Letters to the Editor

Upright Walkers as Mobility Assistive Devices for Older Adults

Original Article: Mobility Assistive Device Use in Older Adults

Issue Date: June 15, 2021

Available at: https://www.aafp.org/afp/2021/0615/p737.html

To the Editor: Drs. Sehgal, Jacobs, and Biggs provided a succinct review of mobility assistive devices for older adults. The authors discussed the merits (and problems) of the standard walker, the two-wheel rolling walker, and the four-wheel rolling walker (rollator); however, they omitted a discussion of the upright walker.

Upright walkers enable the patient to stand straight because the handles and armrests are positioned higher than a rollator. The upright walker supports the patient's weight on the forearms instead of the wrists and hands. This reduces pressure and pain in the lower back, neck, arms, and wrists, which are commonly associated with using a standard or rolling walker.

There are several considerations for counseling patients on the use of upright walkers. Because the patient's center of gravity is higher than with a traditional rollator, if the upright walker does not have a wide enough base of support, it may tip forward when the walker hits a bump or crack, causing a fall. It is also important to advise the patient to select a model that most closely matches their intended location of use (indoors or outdoors). Size charts should be read carefully; many models have a weight limit of 300 lb (136 kg), and some models are only available in one size. It is important to make sure that the seat is a comfortable fit, especially if the patient is close to the weight limit of the walker.

There is a broad range of prices for upright walkers. However, caution should be used when considering economy models because they can be of questionable quality or have a potentially hazardous design. Upright walkers are covered as durable medical equipment under Medicare Part B and must pass the cost-effectiveness and medical necessity criteria outlined on the Centers for Medicare and Medicaid Services website. Medicare will pay for upright walkers only if the supplier is enrolled with Medicare.

Editor's Note: This letter was sent to the authors of "Mobility Assistive Device Use in Older Adults," who declined to reply.

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Author disclosure: No relevant financial relationships.

USPSTF Recommendations for the Management of Dyslipidemia for Cardiovascular Risk Reduction

Original Article: Key Recommendations on Managing Dyslipidemia for Cardiovascular Risk Reduction: Stopping Where the Evidence Does [Editorial]

Issue Date: April 15, 2021

Available at: https://www.aafp.org/afp/2021/0415/p455.html

To the Editor: I was surprised that Dr. Arnold's editorial on the prevention of cardiovascular disease referenced only the American College of Cardiology and U.S. Department of Veterans Affairs and Department of Defense (VA/DoD) guidelines and did not mention the U.S. Preventive Services Task Force (USPSTF) recommendations.[1] Many family physicians consider the USPSTF recommendations to be the "gold standard" and view other guidelines with skepticism because they may be beholden to commercial interests. The USPSTF guidelines are transparent because they show the evidence tables that were the basis for their recommendations. I was disappointed that the editorial did not specify the evidence base for the VA/DoD recommendations. I (and many other family physicians) will continue to follow the USPSTF recommendations.

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Author disclosure: No relevant financial relationships.

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This series is coordinated by Kenny Lin, MD, MPH, deputy editor.

Reference

1. U.S. Preventive Services Task Force. Statin use for the primary prevention of cardiovascular disease in adults: preventive medication. November 13, 2016. Updated February 15, 2022. Accessed June 15, 2021. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/statin-use-in-adults-preventive-medication

In Reply: We thank Dr. Millard for their interest in trustworthy, conflict of interest–free guidelines. We chose not to include the USPSTF recommendations as a comparison to the VA/DoD guidelines because they are limited to primary prevention and are undergoing revision.[1]

The USPSTF is a volunteer group of multidisciplinary experts without conflicts of interest who commission systematic reviews to create guidelines focused on advancing the health of all Americans.[2] The VA/DoD working groups are also volunteers, multidisciplinary, without conflicts of interest, and they commission independent systematic reviews for their guidelines.[3] Although VA/DoD guidelines focus on the care of veterans, active duty service members, and their families, the USPSTF and VA/DoD adhere to the National Academy of Sciences tenets for trustworthy clinical guidelines.[2,4]

The primary prevention recommendations from the USPSTF and VA/DoD are similar. The USPSTF recommends low- to moderate-dose statins in adults 40 to 75 years of age who have a risk factor for cardiovascular disease and a 10-year atherosclerotic cardiovascular disease (ASCVD) risk of 10% or greater.[5] The VA/DoD recommends moderate-dose statins in adults 40 to 75 years of age who have diabetes mellitus, low-density lipoprotein levels of 190 mg per dL (4.92 mmol per L) or greater, or a 10-year ASCVD risk score of 12% or greater, with shared decision-making recommended for those with ASCVD risk between 6% and 12%.[4] Noting that there is not an ASCVD threshold where cardiac risk changes abruptly, the USPSTF states that "…any cut point for assessing where the net benefit of statin use shifts from small to moderate for a population requires judgment."[5] The VA/DoD guidelines note the same ambiguity. The USPSTF requires the presence of a cardiovascular risk factor and a threshold risk score because trials include risk factors. The VA/DoD chose a simpler, conservative threshold from interpreting clinical trial data.[4,5] The USPSTF chose to make no recommendation for individuals with a low-density lipoprotein level greater than 190 mg per dL, whereas the VA/DoD recommends statin treatment for these individuals.[4,5] Similar to the USPSTF, the VA/DoD guidelines transparently explain the rationale for each recommendation and include evidence tables.[4]

By addressing more common clinical situations than the USPSTF, the VA/DoD guideline offers straightforward guidance to treat patients we encounter regularly. *Canadian Family Physician* recognized the VA/DoD dyslipidemia guidelines as one of the "Top 2020 studies relevant to primary care".[6] For questions about ASCVD prevention outside of the USPSTF guidance, we hope that the VA/DoD guidelines can be helpful.

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Editor's Note: Dr. Arnold is a contributing editor for *AFP*.

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Author disclosure: No relevant financial relationships.

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