



Women Missing Out on Cholesterol Screening

Nearly 30% of women with cardiovascular disease, 20% of those with hypertension, and 45% of smokers reported having no cholesterol screening in the previous 5 years, despite having seen a health care provider, in a study by researchers from the Centers for Disease Control and Prevention.

The researchers analyzed data on 4,837 women of reproductive age (20 to 44), including self-reports of blood pressure (BP) screening within 2 years and cholesterol screening within 5 years. Overall, the women had a high prevalence of modifiable risk factors: 26% were obese, and 21% reported current smoking, for instance. One in 5 women was uninsured or underinsured. However, nearly all had seen or talked to a health care provider within the preceding 5 years.

Participants were much more likely to have had a BP screening than cholesterol screening (90% vs 63%). Only 3% of the women reported never having their BP checked compared with 32% who reported never having had a cholesterol test. Uninsured and underinsured women had the lowest prevalence of recommended BP screening (77%) and cholesterol screening (48%).

Still, the findings weren't completely bleak. About 81% of women with diabetes/prediabetes or hypertension received recommended cholesterol screening compared with 62% of women without diabetes/prediabetes and 61% of those without hypertension. Black and Hispanic women were more likely to receive cholesterol screening, possibly because of targeted screening based on risk factors, the researchers say.

Seeing a health care provider was key to getting screened appropriately:

Women who had seen or talked to a health care provider in the preceding 5 years were nearly 9 times as likely to have screening compared with women who had not. Having any health insurance was another important predictor; private health insurance nearly doubled the odds of getting screened.

Source: *Am J Prev Med.* 2011;41(6):588-595.
doi: 10.1016/j.amepre.2011.08.010.

"Individualizing" Glucose Monitors Can Help Reduce Infection

To each his own glucose meter? A before-and-after study at the Mayo Clinic, Jacksonville, Florida, found use of glucose meters was associated with a high number of opportunities to transmit infections—unless the meters were assigned to individual patients.

The researchers note that handheld blood glucose meters have been implicated in transmission of hepatitis B and C viruses and, as they travel from patient to patient, can carry along hitchhiking nosocomial pathogens, such as methicillin-resistant *Staphylococcus aureus*, vancomycin-resistant enterococci, and *Clostridium difficile*.

One of the advantages of the new glucose monitoring technologies, the researchers point out, is that they provide electronic records on device use that can be used to track and reduce infection risk. In their study, they used the electronic records for data during 2 study periods. In the first, 38 glucose meters were used to perform 11,665 measurements on 803 patients. Within 24 hours, 9,310 tests were performed sequentially on different patients. In the second period, the researchers assessed usage and increased the glucose monitor inventory to be able to assign 1 meter per

room in the high-use units. During this period, 12,410 point-of-care measurements were performed, but sequential use of devices on different patients represented only 33% of use compared with 80% during the baseline period. In fact, dedicated glucose meters reduced sequential use on different patients by as much as 99% compared with the baseline period.

While a minimum of 310 hours was needed to clean and disinfect the devices in the baseline period, in the second part of the study the time required for cleaning and disinfecting between patients was reduced by 176 hours, despite more total point-of-care glucose tests being performed. Even in the second period, some meters were used on different patients, because they were reassigned after each patient was discharged. However, the researchers say ample time was available during the room turnover to complete cleaning and disinfection, while also providing time for quality control testing.

Source: *Am J Infect Control.* 2011;39:752-756.
doi: 10.1016/j.ajic.2010.12.019.

A Brighter Prognosis in Nonalcoholic Fatty Liver Disease

Contrary to their hypothesis (and to current belief), Johns Hopkins' researchers say nonalcoholic fatty liver disease (NAFLD) does not increase the risk of death. The findings were a surprise to the researchers, whose initial hypothesis was based on the fact that NAFLD is a leading cause of chronic liver disease in the United States and might reasonably be expected to worsen outcomes.

The researchers analyzed data from 11,371 adults assessed for hepatic steatosis who were participating in the

Third National Health and Nutrition Examination Survey. The main outcome measures of the study were mortality from all causes, cardiovascular disease (CVD), cancer, and liver disease. Of the participants, 16% had NAFLD and 3% had steatohepatitis. Participants with NAFLD were more likely to be older, men, Mexican American, sedentary, and obese and to have diabetes, high cholesterol, high blood pressure, and a history of CVD. They also had higher levels of glycated hemoglobin, higher ratios of triglyceride to high-density lipoprotein cholesterol, worse insulin resistance, and higher liver enzymes.

Maximum follow-up was 18 years, during which 1,836 participants died (22%). After adjusting for sociodemographic characteristics, lifestyle risk factors, hypertension, and hypercholesterolemia, the hazard ratios (HRs) for death were 0.91 (95% confidence interval [CI], 0.78–1.08) in cases of

NAFLD or nonalcoholic steatohepatitis and 0.80 (95% CI, 0.53–1.22) for patients without hepatic steatosis.

Similarly, when the researchers broke down mortality by type, NAFLD did not raise the risk of death, with HRs of 0.86 (95% CI, 0.67–1.12) vs 0.59 (95% CI, 0.29–1.20) for CVD; 0.92 (95% CI, 0.67–1.27) vs 0.53 (95% CI, 0.26–1.10) for cancer, and 0.64 (95% CI, 0.12–3.59) vs 1.17 (95% CI, 0.15–8.93) for liver disease.

Few studies have assessed the clinical course of NAFLD and its impact on mortality, the researchers say, and retrospective studies of histology-based disease and mortality have been inconsistent. To their knowledge, only 3 studies have looked at the association between NAFLD and death, and all used data from the US Third National Health and Nutrition Examination Survey (NHANES III). All 3, however, used liver enzyme levels as surrogate markers of NAFLD,

and follow-up extended to only 2,000 (the current study used NHANES III follow-up data through 2006). Moreover, the 3 studies used different definitions of NAFLD.

The results of their study have important clinical implications, the researchers say, since NAFLD is the most common liver disease and has received “considerable attention” as an independent risk factor for CVD. While NAFLD is strongly associated with CVD, the prognosis is not as dire as thought.

Source: *BMJ*. 2011;343:bmj.d6891.
doi: 10.1136/bmj.d6891.

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