

Cholinesterase Inhibitors Underprescribed by All

SALLY KOCH KUBETIN
Senior Editor

TORONTO — Neurologists are more likely than are primary care physicians or psychiatrists to prescribe a cholinesterase inhibitor for a patient with mild to moderate Alzheimer's disease, but even they fall short of meeting goals in clinical guidelines, Daniel L. Murman, M.D., said at the annual meeting of the American Neurological Association.

The ANA's evidence-based guidelines on management of patients with dementia call for physicians caring for ambulatory patients with mild to moderate dementia to consider using a cholinesterase inhibitor where appropriate. A review of real-world data suggests that actual practice falls short of ideal, said Dr. Murman of the University of Nebraska, Omaha.

Dr. Murman and his associates reviewed office visit data that had been collected as part of the National Ambulatory Medical Care Survey of office-based non-federally employed physicians. They focused on office visits made between 1993 and 2001 with the ICD-9 codes 331.0 (Alzheimer's disease), 290.2 (senile dementia with delusion or dementia), and 290.3 (senile dementia with delirium).

Because the patients were ambulatory, it

was presumed that their dementia was mild to moderate.

A total of 700,000 office visits were made by the study population for Alzheimer's disease and senile dementia during the years of the study. The investigators extrapolated that there were 7.5 million physician office visits nationwide related to these dementias between 1993 and 2001.

About 34% of the office visits for these categories of dementia were made to internists, 27% were made to family physicians, 12% were made to neurologists, and 11% to psychiatrists. Only 10% of the office visits were by new patients. Overall, 17% of the office visits were by patients referred by other physicians.

On average, physicians spent 34 minutes with a new patient and 20 minutes with an established patient. Neurologists spent the longest time with new patients (40 minutes during that first office visit), compared with 22 minutes for family physicians, 32 minutes for internists, and 37 minutes for psychiatrists. Cholinesterase inhibitors, the only drugs with an indication for Alzheimer's disease, were prescribed for 29% of the patients with Alzheimer's disease. A cholinesterase inhibitor was prescribed in 48% of office visits to neurologists, 29% of those to family physicians, and 27% of those to internists and psychiatrists. ■

Physicians Begin to Address Patients' Low Health Literacy

BY MARY ELLEN SCHNEIDER
Senior Writer

WASHINGTON — Physicians are experimenting with better ways to communicate with patients with low health literacy, Joanne Schwartzberg, M.D., said at a conference on health literacy sponsored by the American College of Physicians.

"It's right in the lap of every physician," said Dr. Schwartzberg, director of aging and community health at the American Medical Association. "Physicians can't say it's someone else's problem." Using simple language, distributing patient education materials, speaking slowly, reading instructions aloud, asking patients how they follow instructions at home, using teach-back techniques, and drawing pictures are some of the ways health care providers say they are trying to do a better job of reaching out to patients with low health literacy, Dr. Schwartzberg said.

The AMA has developed a health literacy kit with a video and manual for clinicians. The group has also started a train-the-trainer program. To date, the group has trained 11 teams from state and specialty societies. In 6 months, the first 5 teams have conducted 57 train-

ings and reached more than 1,500 physicians, she said.

Preliminary results show that after the training, a majority of the physicians changed their communication with patients. For example, many reported that they were more often asking patients to repeat back instructions.

Reaching out to patients with low health literacy is especially important in managing chronic disease because there is a "mismatch" between the capabilities of individuals and the demands of their diseases, said Dean Schillinger, M.D., associate professor of medicine at the University of California, San Francisco.

For example, in examining the interactions between physicians and patients with type 2 diabetes, Dr. Schillinger found that physicians used a lot of medical jargon providing recommendations to patients. Patients with low health literacy were confused by terms that physicians might expect a chronic diabetes patient to know, such as "glucometer." And more research is still needed on what interventions work, especially if the medical community is going to ask insurers to offer financial incentives, said David Kindig, M.D., chair of the Institute of Medicine Committee on Health Literacy. ■

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