

Diabetes 'ABC' goals improve, but work remains

The number of people with diabetes who are meeting the ABC goals—hemoglobin A1C, blood pressure, and LDL cholesterol—has risen significantly in recent years, according to a study published by *Diabetes Care*. Patients meeting all three goals rose from about 2% in 1988 to about 19% in 2010.

Gains were made in each of the ABC goals, based on 2007 to 2010 data: 53% of patients met A1C goals, compared to 43% in 1988 to 1994 data; 51% met blood pressure goals, compared to 33%; and 56% met LDL goals, compared to 10%.

Younger people were less likely to meet A1C and cholesterol goals. Compared with non-

Hispanic whites, Mexican Americans were less likely to meet A1C and LDL goals and non-Hispanic blacks were less likely to meet blood pressure and LDL goals.

“The prevalence of meeting A1C, blood pressure, and LDL goals among people with diabetes, 1988–2010” also found that statin use significantly increased from about 4% in 1988 to 1994 to about 51% in 2007 to 2010.

The researchers analyzed data from the National Health and Nutrition Examination Surveys from 1988–1994, 1999–2002, 2003–2006, and 2007–2010. Nearly 5,000 people age 20 or older participated.

Although progress had been made, the researchers conclude, “Despite significant improvement during the past decade, achieving the ABC goals remains suboptimal among adults with diabetes, particularly in some minority groups.”

Daily bathing with chlorhexidine-impregnated washcloths reduces infection risk

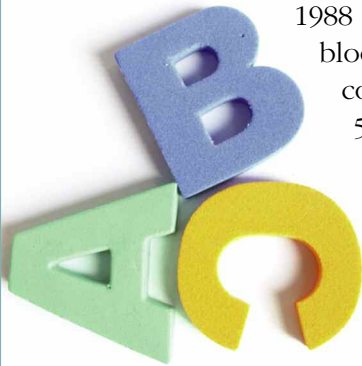
A study in *The New England Journal of Medicine* reports that daily bathing with chlorhexidine-impregnated washcloths reduces the risk of becoming infected with multidrug-resistant organisms and subsequent development of hospital-acquired bloodstream infections in intensive care unit patients.

“Effect of daily chlorhexidine bathing on hospital-acquired infection” included 7,727 patients in nine intensive care and bone marrow units in six hospitals. The units were randomly assigned to bathe patients with either no-rinse 2% chlorhexidine-impregnated washcloths or nonantimicrobial washcloths for 6 months; then, the units switched to the opposite product for 6 months.

The rate of infection with multidrug-resistant organisms was 23% lower in the chlorhexidine group and the rate of hospital-acquired bloodstream infection was 28% lower in the chlorhexidine group.

Patients tend not to wear custom-made footwear for preventing diabetic foot ulcers

Adherence to wearing prescription custom-made footwear was low among patients with diabetes, neuropathy, and a recently healed plantar foot ulcer, according to a study in *Diabetes Care*.



The low adherence was particularly notable at home, where patients did the most walking.

“Adherence to wearing prescription custom-made footwear in patients with diabetes at high risk for plantar foot ulceration” studied 107 patients by using a shoe-worn, temperature-based monitor. The researchers also measured daily step count by using an ankle-worn activity monitor.

Factors associated with higher adherence included lower body mass index, more severe foot deformity, and more appealing footwear.

Tedizolid works as well as linezolid in patients with acute bacterial skin infections



A *JAMA* study says that a 200-mg once-daily dose of oral tedizolid phosphate over 6 days was as effective as 600 mg of oral linezolid every 12 hours for 10 days in patients with acute bacterial skin and skin-structure infections, including cellulitis or erysipelas, major cutaneous abscesses, and wound infections.

“Tedizolid phosphate vs linezolid for treatment of acute bacterial skin and skin structure infections: The ESTABLISH-1 Randomized Trial” reports a Phase 3, randomized, double-blind study conducted in 81 study centers with data analyzed from 667 adults.

A shorter course of tedizolid may be a “reasonable alternative” to linezolid for treating acute bacterial skin and skin-structure infections, the study concludes.



Water-based exercise improves ROM in patients with long-term arm lymphedema

A study of breast cancer survivors (median 10 years after surgery) with lymphedema found that a water-based exercise program improved shoulder range of motion (ROM).

Of the 29 eligible patients, 25 completed the study **“Water-based exercise for patients with chronic arm lymphedema: A randomized controlled pilot trial,”** published in the *American Journal of Physical Medicine & Rehabilitation*.

The program consisted of at least twice-weekly water-based exercise for 8 weeks. At first, participants were supervised, but later they exercised independently. Although lymphedema status didn't change, those who performed water-based exercise had an increase in ROM, showing improvement years after surgery.

Dehydrated amniotic membrane allograft possible option for treating chronic wounds

A dehydrated amniotic membrane allograft (EpiFix) was used to treat four patients whose wounds hadn't closed after conservative and advanced measures and who had been referred for plastic procedures. A variety of wounds healed (located on the elbow, knee, hand, and ankle) after one to three applications of the amniotic material, which patients tolerated well. The wounds remained closed several months later.

The authors of “**Use of dehydrated human amniotic membrane allografts to promote healing in patients with refractory non healing wounds**” recommend further investigation.

Mortality not linked to hospital readmissions in some patients



A study in *JAMA* reports that readmission rates aren't linked to mortality rates in patients with an acute myocardial infarction or pneumonia and were only “weakly associated” for patients with heart failure.

“**Relationship between hospital readmission and mortality rates for patients hospitalized with acute myocardial infarction, heart failure, or pneumonia**” studied Medicare beneficiaries. The study is likely to fuel ongoing discussions as to the value of using readmission and mortality rates as factors for reimbursement.

Study casts doubt on MLD's role in breast cancer-related lymphedema



A meta-analysis published in the *World Journal of Surgical Oncology* found the “current evidence” from randomized clinical trials “does not support” the use of manual lymphatic drainage (MLD) in preventing or treating lymphedema in patients with breast cancer.

However, the authors of “**Effects of manual lymphatic drainage on breast cancer-related lymphedema: a systematic review and meta-analysis of randomized controlled trials**” note that the overall methodology of the studies was poor.

The authors analyzed 10 randomized clinical trials with 566 patients.

CDC issues additional prevention steps for carbapenem-resistant *Enterobacteriaceae*

On Feb. 14, the Centers for Disease Control and Prevention (CDC) issued **additional prevention steps** for carbapenem-resistant *Enterobacteriaceae* (CRE). Increased reports of CRE prompted the action: Of the 37 unusual forms of CRE reported in the U.S., the last 15 have been reported since July 2012.

Facilities should follow the CDC **guidance for preventing the spread of CRE** in health-care settings. The CDC also now recommends the following:

- When a CRE is identified in a patient with a history of an overnight stay in a healthcare facility (within the last 6 months) outside the U.S., send the isolate to a reference laboratory for confirmatory susceptibility testing and test to determine the carbapenem resistance mechanism.
- For patients admitted to healthcare facilities in the U.S. after recently being hospitalized (within the last 6 months) in countries outside the U.S., consider performing rectal screening cultures to detect CRE colonization, and place patients on contact precautions while awaiting the results.

Examples of *Enterobacteriaceae* include *Klebsiella* species and *Escherichia coli*. CRE are *Enterobacteriaceae* with high levels of resistance to antibiotics, including carbapenems. CRE infections most commonly occur among patients who are receiving antibiotics and significant medical treatment for other conditions. ■