed, year-round blood donation, to maintain adequate supplies and achieve universal and timely access to safe blood transfusion;
3. To focus attention on donor health and the quality of donor care as critical factors in building donor commitment and a willingness to donate regularly;
4. To demonstrate the need for universal access to safe blood transfusion and provide advocacy on its role in the provision of effective health care and in achieving the goal of universal health coverage;
5. To mobilize support at national, regional and global levels among governments and development partners to invest in, strengthen and sustain national blood programmes.

WORLD BLOOD DONOR DAY AT ST JOHN'S

The world blood donor day 2019 (14th of June 2019) was celebrated in our hospital OPD foyer from 9.30 to 10.30am. Dr Sitalakshmi, Professor and Head, Dept of Transfusion Medicine and Immunohaematology welcomed the dignitaries and the delegates. She highlighted the importance of World blood donor day. The programme was inaugurated by the Management team of St John's – Fr Jesudoss, Associate Director, Finance, Fr Pradeep Kumar Samad, Associate Director, SJMCH and Fr Duming Dias, Associate Director, SJMC. Fr. Duming Dias and Fr. Pradeep Kumar Samad addressed the gathering on the importance of voluntary blood donation.



WORLD BLOOD DONORS' DAY



An educational video on blood donation was released by Fr Pradeep Kumar Samad, Associate Director – Hospital. It is proposed to use this video in the hospital for promoting voluntary blood donation. St. Peter's Pontifical Seminary and Our Lady of Fatima Church were felicitated for organising regular blood donation camps at their institution.



Fr. Bonaventure Rodrigues represented St Peters Seminary. Dr. Vageesh Ayyar, Professor, Department of Endocrinology was felicitated for donating blood 34 times. Students from Allied health sciences participated in poster competition on voluntary blood donation and prizes were awarded to three best posters.



A skit was performed on the theme "Safe Blood for All" to create awareness among the public regarding voluntary blood donation. Two blood donation camps were organised by the Emids technologies Pvt. Ltd on 13th and 14th June 2019 and a total number of 74 blood donors donated blood.



St. John's Medical College Hospital
Blood Donation Camp on 14th June 2019



St. John's Medical College Hospital
Blood Donation Camp on 13th June

St. John's Medical College

4th Rank among the Top 25 Medical Colleges in India

17th June 2019
Outlook Magazine

INDIA'S TOP
PROFESSIONAL
COLLEGES

RANKINGS

OUTLOOK
THE WEEKLY NEWSMAGAZINE

TOP 25 MEDICAL COLLEGES

Rank 2019	Rank 2018	Name of the Institute	P: Pvt G: Govt	City	Year ESTD.	Selection Process (200)	Academics (250)	Personality devp. & exposure (200)	Infrastructure & facilities (175)	Placement (175)	Total Score (1000)
1	1	All India Institute Of Medical Sciences (AIIMS)	G	Delhi	1956	177	229	180	163	132	880
2	2	Armed Forces Medical College	G	Pune	1948	186	210	151	167	141	854
3	3	Christian Medical College	P	Vellore	1942	169	202	156	164	139	830
4	4	St. John'S Medical College	P	Bangalore	1963	145	195	185	159	121	805
5	5	JIPMER	G	Puducherry	1823	156	188	153	151	140	788
6	6	Faculty Of Medical Sciences (King George's Medical Uni.)	G	Lucknow	1905	151	193	169	151	123	786
7	7	Grant Govt Medical College & Sir J J Group Of Hospital*	G	Mumbai	1845	145	178	175	151	128	778
8	8	Institute Of Medical Sciences*	G	Varanasi	1960	159	191	154	146	116	766
9	9	Seth GS Medical College & KEM Hospital	G	Mumbai	1926	160	172	158	147	128	764
10	10	Kasturba Medical College, Manipal	P	Manipal	1953	139	182	168	144	121	754
11	11	Maulana Azad Medical College	G	Delhi	1958	159	181	142	131	134	748
12	13	Bangalore Medical College & Research Institute	G	Bangalore	1955	145	167	160	143	127	741
13	15	Christian Medical College	P	Ludhiana	1894	151	165	153	130	132	732
14	14	Sri Ramachandra Medical College & Research Institute*	P	Chennai	1985	149	167	152	130	131	729
15	16	Amrita School Of Medicine	P	Kochi	2002	123	181	147	151	115	716
16	17	Osmania Medical College	G	Hyderabad	1846	133	173	142	129	122	699
17	18	Government Medical College	G	Chandigarh	1991	121	152	133	150	135	690
18	19	Gandhi Medical College*	G	Secunderabad	1954	126	172	127	144	119	687
19	Np	Medical College & Hospital, Kolkata	G	Calcutta	1835	130	161	139	131	125	686
20	21	JSS Medical College	P	Mysore	1984	140	164	143	113	121	681
21	20	M.S.Ramaiah Medical College	P	Bangalore	1979	121	152	151	154	100	678
22	22	Kasturba Medical College, Mangalore	P	Mangalore	1955	110	175	143	130	116	674
23	24	K S Hegde Medical Academy	P	Mangalore	1999	79	168	153	149	121	670
24	23	Dayanand Medical College & Hospital	P	Ludhiana	1964	101	156	136	148	125	666
25	28	Era's Lucknow Medical College and Hospital	P	Lucknow	2001	101	161	135	152	110	658

*Latest available scores have been for institutes that could not participate this year.

CAMPUS DAY – 2019

24th June

Campus day was celebrated on 24th June 2019. It began At 2 PM with a meaningful eucharistic celebration. Followed by a public function at 3 pm. Rev Dr Abraham V M , the vice-chancellor of Christ University was the chief guest. Prizes were distributed to those who won the campus day competitions. There was a colourful cultural treat put up by the staff and students Of the Academy. The chief guest in his address appreciated St Johns For its quality. He also urged the staff to be imaginatively proactive. The theme Of this year was ***'quality with empathy'***.



CAMPUS DAY – 2019

24th June



Acknowledgement: Dr. Bindu
(College of Nursing) and Dr.
Deepti Shanbhag

UPDATES THIS WEEK

FRIDAY CLINICAL MEETING

7th June 2019

Major General S L Bhatia Memorial Oration

Dr Mario Vaz (Professor, Department of Physiology), commenced the oration by giving us a brief background about Major General S. L. Bhatia by describing how on his retirement to Bangalore, he set up the history of Medicine building with the help of the then Dean, Dr. Montero.

The oration was then presided over by Dr Jayantha Bhattacharya who was the main spokesperson. The topic of discussion was, "**Rise of Hospital Medicine in India: it's consequences and inception of Public Health**". He then proceeded to explain the 3 main components of the topic in detail. Rise of Hospital Medicine consisted of 3 distinct phases: a) period of germination and experimentation, b) period of consolidation, and c) period of expansion and relative cognitive stasis. In inception of public health, he talks about how 11 dispensaries were established throughout the country. And lastly, in the consequences component, he explained how clock-time was introduced as a tool of disciplinary and study midwifery was considered as a science. He concluded by saying how Medicine is truly instrumental in making India into its current modern state.





Rhyme Chime...

A MAGICAL REFRACTION

- Dr Srilakshmi M Adhyapak



Rainbow, 14th June 2019 [PC: Mr. Bhavyank]

Clouds dark so ominous seem,
Rent apart on the heavenly screen.

On the azure blue, a wand magical,
Creates a wonder, a celestial spectacle.

A bow massive spanning the horizon,
Heralding the end of a stormy clarion.

Of hues so pure but ephemeral,
A refraction into colors seven of light eternal.



RESEARCH SNIPPETS

Empirical concept of confidence interval

Here 's an attempt to further clarify the concept of confidence interval discussed in the previous issue.

A point estimate or the guess about a population's characteristic of interest from a single sample could be misleading. Hence it will be relevant to look for an interval rather than a single guess that includes 'true value' with a desirable probability.

'Random Sampling' is the fundamental statistical technique to derive a guess regarding a particular characteristic of a given large population. Selected sampling units in different random samples from the same population could show differences. Hence different random samples may end up showing different values about the population's characteristic being studied. This variation in 'guess' is called 'sampling variation'.

Suppose I have a population:

$P=\{1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20\}$ and population characteristic of interest is average. Let 5 different people draw 5 different samples of size 3 from same population 'P' say, $S_1=\{1,13,15\}$; $S_2=\{7,9,3\}$; $S_3=\{12,19,2\}$; $S_4=\{10,4,17\}$, $S_5=\{5,10,18\}$. The mean of all five samples are $M=\{9.67, 6.33, 11, 10.33, 11\}$. If we draw all possible samples from a population the variation or the distribution of the mean from each sample is called 'sampling distribution' of sample mean. But actual mean of the population (P) is 10.5. So, we can say actual or true mean of the population will always lie somewhere within sampling distribution of the sample mean(M).

An interval estimated with probability of inclusion of 'true value' 0.95 is called '95% confidence interval'. Empirically, the range from 2.5th percentile to 97.5th percentile of the sampling distribution of sample statistic ('mean' for above example) is the 95% confidence interval of the population characteristic of interest.

The formula given in the previous issue could help young researchers calculate the values for 95% or 99% Confidence Interval as desired.

IG NOBEL



1995 - MEDICINE

Marcia E. Buebel, David S. Shannahoff-Khalsa, and Michael R. Boyle

Cognition and Forced Nostril Breathing!

Marcia E. Buebel, David S. Shannahoff-Khalsa, and Michael R. Boyle, for their invigorating study entitled "The Effects of Unilateral Forced Nostril Breathing on Cognition."

Ultradian rhythms of alternating cerebral dominance have been demonstrated in humans and other mammals during waking and sleep. Human studies have used the methods of psychological testing and electroencephalography (EEG) as measurements to identify the phase of this natural endogenous rhythm. The periodicity of this rhythm approximates 1.5-3 hours in awake humans. This cerebral rhythm is tightly coupled to another ultradian rhythm known as the nasal cycle, which is regulated by the autonomic nervous system, and is exhibited by greater airflow in one nostril, later switching to the other side. This paper correlates uninostril airflow with varying ratios of verbal/spatial performance in 23 right-handed males. Relatively greater cognitive ability in one hemisphere corresponds to unilateral forced nostril breathing in the contralateral nostril. Cognitive performance ratios can be influenced by forcibly altering the breathing pattern

Intern. J. Neuroscience, 1991, Vol. 57, pp. 239-249
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Printed in the United Kingdom

**THE EFFECTS OF UNILATERAL FORCED NOSTRIL
BREATHING ON COGNITION**



SURVIVOR's CORNER

A 9 year old girl was referred to the division of pediatric hematology oncology (PHO), in August 2018, with fever and cough of 10 days duration. She was diagnosed with (acquired) Very Severe Aplastic Anemia. The standard of care for such patients is a 10/10 matched sibling donor Hematopoietic Stem Cell Transplant (HSCT), with a cure rate of 80-90%. The main complications of such a procedure include infection due to heavy immune-suppression, and graft versus host disease (GvHD) where the donated cells mount an immune response to the 'foreign' donor tissue



HLA typing of her three siblings was sent, and one of her older sisters was a full (10/10) match. She underwent HSCT after a week of myelo-ablative conditioning treatment to remove the existing cells in the bone marrow. Stem cells were harvested from the donor and infused into our patient.

The new bone marrow began to work by the third week of the transplant (engraftment), and she was discharged on oral cyclosporine after a few days. However, she was readmitted with GvHD in form of diarrhea during 6th week post transplant. It was managed effectively by increasing immune-suppression.

She is on follow-up with the PHO team, and now 8 months post transplant, transfusion independent and very well. It was heartening to see the child back in school with her sister, with the dreams of a bright future.

We thank the management, and departments of Clinical Pathology/ Transfusion Medicine, Adult Hematology & BMT Unit, Paediatric Surgery and our Nursing and Pharmacy colleagues for their support in looking after this young lady.



GREY *Matters!*



UNSCRAMBLE THE MEDICAL 'SWORD'

Hint: The last word of the title has been scrambled- it should read WORDS!

Sl.no	'SCRAMBLED' EGG	CLUE
1	RIGAPMADH	THE BREATHING 'TENT' <i>I contain 2 sets of consonants without a vowel in between!</i>
2	SASHEATINAE	THE KNOCKOUT FORMULA <i>I start and end with the beginning of the alphabet</i>
3	HDTATRCAAICY	RACING HEART <i>Shock me and I slow down</i>
4	IIIOHACPDT	YOU DON'T KNOW ME <i>Of course, we are talking diseases</i>
5	NEUROSCIPS	TAP DANCE TO DRUMBEATS <i>Use your fingers to get the answer!</i>
6	LNTEOMINA	'SLEEP WELL' <i>The panacea for jetsetters</i>
7	AOAHMGCREP	GLUTTONY <i>Dial M for murder</i>
8	OXGFNRATE	GIMME A BITE <i>Outside help</i>
9	BAFORAYIGLMI	OUCH OUCH EVERYWHERE.... <i>Poke for relief!</i>
10	RAYMISSDI	EYES WIDE OPEN <i>Beautiful lady</i>

ANSWER (Grey Matters, Issue 26: 1- K, 2- F, 3- I, 4- M, 5- A, 6- O, 7- B, 8- N, 9- C, 10- L, 11-D, 12- E, 3-G, 14-J, 15- H. The Nobel Laureates were: Sir Alexander Fleming- 1945; James Watson, Francis C, Maurice Wilkins- 1962; Robert G Edwards- 2010; M Roshbash, M Young, J Hall- 2017





WhatsApp

St John's WATCHDOG

CANCER PREVENTION!!

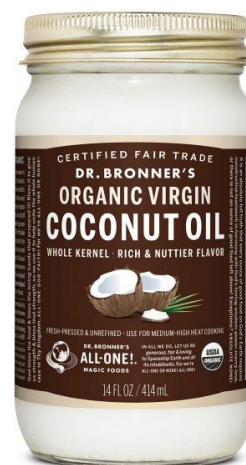
INTRODUCTION : A message has been circulating on WhatsApp and Facebook of late pertaining to steps to be taken for cancer prevention. The message is the following : "Dr.Gupta says no one should die of cancer except by carelessness; (1) The first step is to stop all sugar consumption, without sugar in the body, the cancer cell would die a natural death. (preventive measure) (2) The second step is to mix a lemon in a cup of hot water and drinking it for 1-3 months will make the cancer go away...according to research from the Maryland College of Medicine, it is 1000 times better than chemotherapy (hot bitter water, not vitamin C, kills cancer cells; clinical trials have proved this). (3) The third step is to drink organic coconut oil, morning and night, and the cancer." The message goes on to give the rationale for the anti-cancer properties of these interventions.



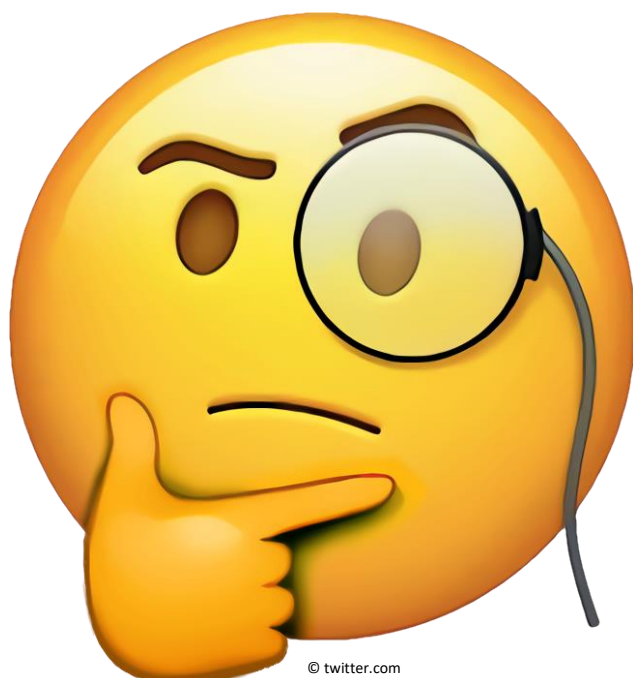
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WhatsApp





St John's WATCHDOG



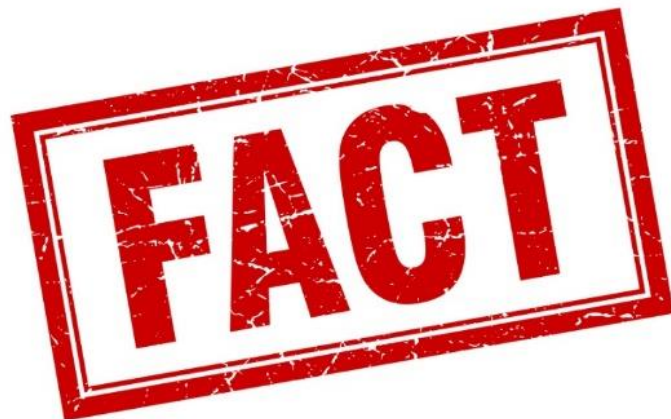
WhatsApp

CANCER PREVENTION?!

Myth : All the 3 points stated above are false.

Facts :

1. Solid organ tumour cells derive energy from glucose. The tumour gets a preferential supply of nutrients through newly formed blood vessels (angiogenesis); the glucose is derived from the regular diet or from body stores, whether or not the diet contains sugar. So, while it is true that the glucose in sugar can be a nutrient source for the tumour, it is not true that eliminating sugar from the diet will guarantee cancer prevention or cure. Different cancers have varied powerful risk factors, for example, Human Papilloma Virus (HPV) for cervical cancers and smoking for lung cancer. Control of such specific risk factors are important to control that specific type for cancer. Lastly, it is true that reducing or eliminating sugar from the diet is in general good for health, since sugar is one of the principal drivers of obesity, can be addictive and can accentuate pro-inflammatory states.
2. Similarly, points (2) and (3) have no scientific basis whatsoever. Specific curative surgeries, radiation therapy and chemotherapy delivered by qualified physicians are required to treat the specific cancer type.





LAUGHTER IS THE BEST MEDICINE...



Two men were driving home one night when one asked the other to check if the car's indicators are working. He promptly sticks his head out the window and says: "Yes, no, yes, no, yes, no, yes, no."



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In surgery for a heart attack, a middle-aged woman has a vision of God by her bedside. "Will I die?" she asks. God says, "No. You have 30 more years to live."



© www.clipartlibrary.com

With 30 years to look forward to, she decides to make the best of it. She gets liposuction, a tummy tuck, hair transplants, and collagen injections in her lips.

The day she's discharged, she exits the hospital with a swagger, crosses the street, and is immediately hit by an ambulance and killed. Up in heaven, she sees God. "You said I had 30 more years to live," she complains. "That's true," says God.

"So what happened?" she asks.

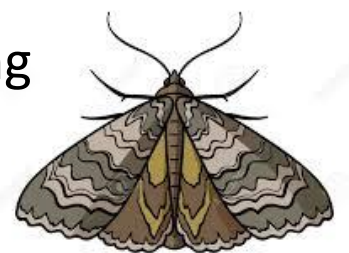
God shrugs. "I didn't recognize you."

A guy walks into a dentist's office and says, "I think I'm a moth." The dentist replies, "You shouldn't be here. You should be seeing a psychiatrist..."

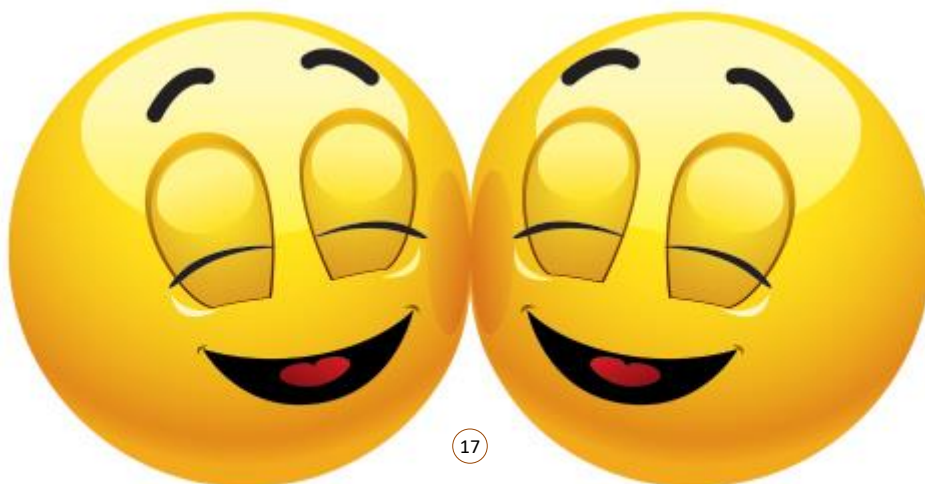
The guy replies, "I am seeing a psychiatrist."

The dentist says, "Well then what are you doing here?"

And the guy says, "Your light was on."



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New Section!!!

**“ST. JOHN’S
FOUNTAINHEAD”**

We will publish Abstracts of your
published research.....

Based on criteria laid down by the
Editorial Board.....

Email your Full Articles at the earliest to
Dr. Santu Ghosh

santu.g@stjohns.in

Articles published in the year 2018 (1st
January to 31st December 2018)

GRANULOMATOSIS WITH POLYANGIITIS: CLINICAL COURSE AND OUTCOME OF 60 PATIENTS FROM A SINGLE CENTER IN SOUTH INDIA

¹Vineeta Shobha, ²Saba Fathima, ³Ravi Prakash

¹Department of Clinical Immunology and Rheumatology, St. Johns National Academy of Health Sciences, Bengaluru, India, ²Department of Medicine, St. John's National Academy of Health Sciences, Bengaluru, India, ³Department of Nephrology, St. John's National Academy of Health Sciences, Bengaluru, India

Abstract

Granulomatosis with polyangiitis (GPA) previously known as Wegener's granulomatosis is one of the forms of idiopathic systemic vasculitis. There is very scanty data available on GPA in Asian and Indian population. We studied data of 60 patients from southern India, diagnosed with GPA to describe the physical characteristics, the treatment, and outcome. Patients who fulfilled any two of the four criteria proposed by the American College of Rheumatology, and those with clinical features of GPA with ANCA positivity and histopathological confirmation, were included in the study. Disease activity and damage were assessed by Birmingham Vasculitis Activity Score v. 3 (BVAS v. 3) and Vasculitis Damage Index (VDI), respectively. Relapses were defined as recurrence of GPA of sufficient severity to require treatment or increase in the dose of treatment on a patient who was previously stable. Out of 60 patients, initial BVAS evaluation showed that 57 (95%) patients had severe disease and 3 (5%) patients had limited disease where median BVAS was 21.5 (range 17-44). Follow-up BVAS evaluation for severe disease showed that 13 (22.8%) patients continued with severe disease of which 9 patients did not survive, 24 (42.3%) had remission, 11 (19.2%) had persistent disease, and 9 (15.7%) were lost to follow-up. The mean VDI score was 2.5 ± 2 . Renal involvement was established in 42 (70%) patients. Upper and lower respiratory involvement was seen in 38 (63%) patients. Nervous system involvement was noted in the 15 (25%) patients. Articular manifestations were seen in 16 (27%) patients. Diverse clinical manifestation delay early diagnosis and treatment of this potentially treatable vasculitis. Focused approach could expedite early diagnosis and can reduce the mortality.

[Clin Exp Med](#). 2018 Aug;18(3):347-353. doi: 10.1007/s10238-018-0492-7. Epub 2018 Feb 28..

UMBILICAL CORD MILKING IN PRETERM NEONATES REQUIRING RESUSCITATION: A RANDOMIZED CONTROLLED TRIAL

Ram Mohan G¹, Shashidhar A¹, Chandrakala BS¹, Nesargi S¹, Suman Rao PN².

¹Department of Neonatology, St. John's Medical College Hospital, Bangalore, India, ²Department of Neonatology, St. John's Medical College Hospital, Bangalore, India. Electronic address: raosumanv@gmail.com.

Abstract

OBJECTIVE:

To evaluate the effect of cord milking on short term morbidity and hematologic parameters at 6 weeks in preterm neonates requiring resuscitation.

METHODS:

This trial randomized preterm infants requiring resuscitation to milking group and no milking group. Multiple pregnancy, Rh negative mothers, hydrops, cord abnormalities were excluded. The primary outcome was hemoglobin and serum ferritin at 6 weeks of life. Secondary outcomes were common preterm morbidities and mortality.

RESULTS:

60 neonates were included in the study. Infants in the milking group had higher hemoglobin (10.07 g/dl vs 8.9 g/dl; p 0.003) and higher serum ferritin level (244.8 ng/ml vs 148.5 ng/ml; p 0.04) compared to no milking group.

CONCLUSIONS:

In preterm neonates requiring resuscitation, umbilical cord milking results in higher hemoglobin and ferritin at 6 weeks of life. It can be used as a placental transfusion strategy in preterm neonates requiring resuscitation with no significant adverse effects.

CLINICAL TRIAL REGISTRATION:

Clinical trials registry -India CTRI/2015/01/005436, www.ctri.nic.in.

Resuscitation. 2018 Sep;130:88-91. doi: 10.1016/j.resuscitation.2018.07.003. Epub 2018 Jul 5.

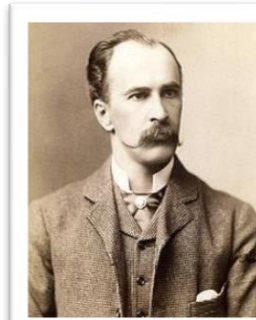
THE QUOTABLE OSLER

Equanimity enables you to overcome the trials of life:

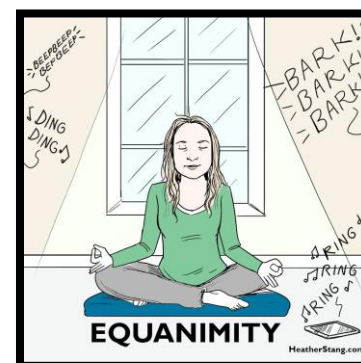
It has been said that "in patience ye shall win your souls," and what is this patience but an equanimity which enables you to rise superior to the trials of life? Sowing as your shall do beside all waters, I can but wish that you may repeat the promised blessing of quietness and assurance forever until

*Within Life,
Though lifted o'er its strife...
[From "Rabbi Ben Ezra" by Robert Browning(1812-1889)]*

You may, in the growing winters, glean a little of that wisdom which is pure, peaceable, gentle, full of mercy and good fruits, without partiality and without hypocrisy.



SIR WILLIAM OSLER



© Heather Stang



© youtube.com

REF: The Quotable OSLER: Edited by Mark E Silverman, T. Jock Murray, Charles. S Bryan



MEDICINE DIS WEEK

A Bird's Eye View.....

Is restrictive transfusion strategies, way to go?

Restrictive transfusion strategies involve transfusing at a lower rather than a higher hemoglobin threshold (typically 7 to 8 g/dL rather than 9 to 10 g/dL); this approach has been adopted in many settings to reduce the use of transfusions. Randomized trials have demonstrated that the restrictive approach leads to fewer transfusions without adversely affecting outcomes such as length of stay, infection rate, risk of myocardial infarction, and/or mortality. A new study using electronic health records of over 450,000 people discharged from the hospital with anemia has now confirmed that long-term outcomes are also comparable over the ensuing six months. This supports our practice of using restrictive transfusion strategies for most patients when transfusion is indicated.

- Roubinian NH et al. Ann Intern Med. 2018 Dec 18.

No benefit of antipsychotic therapy on duration of delirium in ICU patients.

In one of the largest randomized trials in delirium, 1183 patients in the intensive care unit (ICU) with either hypoactive or hyperactive delirium were treated with twice-daily haloperidol, ziprasidone, or placebo; doses were adjusted based on resolution of symptoms or the development of side effects. Active treatment did not decrease the number of days with delirium or coma. This study provides further support for limiting the use of antipsychotic drugs to as-needed treatment of moderate to severe agitation or psychotic symptoms, rather than as standard or prophylactic treatment for delirium.

-Girard TD et al., N Engl J Med. 2018;379(26):2506..

Long-Term Outcomes Among Patients Discharged From the Hospital With Moderate Anemia

A Retrospective Cohort Study

Nareg H. Roubinian, MD, MPHTM; Edward L. Murphy, MD, MPH; Dustin G. Mark, MD; Darrell J. Triulzi, MD; Jeffrey L. Carson, MD; Catherine Lee, PhD; Patricia Kipnis, PhD; Steven Kleinman, MD; Vincent X. Liu, MD; and Gabriel J. Escobar, MD

Background: Randomized clinical trial findings support decreased red blood cell (RBC) transfusion and short-term tolerance of in-hospital anemia. However, long-term outcomes related to changes in transfusion practice have not been described.

Objective: To describe the prevalence of anemia at and after hospital discharge and associated morbidity and mortality events.

Design: Retrospective cohort study.

Setting: Integrated health care delivery system with 21 hospitals serving 4 million members.

Participants: 445 371 surviving adults who had 801 261 hospitalizations between January 2010 and December 2014.

Measurements: Hemoglobin levels and RBC transfusion, rehospitalization, and mortality events within 6 months of hospital discharge. Generalized estimating equations were used to examine trends over time, accounting for correlated observations and patient-level covariates.

Results: From 2010 to 2014, the prevalence of moderate anemia (hemoglobin levels between 7 and 10 g/dL) at hospital discharge increased from 20% to 25% ($P < 0.001$) and RBC transfu-

sion declined by 28% (39.8 to 28.5 RBC units per 1000 patients; $P < 0.001$). The proportion of patients whose moderate anemia had resolved within 6 months of hospital discharge decreased from 42% to 34% ($P < 0.001$), and RBC transfusion and rehospitalization within 6 months of hospital discharge decreased from 19% to 17% and 37% to 33%, respectively ($P < 0.001$ for both). During this period, the adjusted 6-month mortality rate decreased from 16.1% to 15.6% ($P = 0.004$) in patients with moderate anemia, in parallel with that of all others.

Limitation: Possible unmeasured confounding.

Conclusion: Anemia after hospitalization increased in parallel with decreased RBC transfusion. This increase was not accompanied by a rise in subsequent RBC use, rehospitalization, or mortality within 6 months of hospital discharge. Longitudinal analyses support the safety of practice recommendations to limit RBC transfusion and tolerate anemia during and after hospitalization.

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Anemia is common in hospitalized patients and has been independently associated with short- and long-term morbidity and mortality (1-7). Traditionally, treatment of moderate anemia (hemoglobin levels between 7 and 10 g/dL) in hospitalized patients has included transfusion of allogeneic red blood cells (RBCs) to increase hemoglobin level (8). However, a series of randomized clinical trials showed similar outcomes with less frequent RBC transfusion, thereby avoiding potential infectious, cardiopulmonary, and immunomodulatory complications (9-16). The trial results supporting a more restrictive approach have been translated into practice guidelines by multidisciplinary societies, including medical, critical care, anesthesia, and pathology specialties (17-22). These recommendations also play a key role in patient blood management strategies that emphasize evidence-based transfusion practice and the tolerance of anemia in addition to optimizing RBC counts and minimizing perioperative blood loss.

Within our network of community hospitals, multidisciplinary patient blood management programs for specific clinical departments (such as cardiac and orthopedic surgery) were implemented beginning in 2010 (23, 24). Strategies focused on identification and treatment of suboptimal iron stores before surgery, increased use of cell salvage and hemostatic agents

(such as tranexamic acid), and blood-sparing approaches to medical and surgical procedures. These department-specific initiatives were supported by hospital- and system-level quality improvement projects to improve blood use more broadly. System-level initiatives included promotion of evidence-based transfusion practice through peer review and clinical decision support within electronic order sets for blood transfusion.

We found that a substantial reduction in RBC use was not associated with changes in 30-day or hospital mortality rates, consistent with short-term safety findings of randomized clinical trials and other observational studies (23-27). However, the effect of restrictive transfusion practice on anemia persistence and longer-term clinical outcomes has not been well described (28, 29).

In this study, we examined the incidence and prevalence of anemia in an integrated health care delivery system at and within 6 months of hospital discharge after implementation of blood management initiatives

See also:

Editorial comment 1

REFERENCE 2: MEDICINE DIS WEEK

ORIGINAL ARTICLE

Haloperidol and Ziprasidone for Treatment of Delirium in Critical Illness

T.D. Girard, M.C. Exline, S.S. Carson, C.L. Hough, P. Rock, M.N. Gong, I.S. Douglas, A. Malhotra, R.L. Owens, D.J. Feinstein, B. Khan, M.A. Pisani, R.C. Hyzy, G.A. Schmidt, W.D. Schweickert, R.D. Hite, D.L. Bowton, A.L. Masica, J.L. Thompson, R. Chandrasekhar, B.T. Pun, C. Strength, L.M. Boehm, J.C. Jackson, P.P. Pandharipande, N.E. Brummel, C.G. Hughes, M.B. Patel, J.L. Stollings, G.R. Bernard, R.S. Dittus, and E.W. Ely, for the MIND-USA Investigators*

ABSTRACT

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*A complete list of the Modifying the Impact of ICU-Associated Neurological Dysfunction—USA (MIND-USA) Investigators is provided in the Supplementary Appendix, available at NEJM.org.

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BACKGROUND

There are conflicting data on the effects of antipsychotic medications on delirium in patients in the intensive care unit (ICU).

METHODS

In a randomized, double-blind, placebo-controlled trial, we assigned patients with acute respiratory failure or shock and hypoactive or hyperactive delirium to receive intravenous boluses of haloperidol (maximum dose, 20 mg daily), ziprasidone (maximum dose, 40 mg daily), or placebo. The volume and dose of a trial drug or placebo was halved or doubled at 12-hour intervals on the basis of the presence or absence of delirium, as detected with the use of the Confusion Assessment Method for the ICU, and of side effects of the intervention. The primary end point was the number of days alive without delirium or coma during the 14-day intervention period. Secondary end points included 30-day and 90-day survival, time to freedom from mechanical ventilation, and time to ICU and hospital discharge. Safety end points included extrapyramidal symptoms and excessive sedation.

RESULTS

Written informed consent was obtained from 1183 patients or their authorized representatives. Delirium developed in 566 patients (48%), of whom 89% had hypoactive delirium and 11% had hyperactive delirium. Of the 566 patients, 184 were randomly assigned to receive placebo, 192 to receive haloperidol, and 190 to receive ziprasidone. The median duration of exposure to a trial drug or placebo was 4 days (interquartile range, 3 to 7). The median number of days alive without delirium or coma was 8.5 (95% confidence interval [CI], 5.6 to 9.9) in the placebo group, 7.9 (95% CI, 4.4 to 9.6) in the haloperidol group, and 8.7 (95% CI, 5.9 to 10.0) in the ziprasidone group ($P=0.26$ for overall effect across trial groups). The use of haloperidol or ziprasidone, as compared with placebo, had no significant effect on the primary end point (odds ratios, 0.88 [95% CI, 0.64 to 1.21] and 1.04 [95% CI, 0.73 to 1.48], respectively). There were no significant between-group differences with respect to the secondary end points or the frequency of extrapyramidal symptoms.

CONCLUSIONS

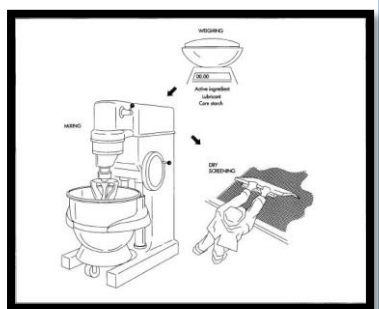
The use of haloperidol or ziprasidone, as compared with placebo, in patients with acute respiratory failure or shock and hypoactive or hyperactive delirium in the ICU did not significantly alter the duration of delirium. (Funded by the National Institutes of Health and the VA Geriatric Research Education and Clinical Center; MIND-USA ClinicalTrials.gov number, NCT01211522.)

STORY OF ASPIRIN

Felix Hoffman worked as a chemist at the huge Bayer drug plant (Germany), and in 1895, he decided to try to change salicylic acid to end his father's suffering (crippled by arthritis). He simplified Gerhardt's methods and came up with acetylsalicylic acid. It was soon found to be not only a painkiller, but also to reduce fevers and inflammation.

Hoffman's colleague Heinrich Dreser reckoned that the new drug worked so well because it split in two, in the blood. To test his theory, he swallowed some sodium acetylsalicylate and then periodically examined his urine for the next 12 hours. He found traces of salicylic acid but none of the combined acetylsalicylate: the compound did indeed 'split'.

In 1899, Hoffman and Dreser invented a new name for their new drug: aspirin – 'a' for 'acetyl', 'spir' for the Spirea plant family and 'in' to round it off. The following year, the Bayer drug company took out patents on aspirin, on the intermediate compounds in its manufacture and on the design of the manufacturing equipment, and began to make huge amounts of what was to become their bestselling product all over the world.



PEARLS OF WISDOM

Hope is like the SUN. When it's behind the clouds, it's not gone. YOU just have to FIND it!

- Matthew



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The highest form of
Wisdom is KINDNESS.

© Divine Cosmos

What wisdom can find that is greater than kindness?

- Jean Jacques Rousseau

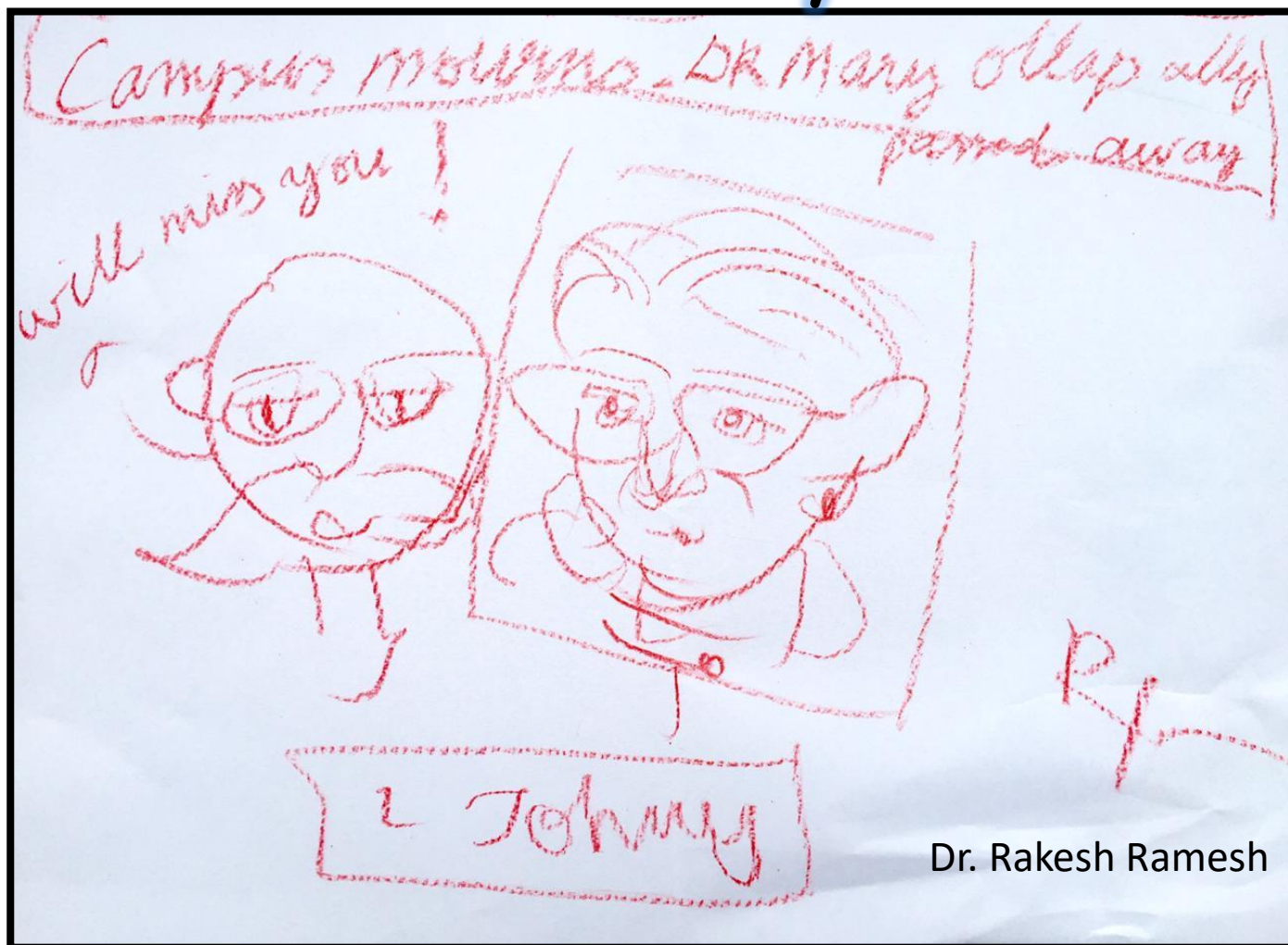
You can do anything you want. All you have to do is Believe.

- Ella



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Did You Know?

Earth is the only planet of our solar system that hasn't been named after the Roman Gods? The name Earth comes from Old English and Germanic and simply means "ground".

Mercury-Roman God of commerce, travel/ messenger of Gods

Venus-Roman Goddess of Beauty and Love

Mars- God of War

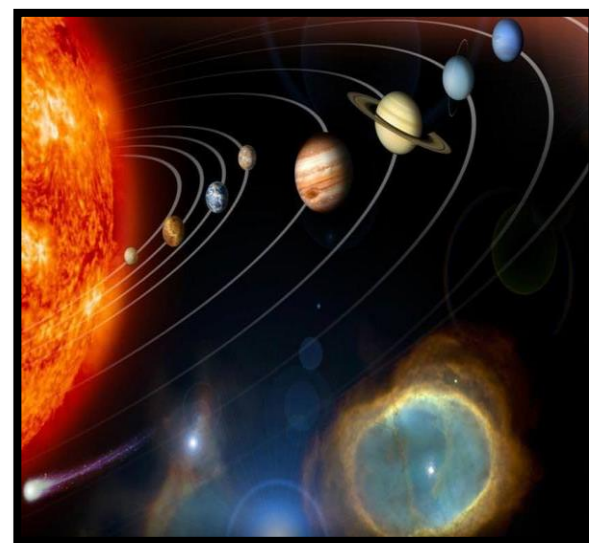
Jupiter- King of Gods

Saturn - Roman God of Agriculture and Harvest

Uranus – God of the skies

Neptune - God of the Sea

Pluto - God of the Underworld



Source- NASA science

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