

## Health

### 'Misleading claims'

## E-consults with allergists save time for doc, patient

NEW YORK, July 3, (RTRS): When allergy specialists advise other doctors via "e-consults," everyone – patients included – saves time, a new study suggests.

In an e-consult, specialists review a patient's electronic medical record through a secure portal and answer questions from primary care doctors who seek their advice and opinion.

This system is intended to replace the informal "curbside" practice of clinicians seeking medical opinions from specialists by walking into their offices, or over the phone.

#### Information

Informal consultations don't get documented in the medical record, and furthermore, specialists may get very limited or nonspecific information "and they're trying to use that to make a recommendation," said study author Dr Neelam Phadke from the Massachusetts General Hospital in Boston, where the new study was conducted.

Phadke's team analyzed roughly 300 allergy e-consults and found more than one in four provided advice and education without the patient needing to go for further diagnostic testing or to see a subspecialist.

Half the time, allergists needed no more than 11 minutes to complete an e-consult.

"That includes the amount of time the allergist took to read the questions, to review the charts, to make their recommendations and to send these recommendations back to the primary care doctor," Phadke told Reuters Health by phone. "There's no doubt that for all of the people who are key players here, there is a significant time saving."

The study also found that half the time, allergists were able to respond to requests from other clinicians within 22 hours.

Traditional wait times are about a month for patients whose cases have been flagged to allergists by primary care doctors that don't use e-consults, because patients must then wait for an appointment with the allergist.

Although the study was not designed to look at costs, previous studies suggest nearly \$125 is saved for every traditional new patient consult replaced with an e-consult.

Still, e-consults are not yet popular among allergists.

One reason might be that e-consults are not currently recognized by health insurers for reimbursement, Phadke said.

Dr Tania Elliott, an allergist at NYU Langone Health in New York City, who was not involved in the study, also noted that administrative, operational and educational barriers need to be addressed in order for e-consults to become mainstream.

She agreed that e-consults can reduce unnecessary referrals and diagnostic tests.

"There is particular potential to use them to treat drug allergy, particularly penicillin allergy, and even skin allergies such as atopic dermatitis and urticaria, if high resolution photos are uploaded and sent to the allergist," she said.

Dr Nathaniel Hare, an allergist at the UPMC Susquehanna Health

Allergy Clinic in Williamsport, Pennsylvania, believes e-consults could become quite popular.

"I live in a relatively rural area in central Pennsylvania and take care of patients that sometimes drive an hour or more to see me," Hare, who was not involved in the study, said. "There are times when I am simply taking a history that could be done without them there and then scheduling testing for a future date. I think having an e-consult first could help address these sorts of issues."

For the study, researchers reviewed outcomes of 306 e-consults performed between 2016 and 2018. They found that 60% of patients who received an e-consult required an in-person consult to complete diagnosis and management, while 13% of patients received exclusively electronic guidance for diagnostic, therapeutic, or referral recommendations that were followed nearly 75% of the time.

#### Also:

**NEW YORK:** Facebook Inc said on Tuesday it was taking steps to reduce promotion of products based on misleading health-related claims.

In a blog post here, the social media company said it had made two updates last month to reduce posts with exaggerated or sensational health claims.

Facebook said it will take actions to reduce posts making assertions about a "miracle cure", and against the ones aimed to promote products or services on health-related claims, such as a pill for weight loss.

The company and its peers around the world are under growing pressure to rid their platforms of fake news and misinformation, and the spread of misleading health claims were highlighted as a concern in some recent media reports.

The Wall Street Journal had earlier reported that Facebook and YouTube were filled with "harmful information" about health treatments.

"We know that people don't like posts that are sensational or spammy, and misleading health content is particularly bad for our community," Facebook product manager Travis Yeh said.

The update will not have a major impact on users' news feed, Facebook said.



**CAPE TOWN:** South Africa's Biovac Institute will start local production of Sanofi's Hexaxim vaccine next year and Pfizer's anti-pneumonia Prevnar 13 vaccine in 2021, boosting supply of life-saving drugs in its main market, its CEO said.

Local output of the two human vaccines is a step change for Biovac, a public-private partnership 47.5%-owned by the South African government with long-term ambitions of expanding sales into the continent.

The new production lines follow years of technology transfers and skills upgrades with partners Sanofi and Pfizer in Africa's largest pharmaceutical market. The companies were tight-lipped about commercial details of the partnership.



In this March 22, 2019 file photo, Heather Randazzo, a grow employee at Compassionate Care Foundation's medical marijuana dispensary, trims leaves off marijuana plants in the company's grow house in Egg Harbor Township, NJ. On July 2, NJ Gov Phil Murphy signed legislation that would make it easier for health care officials to prescribe medical marijuana for New Jersey patients. (AP)

### Sleep deprivation linked to metabolic abnormalities

## Varied bedtimes tied to obesity, diabetes

Severe apnea doubles heart risk

## Sleep apnea tied to heart problems after op

NEW YORK, July 3, (RTRS): People who don't consistently get the same amount of sleep or go to bed at the same time each night may be more likely to develop health problems like obesity, high blood pressure, high cholesterol and diabetes, a recent study suggests.

Lack of sleep has long been linked to a wide range of so-called metabolic abnormalities, including obesity, high blood pressure, high cholesterol, and diabetes. But much of this research focused on the effect of the average amount of sleep people get, and not on how much sleep routines varied from one day to the next, said study coauthor Tianyi Huang, of Brigham and Women's Hospital and Harvard Medical School in Boston.

"In this study, we showed that high night-to-night differences in sleep schedules (either duration or timing) are associated with higher risk of developing metabolic problems, particularly multiple metabolic abnormalities at the same time," Huang said by email.

#### Metabolic

"Importantly, this finding is independent of sleep duration/quality, that is, more irregular sleep schedules are associated with higher metabolic disease risk no matter one has short or long sleep duration or has good or poor sleep quality," Huang added. "The negative impact of short sleep duration on some nights cannot be compensated for by extended longer sleep duration on other nights," Huang said by email.

As reported in Diabetes Care, the researchers had 2,003 patients do home-based sleep studies for one week using devices known as actigraphs, which assess nighttime movements and sleep-wake cycles.

On average, these people got about 7.15 hours of sleep each night and went to bed at around 11:40 p.m. Roughly two-thirds of them had more than one hour of variation in sleep duration, and 45% of them had more than one hour of variation in their bedtime.

A total of 707 participants, or 35%, had so-called metabolic syndrome, or

NEW YORK, July 3, (RTRS): People having surgery may be more likely to experience cardiovascular problems afterward when they have a common nighttime breathing disorder known as sleep apnea, a study suggests.

Compared to patients without apnea, people with severe apnea were more than twice as likely to die of heart complications or experience serious cardiac events like heart attacks and strokes within 30 days of surgery, researchers report in JAMA.

Previous research suggests that sleep irregularities can increase the risks for a variety of cardiovascular disorders, such as clogged or hardened arteries, high blood pressure, irregular heartbeat, and stroke, as well as metabolic problems like high cholesterol, obesity and diabetes that all contribute to cardiovascular disease.

For the current study, researchers did sleep studies for 1,218 patients before they had surgery for conditions unrelated to heart disease. None of the patients had been previously diagnosed with apnea – which occurs when breathing

repeatedly stops and starts during sleep – but two-thirds of them were found to have the condition based on their sleep study results.

"In patients with severe obstructive sleep apnea, there are repeated episodes of complete or partial airway obstruction during sleep," said lead study author Dr Matthew Chan of the Chinese University of Hong Kong.

"Patients having surgery are particularly vulnerable because the surgery and anesthetics are likely to worsen airway obstruction," Chan said by email.

The type of anesthesia during the surgery didn't appear to influence the risk of heart complications afterwards. Use of opioids and oxygen therapy after surgery also didn't appear to impact the risk.

Slightly more than one in 10 patients in the study had severe apnea, when breathing stopped and started more than 30 times a night.

About 19 percent of participants had moderate apnea, when breathing stopped and started at least 15 times a night; 37 percent had mild apnea with no more than no more than five episodes a night.

Like severe apnea, moderate and mild cases also appeared to increase the risk of cardiac events after surgery. But with the exception of severe apnea, the increased risk was too small to rule out the possibility that it was due to chance.

Patients with mild and moderate apnea were typically overweight, and people with severe apnea tended to be obese.

The study wasn't a controlled experiment designed to prove whether or how undiagnosed or untreated apnea might directly cause heart problems after surgery.

One limitation of the study is the potential for differences in postoperative care to influence the risk for heart complications, the study authors note.

Even so, the results suggest that identifying patients with undiagnosed apnea prior to surgery may help reduce their risk of cardiac complications afterward, said Dr Dennis Auckley of Case Western Reserve University and MetroHealth Medical Center in Cleveland, Ohio, who wrote an editorial that was published with the study.

multiple types of metabolic abnormalities that increase the risk for heart disease, including increased blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol or triglyceride levels.

Compared to people who had less than one hour of variation in sleep duration, people whose sleep duration varied by 60 to 90 minutes were 27% more likely to have metabolic syndrome. The increased risk rose to 41% for people with 90 to 120 minutes of variation in sleep duration, and jumped to 57% with more than two hours of

variation in sleep duration.

Compared with people with no more than a half hour of variation in their nightly bedtime, people whose bedtime varied by 30 to 60 minutes had a similar risk for metabolic syndrome. But the risk was 14% higher when bedtimes varied by 60 to 90 minutes and 58% higher when bedtimes varied by more than 90 minutes.

The study wasn't a controlled experiment designed to prove whether or how shifts in sleep duration or bedtimes might directly cause metabolic syndrome.

"The reason increased variability has a detrimental effect on metabolic

health may have to do with our biological clocks," said Kristen Knutson, a researcher at Northwestern University Feinberg School of Medicine in Chicago who wasn't involved in the study.

"We have internal 24-hour rhythms of many processes that impact metabolism and for optimal function these rhythms should be synchronized with each other and with the environment," Knutson said by email. "If we are sleeping at different times and different amounts, our internal clocks may have difficulty staying synchronized, which may impair function."

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