

## CMAJ • JAMC

October 16, 2001, Vol. 165, No. 8 • Le 16 octobre 2001, Vol. 165, n° 8 • www.cma.ca

## Effects of oral contraceptives on bone mineral density

**p. 1023** Oral contraceptive use and bone mineral density in premenopausal women: data from the Canadian Multicentre Osteoporosis Study — *J.C. Prior et al*

As part of the Canadian Multicentre Osteoporosis Study, 524 women aged 25–45 years completed questionnaires and had body mass index (BMI) and bone mineral density (BMD) to determine the effect of premenopausal oral contraceptive use on BMD.

In reviewing the data, Jerilynn Prior and colleagues found no differences between women who had ever used oral contraceptives and those who had never used them in terms of age, age at menarche, presence of menstrual irregularities, parity, current calcium use, exercise habits or BMI. However, the mean BMD values (adjusted for height, age and BMI) were between 2.3% and 3.7% lower among women who had ever used oral contraceptives than among women in the other group.

*CMAJ*, Christiane Poulin reports on a study aimed at finding out how much of that medication is being redirected to others for nonmedical use.

Dr. Poulin surveyed a randomly selected sample of 13 549 students in grades 7, 8, 9, 10 and 12 in Atlantic Canada in 1998 and found that 8.5% of students reported nonmedical use of stimulants during that period. Of the 5.3% of students who reported medical use of stimulants in the same period, 14.7% said they had given some of their medication away and 7.3% had sold some.

“Physicians and parents should keep track of stimulant medication, especially when several months’ supply is prescribed,” the authors warn.

## Congestive heart failure and the elderly

**p. 1033** Trends in mortality and admissions to hospital for elderly patients with congestive heart failure — *D. Ehrmann Feldman et al*

**p. 1053** Congestive heart failure: What can we offer our patients? — *W.J. Kostuk*

## Who is taking your child's medication?

**p. 1039** Medical and nonmedical stimulant use among adolescents: from sanctioned to unsanctioned use — *C. Poulin*

Stimulants such as methylphenidate (ritalin) and dextroamphetamine are often prescribed to children with attention deficit/hyperactivity disorder. In this issue of

Congestive heart failure (CHF) is a common consequence of cardiovascular disease. Debbie Ehrmann Feldman and colleagues reviewed mortality and hospital-admission databases in Montreal to determine CHF mortality rates and annual admission rates between 1990 and 1997. During this period the annual rates of admission increased from 92 per 10 000 population to 124 per 10 000, and the

**Embargo: Monday, October 15, 2001, at 6 pm**

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rates of readmission within 6 months after discharge increased from 46.7% to 49.4%. However, the age-adjusted CHF rates of mortality did not change significantly.

In a related commentary, William Kostuk reviews developments in CHF management that may be contributing to the changing trends in hospital admissions and mortality.

The authors found that while 2.16 million (19.1%) Ontario residents visited an ED at least once in 1997/98, only 6839 (0.3%) met the definition of heavy usage, but they still accounted for 3.5% of the total number of visits. The authors report that heavy users tend to visit the same ED (68.7% visited no more than 2 EDs) and that, unlike the US experience, a lack of access to primary care was not a major cause of heavy ED use.

The authors caution that, although small in numbers, heavy users are ubiquitous in both rural and urban areas. Given that 1 in 29 patients is a heavy user an emergency physician can expect to encounter a heavy user about once per shift. However, heavy users also tend to have more complex medical problems that require specialty referrals and psychiatric care, so attempts should be made to meet these complex needs rather than simply to reduce utilization.

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## Frequent flyers in the emergency department

### **p. 1049** Heavy users of emergency services: a population-based review — *H.J. Owens*

Patients who make multiple visits to emergency departments (EDs) have been shown to comprise anywhere from 0.2% to 11% of the ED population and account for between 1.9% to 32% of total visits. In the first study to examine heavy ED use throughout Ontario, Drs. Howard Owens and Benjamin Chan tracked OHIP billing data for services provided in 175 of the province's 191 EDs between April 1997 and March 1998. The authors defined heavy users as those who visited an ED at least 12 times during the study period.

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