



UC Health Advanced Practice News

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One-dose-does not fit all in aspirin study

A meta-analysis published in August 2018 by the Lancet investigated the association between aspirin dosing and body weight. Common practice has been to place patients on low dose aspirin (75-100 mg) daily for long-term primary prevention of cardiovascular events. This study suggests that one-dose-fits-all approach does not hold true and it argues for a more tailored dosing strategy based on weight. The authors included 10 trials of primary prevention of cardiovascular events and 5 trials for cancer prevention. Primary prevention of cardiovascular events was reduced in those patients taking low-dose aspirin (75-100 mg) weighing more than 70 kg. This did not hold true for patients weighing less than 50 kg. It was shown that taking low-dose aspirin (75-100 mg) was associated with an increase in all cause death.

The prevention of cardiovascular events was also noted to be reduced in patients taking low-dose aspirin who smoked and the effect of weight in addition to smoking were additive overall. As for patients weighing greater than 70 kg enteric-coated or delayed release aspirin was shown not to be effective rather these patients required a higher dose of aspirin (325 mg) to reduce cardiovascular events. It was also shown that patients weighing greater than 70 kg and were 70

years or older had an increased risk of fatality of first cardiac event on low-dose aspirin (75-100 mg). For patients weighing greater than 90 kg they required an even higher dose of aspirin (500 mg) to show a decrease in cardiovascular events.

As for the reduction of cancer, it was shown that a reduction of colorectal cancer was only seen in patients weighing less than 70 kg taking low-dose aspirin (75-100 mg) but not in those patients weighing greater than 70 kg, rather this group required a higher dose of aspirin to see a reduction in colorectal cancer. Taking aspirin had no effect on the overall number of cancer-related deaths initially but it did show a reduction after five years only in patients weighing less than 70 kg. Lastly, patients 70 years or older had a short-term increase in cancer especially those that weighed less than 70 kg.

This study gives rise to the question of who should be on aspirin and at what dose? As clinicians it makes us think about are we prescribing the right dose for our patients or will the benefits be lost given their weight. The study had limitations and further research should be done on this topic but the main point is that the often prescribed aspirin 81 mg daily may not be correct for every patient and that we need to tailor our aspirin

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dosage to the patients' weight if they are to see risk reduction. Learn more:

[Rothwell PM, Cook NR, Gaziano JM, et al. Effects of aspirin on risks of vascular events and cancer according to bodyweight and dose: analysis of individual patient data from randomised trials. Lancet 2018;392\(10145\):387-399.](#)

Upcoming APP events!

December APP Grand Rounds- Dr. Ho Phan



Please join us for the December Advanced Practice Grand Round featuring Dr. Ho H. Phan, MD FACS on Tuesday December 5th from 12 pm – 1 pm in the Cancer Center

auditorium. This month's topic will be on Biliary Stone Disease. Register today!

<https://www.eventbrite.com/e/advanced-practice-grand-rounds-tickets-44808599728>

Physician Health and Wellbeing Summit. Wednesday, November 14, 2018

2 p.m. – 5 p.m. with Reception to Follow UC Davis Health, Betty Irene Moore Hall, 2570 48th Street Sacramento, CA 95817 Registration for this event is free but required.

Register at the following link:

<https://physicianhealthsummit.eventbrite.com>



Tis the season

As we get close to Thanksgiving it is a time to reflect on all the things that we are grateful for and a time to gather with friends and loved ones but it is also a time of overeating. The average persons can expect to gather with family and friends during thanksgiving and indulge in the various foods that are often at family functions which for most inevitably leads to overeating and then the often so called "food coma" sets in and we fall asleep.

For the average healthy person they recover the next day and get motivated to do something physical to burn off the excess calories that were consumed the day before, but if you have heart failure that can be a different story.

For many healthcare providers we have anecdotally noticed a decrease in admissions of patients on the days leading up to a holiday and on the actual holiday but often times we then see a spike in patients in the following days in heart failure exacerbation or with other chronic medical conditions that the patient has avoided dealing with over the past holiday so they can spend time with their family and friends. Loosing count of drinks can also be a ticket to hospital admission. Holiday heart is a documented syndrome associated with excessive consumption of alcohol which can produce atrial fibrillation and other dysrhythmias. Research by Phillips and Jarvidan also report an increased risk of cardiac mortality associated with holiday admissions. This is likely multifactorial but possibly associated with holiday related delays in seeking treatment.

It is a common story to hear patients say "I just wanted to be home for the holiday" but then they tend to overeat on salty foods or avoid the shortness of breath that starts to set in or the swelling in their ankles and well before they know it they are in heart failure exacerbation. So beware fellow providers for your chronically ill patients that might not heed your good advice to avoid overeating and might just end up in the emergency department.



"I am grateful for my husband who has always been supportive of personal and professional goals. I am also grateful for the families that I work with who remind me daily about what it means to be resilient and persevere." Adebola Olarwaju, PNP ENT service



I am extremely grateful for family and friends and the health of my family and friends." Mandy Schesser, NP, Trauma ACS



"I am grateful for my amazing supportive coworkers and their relentless support over the last year." April Beach, NP, Trauma ACS



"I am thankful for the amazing group of NP's that I work with." Allison Jewers, NP Trauma ACS



"I am grateful for my health, family, friends, dogs (Honey and Oso) and my career." Jamie Myers, NP Internal medicine and Orthopedic Oncology



"I am grateful for family, loved ones and friends." Beth Maese, NP Supervisor, Orthopedic Surgery



National Nurse Practitioner Week

November 11-17th

November 11–17, 2018 NPs across the country celebrate more than 50 years of practice during National NP Week. Nurse practitioners are a vital part of the care team and you all should be proud of the care that you give. In the United States, 248,000 providers are practicing, with an additional 23,000 NP students graduating each year.

Events this year:

- November 13th, 12-1PM Cancer Center NP luncheon, location TBA
- November 13th, 6-9 PM CANP Gala event Piatti Italian Restaurant and Bar, 571 Pavilions Lane, Sacramento, CA 95825
- November 14th, 12-1 PM Betty Irene Moore School of Nursing Pizza Luncheon Mixer
- November 15th, 12-1 PM Main hospital NP week celebration 4310, Lunch provided
- November 16th, 12-1 PM Midtown clinic NP week celebration, 3rd floor Specialty clinic



GALA

Tuesday, November 13,
6-9pm, at Piatti
Free Admission!

Join us for this fun annual networking event! NPs who are not currently members are invited. Finger foods, one free drink ticket per guest, and cash bar. Details and sign-up at [CANPweb.org](https://canpweb.org) (click "Chapters" - "Sacramento")



Sign up here, by November 8:

<https://canpweb.org/events/event-detail/?sessionatcd=06SACRAMENSACA111318>