SHA 052. An alternative approach for the rising challenge of hypertensive illness in SA via Helicobacter pylori eradication

Abdullah M. Nasrat, MBBCh, MSc, Salwa A.M. Nasrat, BSPT

Objective: This study aims at demonstrating a link between the bacterium Helicobacter pylori and the challenging hypertensive illness.

Background: The prevalence of hypertension in developing countries has been considered by some reports a consequence of progress and life style changes (Reddy et al., 2006). In spite of that, traditional risk factors do not appear fully sufficient to explain the rising figures of hypertensive disease which further indicates that attempts to control the problem depending upon traditional measures can never be adequate or successful. H. pylori can migrate to the colon (Farinha and Gascoyne, 2005), it will continue producing ammonia for a reason or no reason leading to accumulation of profuse toxic amounts of ammonia, unopposed or buffered by any acidity, which could lead to multiple colonic and a high rectal spasm. A colonic re-absorptive error is established with excessive fluid and salt retention in the body that would definitely lead to a hypertensive illness which is supposed to remain inadequately controlled without eradication of the etiologic pathological error.

Methods: 33 hypertensive different nationality patients under medications living in Saudi Arabia were randomly included in this study without any selection. They were screened for the existence of H. pylori by specific test (Farinha and Gascoyne, 2005) and were given an eradication therapy for H. pylori (Nasrat, 2009). The study was held in Al-Salam Hospital in Jeddah between 2005 and 2008.

Results: 30 patients were able to resume normal blood pressure values.

Conclusion: The concept of the colonic re-absorptive error considered in this study is not just hypothetical as upon the basis of this concept, most of the patients (90.9%) were able to quit their medications and maintain normal blood pressure values by mere eradication of H. pylori from colon, colon care and colon clear; although they were inadequately controlled in spite of regular follow up of medications and extreme carefulness about their style of life.

References


doi:10.1016/j.jsa.2011.02.053

SHA 053. Frequency and etiology of elevated troponin in patients with normal coronary arteries

Hamdan Ahmed Gebreil, MBBS, MRCP (UK) a, Mouaz H. Al-Mallah, MD, MSc, FAAC, FAHA, FESC b

a King Abdul-Aziz Cardiovascular Center, King Abdul-Aziz Medical, National Guard, Health Affairs Department Mail Code 1413, P.O. Box 22490, Riyadh 11426, Saudi Arabia

b Wayne State University, Detroit, MI, USA

E-mail addresses: gebreil7@hotmail.com (H.A. Gebreil), Mouaz74@gmail.com (M.H. Al-Mallah)

Background: Troponin is frequently elevated in patients with myocardial infarction. However, it could be elevated in multiple other conditions. The aim of this analysis is to determine the frequency and cause of elevated troponin in patients with normal coronary angiography in a tertiary care centre.

Methods: We included patients without prior coronary artery disease who underwent troponin measurement and coronary angiography within 24 h. Patients with troponin elevation less than 10 times normal (cutoff limit) were excluded as well as patients with any coronary lesions. Extensive medical chart review was done to identify the final diagnosis and cause of troponin elevation.

Results: In the past 33 months, 1386 patients underwent coronary angiography, of which 109 patients (7.8%) had normal coronaries. A total of 14 patients out of the 109 patients had elevated troponin. The mean age was 54.9 ± 18.3 years and 51% were females. At the time of discharge the final diagnosis were hypertensive heart disease (14%), myocarditis (21%), and non-ischemic cardiomyopathy (14%). In 51% of patients, the etiology of troponin elevation was not identified.

Conclusion: Patients with normal coronaries and elevated troponin are infrequently seen in the cath lab. In the majority of these patients the etiology is not known. Whether using cardiac magnetic resonance imaging helps identify the etiology requires further investigation.

doi:10.1016/j.jsa.2011.02.054

SHA 054. The impact of medication reconciliation process on admission in reducing prescribing medication errors

Amjed Abu Alburak

Background: A Physician’s prescribing decisions depend on thorough knowledge of the patient’s medication history. This knowledge is often incomplete, and errors or omissions could result in adverse health outcomes. Studies suggest that 50 percent of medication errors in hospitals result from a failure to reconcile medications at various transition points including admission, transfer between units, and discharge.

Objectives: The objective of this study was to investigate the impact of the Pre-Printed Physician Medication Admission Order (PMAO) form on un-reconciled medications. The underlying objective was to reduce prescribing medication errors by decreasing the amount of un-reconciled medications.

Methods: A 77 chart audit was performed at three clinical wards to evaluate the un-reconciled medication during the fourth quarter of 2008. An interventional study was performed implementing the pre-printed PMAO form in order to reduce the number of un-reconciled medications. Continuous auditing was performed in order to evaluate the effect of this intervention.

Results: At admission the rate of un-reconciled medications was 50% (ranging 41–56%). After initiation of the pre-printed PMAO form, there was a significant drop in the un-reconciled medication rate, as early as the first week of the study. The p-value for the proportions for Pre and Post implementation the pre-printed PMAO form is <0.0001, which indicates high statistical significance.

Conclusion: Pre-printed PMAO form at admission can reduce un-reconciled medications significantly which can also reduce prescribing medication errors. This intervention will be implemented in other settings within the KAMC as well as other phases such as transfer and discharge of patients.

doi:10.1016/j.jsa.2011.02.055