Take 3 – Practical Practice Pointers© November 12, 2018 Edition

Cardiorenal Syndrome, Violence/Abuse, Gun Violence

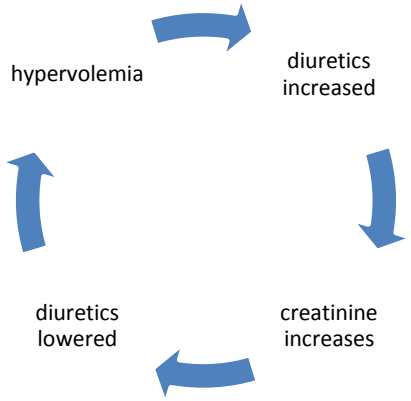
From the Guidelines and Co-Management Agreement

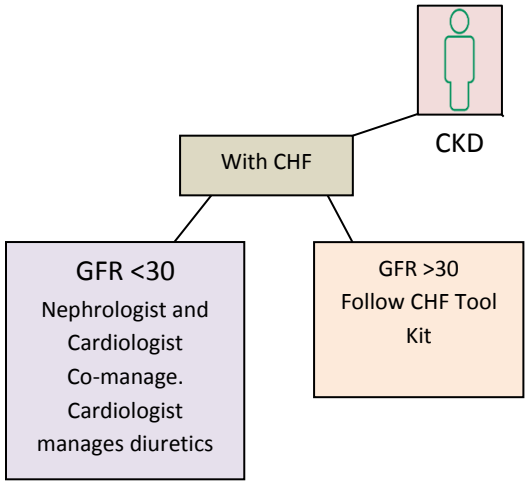
1) Co-Management of Cardio-Renal Syndrome with eGFR < 30

Patients with heart failure (HF) often have chronic kidney disease (CKD), which presents a challenge in properly managing hypervolemia. Either disease state can present first and subsequently lead to the other. The patient with cardio-renal syndrome will be managed by diuretics to manage hypervolemia until their CKD leads to end stage renal disease (ESRD) and dialysis.

The co-management opportunities for these patients involves the primary care clinician, cardiologist and nephrologist. When HF exacerbates, diuretics are typically increased by the cardiologist, and the patient's creatinine levels increase. When the rise in creatinine is addressed, the diuretic is sometimes lowered, and hypervolemia may occur.

Inadequate diuresis is a factor leading to exacerbation and readmissions. Sometimes a higher creatinine level baseline is necessary in order to maintain euvolemia, knowing it will typically lead to a lower GFR. When managing these patients, use the flowchart below for guidance:





Primary Care Clinician responsibilities:

- Follow IP/ED/SNF discharges and ensure both specialties have updated information
- Closely monitor patient following CHF and CKD guidelines
- Ensure medications reconciliation and communicate changes to care team
- Forward progress note to Nephrologist and Cardiologist following each visit

My Comment:
This syndrome serves as a great example of collaborative care opportunities between specialists. Many of these patients are quite complex and have multiple other co-morbidities, so we in primary care are can do much more than coordinate care for these patients, but can truly provide comprehensive primary health care for them.

References:

- Zannad F and Rossignol P. Cardiorenal Syndrome Revisited. Circulation August 28 2018;138(9):929–944. Abstract
- Carilion Clinic Cardio-Renal Co-Management Agreement (attached)

From the USPSTF

2) Intimate partner violence (IPV) and Elder/Vulnerable Adult Abuse

Intimate partner violence (IPV), elder abuse, and abuse of vulnerable adults can cause acute and long-term adverse physical and mental health as well as adverse social consequences (eg, homelessness). IPV refers to physical or sexual violence, psychological aggression, or stalking by a person with whom one has a close personal relationship, such as a spouse. It is estimated that 5% of both men and women have experienced IPV in the past year (including sexual violence, physical violence, and/or stalking) and approximately 36% of women and 33% of men during their lifetime.

In addition to the immediate effects of IPV, such as injury and death, there are other health consequences, many with long-term effects, including development of mental health conditions such as depression, PTSD, anxiety disorders, substance abuse, and suicidal behavior; sexually transmitted infections; unintended pregnancy; and chronic pain and other disabilities. Violence during pregnancy is associated with preterm birth and low birth weight and adverse effects on maternal and infant health, including postpartum mental health problems and hospitalization during infancy.

Elder abuse refers to an intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a serious risk of harm to an older adult; similar criteria apply to abuse of vulnerable adults (those with impaired ability to perform normal activities of daily living or to provide for their own care because of physical or mental disability). In a 2008 survey of older adults, 10% of respondents reported past-year emotional, physical, or sexual mistreatment or potential neglect. Long-term negative health effects from elder abuse include death, higher risk of nursing home placement among those referred to APS, and adverse psychological consequences (distress, anxiety, and depression).

Routine screening of people without signs or symptoms of abuse could identify abuse not otherwise disclosed and provide opportunities for intervention that may reduce future abuse as well as short- and long-term adverse health consequences. The USPSTF recently updated their 2013 guidelines on Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults. Recommendations included:

- Clinicians should screen for IPV in women of reproductive age and provide or refer women who screen positive to ongoing support services. (B)
- The current evidence is insufficient to assess the balance of benefits and harms of screening for abuse and neglect in all older or vulnerable adults. (I)

They concluded that although available screening tools may reasonably identify women experiencing IPV, trials of IPV screening in adult women did not show a reduction in IPV or improvement in quality of life over 3 to 18 months. Limited evidence suggested that home visiting and behavioral counseling interventions that address multiple risk factors may lead to reduced IPV among pregnant or postpartum women. No studies assessed screening or treatment for elder abuse and abuse of vulnerable adults.

My Comment:
This is a hidden and not-so-hidden epidemic in our country. The statistics are rather sobering. Movements such as the #MeToo movement have raised awareness of sexual violence, but much of this type of violence, particularly IPV in marriages, tends to be more hidden. As with Pointer #3 below, this is an issue that provides clinicians an opportunity to help address domestic violence in its many forms and provide help for those who are caught up in it.

References:

- Feltner C, Wallace I, Berkman N, et al. Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Evidence Report and Systematic Review for the USPSTF. JAMA. 2018 Oct 23;320(16):1688-1701. Link
- USPSTF: Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable October 2018: Recommendation

From the Literature, Guidelines and Primary Care Specialty Societies

3) Preventing Gun Violence as a Public Health Concern

In light of the escalating public health crisis of firearm violence in the US, the American College of Physicians (ACP) has recently added four position statements and recommendations to the six their board approved in 2014. The ACP has advocated for better controls of guns use for more than 20 years, emphasizing that gun violence is a public health problem that directly affects physicians and their patients. Abridged statements include:

- Recommends a public health approach to firearms-related violence and the prevention of firearm injuries and deaths.
- The medical profession has a special responsibility to speak out on prevention of firearm-related injuries and deaths, just as physicians have spoken out on other public health issues. Physicians should counsel patients on the risk of having firearms in the home, particularly when children, adolescents, people with dementia, people with mental illnesses, people with substance use disorders, or others who are at increased risk of harming themselves or others are present.
- Supports appropriate regulation of the purchase of legal firearms to reduce firearms-related injuries and deaths. The College acknowledges that any such regulations must be consistent with present Supreme Court rulings. Sales of firearms should be subject to satisfactory completion of a criminal background check and proof of satisfactory completion of an appropriate educational program on firearms safety. The ACP supports a universal background check system
- Recommends that guns be subject to consumer product regulations regarding access, safety, and design.
- Firearm owners should adhere to best practices to reduce the risk of accidental or intentional injuries or deaths from firearms. ACP supports child access prevention laws that hold firearm owners accountable for the safe storage of firearms. Firearm owners should report the theft or loss of their firearm within 72 hours of becoming aware of its loss.
- The College cautions against broadly including those with mental illness in a category of dangerous individuals, and instead recommends that every effort be

made to reduce the risk of suicide and violence, through prevention and treatment, by the subset of individuals with mental illness who are at risk.
- The College favors legislation to ban the manufacture, sale, transfer, and subsequent ownership for civilian use of semiautomatic firearms that are designed to increase their rapid killing capacity ("assault weapons") and large-capacity magazines, and retaining the current ban on automatic weapons for civilian use.
- The College supports efforts to improve and modify firearms to make them as safe as possible, including the incorporation of built-in safety devices (such as trigger locks and signals that indicate a gun is loaded). Further research is needed on the development of personalized guns.
- More research is needed on firearm violence and on intervention and prevention strategies to reduce injuries caused by firearms. The CDC, NIH, and National Institute of Justice should receive adequate funding to study the impact of gun violence on the public's health and safety. Access to data should not be restricted.
- ACP supports the enactment of extreme risk protection order (ERPO) laws which allow family members and law enforcement officers to petition a court to temporarily remove firearms from individuals who are determined to be at imminent risk of harming themselves or others while providing due process protections.

My Comment:
One of my grandfathers was a farmer, and as a boy I regularly hunted on the family farm in Pennsylvania, so I grew up around guns. Gun safety was also drilled into us and practiced by all I was around. I agree that gun violence is a public health issue, and applaud the joint statement (2nd reference) from all the primary care societies. At the least, encouraging gun safety for our patients who are gun owners seems a reasonable and responsible first step. As community leaders, we all have an important part to play.

References:

- Butkus R, et al. Reducing Firearm Injuries and Deaths in the United States: A Position Paper From the American College of Physicians. Ann Int Med 30 October 2018. Article
- Joint Statement on Gun Violence from the AAFP, ACP, AAP, ACOG, APA: February 16, 2018: Link
- AAP Policy Statement: Firearm-Related Injuries Affecting the Pediatric Population Pediatrics November 2012;130(5):e1416-1423. Link
- AAFP Prevention of Gun Violence - Link

Feel free to forward Take 3 to your colleagues. Glad to add them to the distribution list.

Mark

Carilion Clinic Department of Family and Community Medicine