

## **New wound-swabbing technique detects more bacteria**

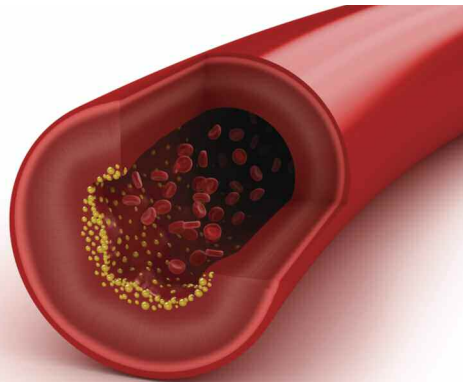
The new Essen Rotary swabbing technique takes a few seconds longer to perform than traditional techniques, but improves bacterial count accuracy in patients with chronic leg ulcers, according to a study published by *Wounds International*.

“**Evaluation of the Essen Rotary as a new technique for bacterial swabs: Results of a prospective controlled clinical investigation in 50 patients with chronic leg ulcers**” reports that Essen Rotary detected significantly more bacteria compared to standard techniques and was the only one to identify five patients with methicillin-resistant *Staphylococcus aureus* (MRSA), compared to three detected by other techniques.



The Essen Rotary technique samples a larger surface area of the wound, which is beneficial for detecting MRSA.

“The Essen Rotary may become the new gold standard in routinely taken bacteriological swabs especially for MRSA screenings in patients with chronic leg ulcers,” the study authors write.



## **Reducing HbA1c by less than 1% cuts cardiovascular risk by 45% in patients with type 2 diabetes**

A study presented at the American Diabetes Association 72<sup>nd</sup> Scientific Sessions found lowering HbA1c an average of 0.8% (from a mean of 7.8% to 7.0%, the treatment target) **reduced the risk of cardiovascular death by 45%** in patients with type 2 diabetes.

The absolute risk of mortality from a cardiovascular event was 9.9 events per 1,000 person-years in patients with decreasing HbA1c compared to 17.8 events in patients with stable or increasing HbA1c.

“**HbA1c reduction and risk of cardiovascular diseases in type 2 diabetes: An observational study from the Swedish NDR**” examined data from 18,035 patients in the Swedish National Diabetes Register.

## **CMS revises hospital, nursing home comparison websites**



The Centers for Medicare & Medicaid Services (CMS) has enhanced two web-

sites designed to help the public make informed choices about their health care.

**Hospital Compare** and **Nursing Home Compare** now have better navigation and new comparison tools. The two sites include data on quality measures, such as frequency of hospital-acquired infections, and allow the user to compare hospitals on these measures.

Improvements include easy-to-use maps for locating hospitals, a new search function that enables the user to input the name of a hospital, and glossaries that are easier to understand. It's now also possible to access the data on the sites through mobile applications.

CMS maintains the websites, which are helpful for anyone who wants to compare facilities, not just patients on Medicare or Medicaid.

For more information, [read the article](#) in *Healthcare IT News*.

## **IOM releases report on accelerating new drug and diagnostics development**

The Institute of Medicine (IOM) released “**Accelerating the development of new drugs and diagnostics: Maximizing the impact of the Cures Acceleration Network—Workshop Summary**.” The report is a summary of a forum that brought together members of federal government agencies, the private sector, academia, and advocacy groups to explore options and opportunities in the implementation of Cures Acceleration Network (CAN). The newly developed CAN has the potential to stimulate widespread changes in the National Institutes of Health and drug development in general.



## **Focus on individualized care—not just reducing swelling—in lymphedema patients**

As a result of two extensive literature reviews, [a researcher at the University of Missouri](#) found that emphasizing quality of life—not just reducing swelling—is important for patients with lymphedema. Many providers and insurance companies base treatment on the degree of edema, but the volume of fluid doesn't always correspond with the patients' discomfort. Instead, an individualized plan of care should be developed.

The researchers found that Complete Decongestive Therapy (CDT), a comprehensive approach for treating lymphedema that includes skin and nail care, exercise, manual lymphatic drainage, and compression, may be the best form of specialized lymphedema management. For more information about CDT, watch for the November/December issue of *Wound Care Advisor*.

## **Plague case in Oregon draws national attention**

An article about a case of the plague in Oregon has appeared on [Huffington Post](#). A welder contracted the disease as a result of unsuccessfully removing a mouse from a stray cat's mouth. Part of his hands have,



in the words of the article, “darkened to the color of charcoal.” Later tests confirmed the cat had the plague.

Plague cases are rare in the United States. According to the **Centers for Disease Control and Prevention**, an average of 7 human cases are reported each year, with a range of 1 to 17 cases. Antibiotics have significantly reduced mortality. About half of cases occur in people ages 12 to 45.

### **Use of negative pressure wound therapy with skin grafts**

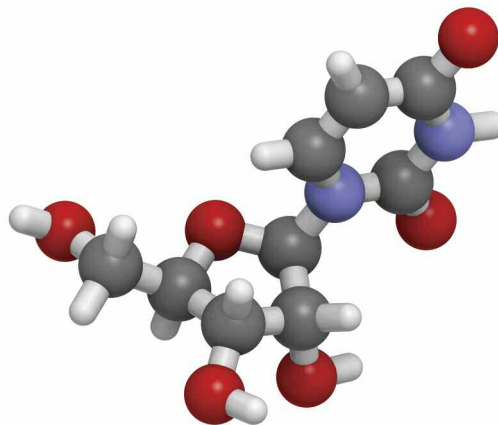
“**Optimal use of negative pressure wound therapy for skin grafts**,” published by *International Wound Journal*, reviews expert opinion and scientific evidence related to the use of negative pressure wound therapy with reticulated open-cell foam for securing split-thickness skin grafts.

The article covers wound preparation, treatment criteria and goals, economic value, and case studies. The authors conclude that the therapy has many benefits, but



note that future studies are needed “to better measure the expanding treatment goals associated with graft care, including increased patient satisfaction, increased patient compliance and improved clinical outcomes.”

### **Mechanism for halting healing of venous ulcers identified**



Researchers have identified that aberrantly expressed microRNAs inhibit healing of chronic venous ulcers, according to **a study in *The Journal of Biological Chemistry***.

Six microRNAs were plentiful in 10 patients with chronic venous ulcers. The microRNAs target genes important in healing



the ulcers. In [an article about the study](#), one of the researchers said, “The more we know about the molecular mechanisms that contribute to [the development of venous ulcers], the more we can rationally develop both diagnostic tools and new therapies.”

## Hemodialysis-related foot ulcers not limited to patients with diabetes



Both patients with diabetes and those without are at risk for hemodialysis-related foot ulcers, according to a study published by *International Wound Journal*.

Researchers assessed 57 patients for ulcer risk factors (peripheral neuropathy, peripheral arterial disease, and foot pathology, such as claw toes, hallux valgus, prominent metatarsal heads, corns, callosities, and nail pathologies) at baseline, and noted mortality 3 years later.

In all, 79% of patients had foot pathology at baseline, and 18% of patients without diabetes had peripheral neuropathy. Peripheral arterial disease was present in 45% of diabetic and 30% of nondiabetic patients. Nearly half (49%) of patients had two or more risk factors. Only 12% of patients had no risk factors. The presence of peripheral arterial disease and peripheral

neuropathy increased risk of mortality.

The authors of “[Prevalence of risk factors for foot ulceration in a general haemodialysis population](#)” state that the high prevalence of risk factors in nondiabetic patients indicates that they are at risk for developing foot ulcers.



## Study identifies risk factors for mortality from MRSA bacteremia

A study in *Emerging Infectious Diseases* found that older age, living in a nursing home, severe bacteremia, and organ impairment increase the risk of death from methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia.

Consultation with a specialist in infectious disease lowers the risk of death, and MRSA strain types weren't associated with mortality.

“[Predicting risk for death from MRSA bacteremia](#)” studied 699 incidents of blood infection from 603 patients who had MRSA bacteremia. ■