



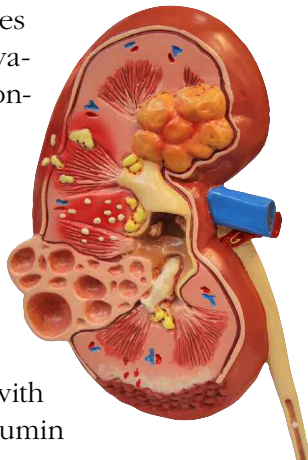
## Low BMD common after ostomy

Low bone mineral density (BMD) is common in patients with inflammatory bowel disease who have a stoma placed, according to **“Frequency, risk factors, and adverse sequelae of bone loss in patients with ostomy for inflammatory bowel diseases,”** published in *Inflammatory Bowel Diseases*.

A total of 126 patients participated in the study, with most (120) undergoing an ileostomy. Fragility fractures occurred five times more often in ostomy patients who had a low BMD compared with those who had a normal BMD. Low BMD was also associated with a low body mass index.

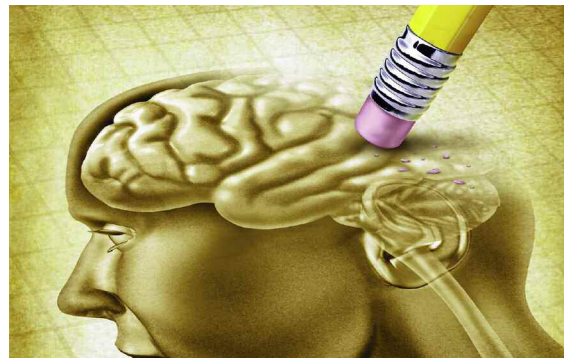
## Prevalence of CKD higher in African Americans and Hispanics with diabetes

African Americans and Hispanics with diabetes have a higher prevalence of early chronic kidney disease (CKD), according to a study in *Diabetes Care*. The study also found early CKD was significantly associated with higher urinary albumin



excretion and/or C-reactive protein.

**“Association of race/ethnicity, inflammation, and albuminuria in patients with diabetes and early chronic kidney disease”** analyzed data from 2,310 patients with diabetes in the National Health and Nutrition Examination Survey (1999-2008) who were age 20 or older and had a fasting plasma glucose of 126 mg/dL or higher.



## Severe hypoglycemia associated with cognitive decline

**“Severe hypoglycemia and cognitive decline in older people with type 2 diabetes: the Edinburgh Type 2 Diabetes Study,”** published in *Diabetes Care*, found that severe hypoglycemia in older adults with type 2 diabetes was associated with poorer cognitive ability and faster decline in ability.

The researchers assessed cognitive function in 831 adults age 60 to 75 who had type 2 diabetes, then repeated the assessment after 4 years. Hypoglycemia at baseline and at the follow-up was associated with cognitive decline, with greater decline at the 4-year mark.

## HBOT benefits patients with diabetic foot ulcers

The most common benefits of hyperbaric oxygen therapy (HBOT) in patients who



have diabetes and foot ulcers are reduced amputation rates and improved healing, according to a literature review published in *International Wound Journal*.

**“Diabetic foot ulcers treated with hyperbaric oxygen therapy: a review of the literature”** included 10 prospective and 7 retrospective studies that evaluated use of HBOT in patients with diabetic foot ulcers. The few studies that analyzed long-term outcomes found that the wounds were likely to remain intact in the future.

Most of the studies had methodological flaws and small sample sizes, so the authors recommend more “robust” research.



## **Pain in chronic leg wounds common**

A study published by *Acta Dermato-Venereologica* reports that 82% of 49 patients with a chronic leg wound experienced wound-related pain, and 42% said their analgesia was insufficient for pain relief.

Of the patients who participated in the **“Association of pain level, health and wound status in patients with chronic leg ulcers”** study,

up to 69% had leg ulcerations caused by vascular disease. Patients with a pain level equal to or greater than 5 on the visual analogue scale had a lower health status than those with lower pain scores.



## **HbA1c variability predictor for mortality in patients with diabetes**

Variability in HbA1c is a predictor of mortality, especially noncancer mortality, in patients with type 2 diabetes, according to a study in the *Journal of Diabetes and Its Complications*. Prediction was independent of mean HbA1c.

**“Association between HbA1c variability and mortality in patients with type 2 diabetes”** studied 754 patients who were first seen between 1995 and 1996, had been followed for at least 2 years, and had four or more HbA1c values. Through June 2012, 63 patients died. The researchers also found that mean HbA1c, but not HbA1c variability, predicted mortality from cancer.



## **Acetaminophen risk**

The U.S. Food and Drug Administration (FDA) **warns** that acetaminophen can cause

three rare but serious skin reactions. Clinicians should instruct patients to stop taking acetaminophen immediately if a rash or other skin reaction occurs and promptly seek medical attention.

*Stevens-Johnson Syndrome* and *toxic epidermal necrolysis* usually require hospitalization and can cause death. Patients with these conditions usually experience flu-like symptoms followed by rash, blistering, and extensive damage to the surfaces of the skin. Recovery can take weeks or months, and possible complications include scarring, changes in skin pigmentation, blindness, and damage to internal organs. *Acute generalized exanthematous pustulosis* usually resolves within 2 weeks of stopping the medication.



## Revascularization less costly than primary amputation

Revascularization costs less and provides more health benefits than wound care alone or primary amputation, according to a study in the *Annals of Vascular Surgery*.

“**Cost-effectiveness of revascularization for limb preservation in patients with marginal functional status**” used a model to simulate clinical outcomes, health utilities, and costs over a 10-year period. The researchers

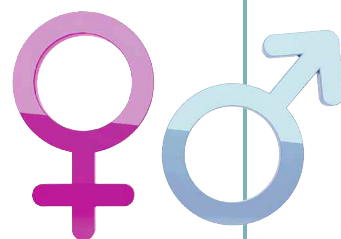
found that the total 10-year costs of endovascular or surgical revascularization were lower than the costs of local wound care or primary amputation. Revascularization health benefits included more years of ambulatory ability, limb salvage, or quality-adjusted life years.

## Effect of ostomy on sexual function

“**Gastrointestinal ostomies and sexual outcomes: a comparison of colorectal cancer patients by ostomy status**” found that a current or past ostomy increases the likelihood of a negative impact on sexual function compared with patients who never had an ostomy.

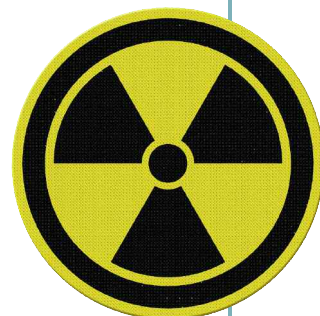
A total of 141 patients participated in the study (18 with a past ostomy, 25 with a current ostomy, and 98 with no ostomy), published in *Supportive Care in Cancer*. The researchers conclude, “Colorectal cancer treatment puts patients at risk for sexual difficulties and some difficulties may be more pronounced for patients with ostomies as part of their treatment.” They recommend clinical information and support.

*Editor’s note:* Patient information on sexuality is available from **United Ostomy Associations of America, Inc.**



## RLNR increases lymphedema risk

Regional lymph node radiation (RLNR) significantly increases the risk of lymphedema compared with breast/chest wall radiation alone, according to a study in *International Journal of Radiation Oncology\*Biophysics*.



“The impact of radiation therapy on the risk of lymphedema after treatment for breast cancer: a prospective cohort study” included 1,476 patients with breast cancer. Treating each breast individually, 1,099 of 1,501 patients received radiation therapy, and researchers used a Perometer® to obtain preoperative and postoperative arm volume measurements.

The researchers recommend that clinicians “weigh the potential benefit of RL-NR for control of disease against the increased risk of lymphedema.”

### Prophylactic dressings may help prevent pressure ulcers

A systematic review published in *International Wound Journal* found that the use



of a dressing as part of prevention may help reduce the incidence of pressure ulcers associated with medical devices, especially in intensive care unit patients who are immobile.

“Systematic review of the use of prophylactic dressings in the prevention of pressure ulcers” reviewed 21 studies, including one randomized clinical trial. The researchers note that the evidence doesn’t suggest that one dressing type is more effective than another.

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