

# In Touch

Keeping you In Touch  
with what's happening in  
the world of Health Care

Vol. 9, No. 5

May 2005

ISSN 1525-416X

## ■ Chiropractic care improves Quality of Life in homeless

A study in the April 15, 2005 issue of the Journal of Vertebral Subluxation Research finds that homeless patients from a women's shelter who underwent a short course of chiropractic care reported higher quality of life scores on health surveys conducted at the end of their care program.

The study, a retrospective case series, examined the records of 10 female residents of a women's shelter. All of the women filled out the SF-36 health survey before and after care and underwent at least four weeks of chiropractic care. The SF-36 survey is designed to measure such areas as physical function, general health, body pain, vitality, social function, and emotional and mental health.

Health status and quality of life for the homeless are usually substandard. Many of the shelter residents are unemployed, chronically ill with a multitude of conditions, take numerous medications and make life choices based on survival rather than optimizing health.

The results of the survey after their chiropractic care showed the women experienced improvements in body pain (11.5 points), general health (14.7 points), vitality (22.0 points), and emotional health (13.4 points). The 22.0 point improvement in the vitality index was high enough to be considered statistically significant in spite of the small number of people in the study.

In the report, the authors point out that even though the results of this report must be viewed with caution because of the small sample size and lack of a control group, they were nonetheless encouraged by the findings. They conclude, "it appears that chiropractic care holds

promise and merits further investigation as one means of enhancing the quality of life in the homeless population studied in this case series report." ▲

## ■ Doctor owned specialty hospitals faulted

The April 7, 2005 issue of the New England Journal of Medicine says that doctor owned specialty hospitals, such as those that offer cardiac procedures, are no better than the local community hospitals.

Lead author Dr. Peter Cram, assistant professor of medicine at the University of Iowa, says even though the specialty hospitals have produced studies showing lower death rates and shorter hospital stays, those studies are deceptive.

Cram cites the fact that specialty hospitals only admit patients who are healthier, wealthier and have better insurance coverage leaving the sicker patients for the community hospitals.

He also says that after accounting for differences in patient health and a higher volume of patients seen, there are no statistical differences in outcome. He goes on to say that while specialty hospitals do discharge the patients faster, "they do not have lower costs for Medicare patients than community hospitals."

A Congressional moratorium on construction of new specialty hospitals is set to expire in June, 2005. Experts say this report is timely since they anticipate many new facilities being set up after the moratorium expires.

Ellen Pryga, policy director for the American Hospital

*-continued*

**"A man has made at least a start on discovering the meaning of human life  
when he plants shade trees under which he knows full well he will never  
sit."**

*-D. Elton Trueblood*

*This Newsletter Compliments of: Timothy Knight, DC*

*90 Lowell St., Arlington (781) 641-2510  
100 Fessenden St., Newton (617) 965-2510  
www.drTimKnight.com*

Association says this study reinforces the idea “that there aren’t any really significant contributions coming from this particular delivery model that would warrant the kind of extreme treatment they get under government regulatory and payment policy.” ▲

## ■ Hospital computer keyboards can transmit resistant bacteria

A study presented to the 15<sup>th</sup> annual scientific meeting of the Society for Healthcare Epidemiology of America on April 11, 2005 reports that hospital computer keyboards and keyboard covers can allow the spread of resistant bacteria to gloved and ungloved hands and as a result, to patients.

Senior researcher Gary Noskin, MD says “there’s been an increasing trend towards maintaining electronic health records and computerized order entry, and in some hospitals there’s now a computer in every patient’s room that could potentially serve as a reservoir for the transmission of resistant bacteria.”

In the study, researchers contaminated clean keyboards and keyboard covers with various antibiotic resistant strains of bacteria. Samples drawn from the surfaces at regular intervals indicated that some bacteria, such as methicillin-resistant *Staphylococcus aureus* (MRSA) were still thriving after 24 hours.

Next, the researchers wanted to confirm that the contamination could be transmitted to fingers. It was no surprise that transmission increased with more keyboard contact. In the case of MRSA, up to 92% of keyboard touches resulted in transmission after only 1-5 touches. The transmission rate was also higher for ungloved hands (with their built-in ridges and fingerprints) than gloved.

Another problem is that the mild cleaners recommended by computer manufacturers are not enough to kill the resistant bacteria and researchers are unsure

whether or not the equipment will hold up under repeated use of harsher hospital chemicals.

Commentary: Our suggestion is to keep yourself healthy so that you do not end up in a hospital. If you do find yourself in one, make sure that anyone who has contact with you washes their hands before coming near you or after touching computers, bedrails, phones and blood pressure cuffs. ▲

## ■ Safety of Over-The-Counter drugs questioned

The Associated Press reports on a study presented to the April 18, 2005 conference of the American Association for Cancer Research. The study found that people who take over-the-counter pain relievers such as Advil, Motrin and Aleve for at least six months had twice the risk of dying of a heart attack or stroke if they smoked as well.

The study adds to the growing body of information that shows heart problems can develop from use of the whole family of non-steroidal anti-inflammatory drugs known collectively as NSAIDs.

The recently banned cox-2 inhibitors Vioxx and Bextra belong to the same family of drugs and doctors have been switching patients over to the over-the-counter drugs in the belief that they were safer alternatives.

Researcher Dr. Andrew Dannenberg of Cornell University says, “to the best of our knowledge, these are the first data to support [the FDA requiring drug manufacturers to put] a box warning on NSAIDs, not just cox-2s.”

Lead researcher Dr. Jon Sudbo of the Norwegian Radium Hospital in Oslo advised smokers, “If you think you need them use them, but you have to be careful.”

Commentary: No specific mention was made of what he meant by “be careful.” We hope he was suggesting that they avoid both smoking and using NSAIDs. ▲

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