Internal Medicine Section

A Study of Compliance with UK Guidelines on 30-Day Mortality after Systemic Anti-Cancer Therapy

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In November 2008, the United Kingdom National Confidential Enquiry into Patient Outcome and Death (NCEPOD) published an inquiry into deaths within 30 days of systemic anti-cancer therapy (SACT). This study aims to replicate the national enquiry on a hospital level and perform root cause analysis of any identifiable causes of death. The main objective of this study is to conduct a systematic case-by-case enquiry into deaths fulfilling study criteria to ascertain any remediable factors present in each death, reflecting the rigorous methodology of the national study. Also, another objective is to ensure there were no compromises in the quality of clinical care or organisational policy and to suggest relevant changes in practice. The inclusion criteria were all patients who had identifiably died within 30 days of SACT in James Cook University Hospital in 2009. Information was gathered from patient case notes and the minutes of the 2009 hospital mortality meetings. 5 areas of clinical care, namely decision to treat, prescriptions and administrations, safety, hospital admissions during last 30 days of life and palliative care were investigated. Results 12 deaths were deemed eligible for inclusion. Of these only 6 died of causes directly related to malignancy. Half the deaths were in patients with performance status above 3 (bedridden >50% daily) at time of decision of final SACT, reflecting national concerns about overly infirm patients receiving inappropriate SACT. Also flagged up were alarmingly infrequent SACT discussions at multidisciplinary meetings (2/12) and non-consideration of dose reductions in patients with serious comorbidities, mirroring poor practise at national level. Among other minor treatment issues, crucially, prophylactic granulocyte-colony stimulating factor (G-CSF) in patients who had previously suffered SACT toxicity was rarely considered. Evidently findings of poor practice at national level are echoed at hospital level, confirming the reproducibility of the NCEPOD inquiry. Existing hospital-level policies that would avert many abovementioned failures in clinical practice were not rigidly adhered to. This implies unnecessary deaths are possibly occurring. In conclusion, despite relatively small patient numbers dying within 30 days of SACT, there are still avoidable sources of clinical error that may compromise haematological standards of care.

About Results of Clinical Use of Preparation Actilyse® (Rt-PA) at Patients with an Ischemic Stroke

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Measures to expedite clot lysis and restore circulation may limit the extent of brain injury and improve outcome after stroke. Unfortunately, intracranial bleeding was frequent among persons enrolled in studies performed in the late 1960s and 1970s, and the therapy was abandoned. More recently, interest in thrombolytic therapy revived because of development of new drugs and their successful use in the care of persons with myocardial ischemia. In addition, a meta-analysis

combining data from several pilot studies in stroke suggested that thrombolytic therapy might be useful. Available thrombolytic drugs are recombinant tissue plasminogen activator (r-TPA), streptokinase, p-anisoylated lys-plasminogen-streptokinase activator complex, urokinase, and prourokinase. A number of pilot studies evaluated the potential safety and efficacy of early administration of thrombolytic drugs using both intravenous and intra-arterial approaches. Investigators reported generally positive results and an acceptable degree of safety. To study efficiency of preparation Actilyse® (rt-PA) at patients in different terms of treatment and rehabilitation. In the research program with acute ischemic stroke12 patients have been included (according to criteria of inclusion in groups of treatment NINDS – Trial). To all patients during 3 h have been made CT, transcranial doppler investigation for localisation specification of occlusion and time of recanalisation. Middle age of patients is 61,3 +/-9,6 years. Neurologic deficiency estimated on scale NYHS, in research also used Bartel Index and Rankin Index. Dose Actilyse® (rt-PA) - 0,9 mg/kg. Results. Average term of hospitalisation 10,5 +/-3,4 day. NYHS Bartel Index Rankin Index 1 day 16+/-3,5 13,3+/-8,7 4,3+/-0,6 7 day 9,5+/-5,4 57,2+/-28,4 2,8+/-1,6 30 day 7,2+/-5,3 70,5+/-25,6 2,4+/-1,2 6 months 6,5+/-4,1 80,4+/-19,2 1,5+/-0,9. Thrombolytic therapy with Actilyse® (rt-PA) is very effective and is one of the newest methods for treatment of patients with acute ischemic stroke in Moldova. We recommend this method to use also in other centres on treatment of strokes at us in the country.

Actual treatment of Atrial Fibrillation in the Elderly

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Atrial fibrillation (AFb) is a common arrhythmia in the elderly (17% of the cases) which can be precipitated by cardiac and non-cardiac factors. It can have characteristic symptoms (palpitations with rapid frequency) or it can borrow elements of low cardiac output syndrome (anginous pain, dyspnoea, fatigue, dizziness, syncope).The physical examination and ECG-cut the diagnosis. The goal of the treatment is the conversion to sinusal rhythm but the therapeutic decision should be made carefully in the elderly. The analysis of the therapeutic methods in patients aged> 65 years diagnosed with atrial fibrillation (AFb) regardless of its ethiology. We conducted a retrospective study on 704 patients (age> 65 years) hospitalized in the Geriatric Department of 4th Clinic of Internal Medicine-Nephrology Iasi between January 1- December 31 2009. The incidence of atrial fibrillation was followed in the study group, also the associated risk factors; trigger factors, indication of conversion to sinusal rhythm and response to the administration of anti-arrhythmic therapy. Out of 704 patients, 668 had cardiovascular damage (94%) and of these 224 patients had AFb (33.5%).From the group of patients with AFb, 156 were from rural areas, the majority being women (149 cases). The main risk factors incriminated were: hypertension (45%), dyslipidemia (38%), obesity (38%), and smoking (44%). Among the trigger factors are included: excessive physical effort and unexpected, intercurrent respiratory infections and ethanol consumption. From the types of AFb we note the predominance of fast AFb, followed by the recently installed AFb, paroxistical AFb and AFb with slow spontaneous frequency. In 54 cases was decided the chemical conversion in sinusal rhythm, with amiodarone in 44 cases (83%) and in 10 cases with Propafenone (17%). Sinusal rhythm was achieved in 48 of the 54 patients (88%). The attempt of conversion to sinusal rhythm was charged to all our patients regardless of age, but qualifying the standard criteria: normal sized cardiac cavity, EjF> 40%, no intracavitary thrombus, the AFb onset under 1 year. The conversion was carried out under protective anticoagulant therapy. The results were very good and the prevention of relapses was achieved with amiodarone, very well tolerated by patients.