

Briefly

Northern wellness strategy: Community health programs in Nunavut will be able to seek federal funding under a simplified application process as part of a new agreement between Health Canada, the Public Health Agency of Canada and the Government of Nunavut. Rather than applying for funding from various federal sources, the community-run health programs will merely have to submit a single funding application within one of three categories: mental wellness and addictions; healthy child and youth development; and healthy living and disease prevention. The agreement should substantially reduce paperwork and workload for health administrators, as well as help allay problems associated with a shortage of skilled administrators, says Peter Ma, Nunavut's deputy minister of health and social services. "I'm really excited. I think this will make it so much easier for our communities so they can just focus on delivery rather than reporting." Some \$11 million has been set aside this year, and \$84 million over five years, in support of the agreement (www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2012/2012-54bk-eng.php), while the federal government indicated that it is negotiating similar agreements with the governments of the Northwest Territories and Yukon. — Andrea Hill, Ottawa, Ont.

Dental decay: Between 60%–90% of the globe's schoolchildren and nearly all of its adults have dental cavities, while about 30% of people aged 65–74 do not have natural teeth, according to the World Health Organization (WHO). In an update on oral health, WHO also indicates that severe periodontal disease is now found in 15%–20% of those aged 35–44, while the "incidence of oral cancer ranges from one to 10 cases per 100 000 people in most countries. The prevalence of oral cancer is relatively higher in men, in older people, and among people of low education and low income. Tobacco and alcohol are major causal factors" (www.who.int

[/mediacentre/factsheets/fs318/en/index.html](http://mediacentre/factsheets/fs318/en/index.html)). Recommended measures to reduce the burden of oral disease include decreased sugar intake and "maintaining a constant low level of fluoride in the oral cavity" through the consumption of fluoridated water, salt or milk, or the use of fluoridated toothpaste or mouth rinse. — Wayne Kondro, CMAJ

World Malaria Day: In hopes of persuading more malaria-endemic countries to bolster access to diagnostic testing and antimalarial treatment, the World Health Organization (WHO) asserts that more than one million people have been saved because of anti-malarial measures over the past decade, although the mosquito-borne parasite still killed 655 000 people in 2010. On the eve of World Malaria Day 2012, WHO also urged widespread adoption of its "T3: Test, Treat, Track" program, which proposes to test on all suspected malaria cases around the world, treat them with artemisinin therapies and improve global monitoring of the disease. To that end, WHO unveiled two technical guidance documents — *Disease Surveillance for Malaria Control* (http://whqlibdoc.who.int/publications/2012/9789241503341_eng.pdf) and *Disease Surveillance for Malaria Elimination* (http://whqlibdoc.who.int/publications/2012/9789241503334_eng.pdf) — designed to help countries determine which areas or population groups within their borders are most affected. "T3: Test, Treat, Track aims to galvanize endemic countries and their partners to build on the success of malaria prevention efforts over the past decade," Dr. Robert Newman, director of WHO's Global Malaria Programme stated in a press release (www.who.int/mediacentre/news/releases/2012/malaria_20120424/en/index.html). "In recent years, there has been major progress in the development of new diagnostic tools and highly effective antimalarial medicines. The challenge now is to ensure

these tools get used, and that countries accurately measure their public health impact." — Wayne Kondro, CMAJ

Residency match: Some 2622 Canadian medical graduates and 407 international medical graduates were matched to residency training programs in the first iteration of the 2012 residency match, according to the Canadian Resident Matching Service (CaRMS). Some 35% of Canadian medical graduates and 50% of international medical graduates chose family medicine as their preferred discipline, CaRMS indicated in a press release (www.newswire.ca/en/story/957551/2012-carms-r-1-main-residency-match-results). — Wayne Kondro, CMAJ

Use code squabble: The United States Supreme Court has ruled that generic drug makers are entitled to challenge a brand-name drug maker's description of the scope of a patent (or what are known as "use codes") when making an application to the US Food and Drug Administration (FDA) to market a knock-off version of that drug. As the FDA makes no effort to determine whether the brand-name drug maker's claim was accurate, generic firms had to be allowed to file counterclaims challenging the accuracy of the use code, Justice Elena Kagan ruled in *Caraco Pharmaceutical Laboratories v. Novo Nordisk, No. 10-844* (www.supremecourt.gov/opinions/11pdf/10-844.pdf). "A generic manufacturer may employ this provision to force correction of a use code that inaccurately describes the brand's patent as covering a particular method of using the drug in question." — Wayne Kondro, CMAJ

Battle tolls: With tens of thousands of American soldiers scheduled to return home in the next few years as the United States withdraws from the war in Afghanistan, US Secretary of Veteran

Affairs Eric K. Shinseki has announced that his department will bolster its capacity to provide mental health services by increasing the mental health workforce by roughly 10%. Roughly 1600 mental health clinicians, including psychiatrists, psychologists, nurses and social workers, will be hired, along with 300 support staff, to the existing mental health workforce of 20 590. “As the tide of war recedes, we have the opportunity, and the responsibility, to anticipate the needs of returning Veterans,” Shinseki stated in a press release (www.va.gov/opa/pressrel/pressrelease.cfm?id=2302). “History shows that the costs of war will continue to grow for a decade or more after the operational missions in Iraq and Afghanistan have ended. As more Veterans return home, we must ensure that all Veterans have access to quality mental health care.” The department provided mental health services to 1.3 million American soldiers in 2011. — Wayne Kondro, *CMAJ*

DSM revisions: Attenuated psychosis syndrome and mixed anxiety depressive disorder have been stripped from consideration for inclusion in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. The pair have been shifted into the category of “conditions that require further research before their consideration as formal disorders,” the American Psychiatric Association announced in a press release (www.dsm5.org/Documents/12-24-dsm-5-public-comment-period1.pdf). The latest proposed revisions to the *DSM*, which were opened for a third and final “public comment period” (through June 15), also included a proposal for a new diagnosis of suicidal behavioral disorder and a “proposed Cultural Formulation Interview, which includes specific questions to help clinicians more effectively assess cultural aspects of psychiatric diagnosis.” Revisions to the *DSM* have long been shrouded in mystery and controversy (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3108). — Wayne Kondro, *CMAJ*

Misuse in America: Roughly 63% of Americans fail to follow their clinician’s instructions for taking prescription drugs, according to an analysis of

75 997 urine samples. Among the most commonly abused prescription drugs were opioid pain killers such as oxycodone, hydrocodone and methadone, central nervous system depressants such as benzodiazepines, and stimulants such as amphetamine, according to the national study, *Prescription Drug Misuse in America – Laboratory Insights into the New Drug Epidemic*, conducted by Quest Diagnostics (www.questdiagnostics.com/dms/Documents/health-trends/PDF-MI3040_PDM-Report_24638_FIN_Digital_4-20-12/PDF%20MI3040_PDM%20Report_24638_FIN_Digital_4-20-12.pdf). Of the drug misusers, 60% tested positive for drugs that had not been prescribed by their physicians, putting them in danger of using lethal drug combinations, while in 40%, there was no evidence that they had taken the prescribed drug, which “suggests many patients are failing to take their prescription medication as directed, possibly due to financial constraints (medications too costly), poor compliance or diversion (illegal sale).” — Wayne Kondro, *CMAJ*

Beneath the propaganda: After years of being assailed for inadequate and haphazard postmarket surveillance of drugs, the United States Food and Drug Administration’s Center for Drug Evaluation and Research (CDER) vows that it has plucked itself off the mat and implemented safety reviews for marketed drugs as rigorously as for premarket submissions. Operational changes have the agency “reaching equality between premarket and postmarket priorities,” CDER states in a report, *Advances in FDA’s Safety Program for Marketed Drugs: Establishing Premarket Safety Review and Marketed Drug Safety as Equal Priorities at FDA’s Center for Drug Evaluation and Research* (www.fda.gov/downloads/Drugs/DrugSafety/UCM300946.pdf). Buried within the self-congratulatory propaganda are numbers which suggest activity at a level well beyond that of, say, Health Canada. Since being given legislative authority to compel manufacturers to conduct post-market safety studies, change labels and implement risk management programs, CDER has ordered industry to undertake 385 postmarket safety studies, 65 changes in product safety labels and 64

risk evaluation and mitigation plans. — Wayne Kondro, *CMAJ*

Police health: Canadian police officers are suffering stress and health problems from shift work, long hours, understaffing and lack of balance between work and family demands, according to a national report on work–life issues in police departments. Based on a survey of roughly 4500 officers in 25 forces across the country, the report, *Caring for and about those who serve: Work-life conflict and employee well being within Canada’s Police Departments*, crafted by business professors from the University of Western Ontario in London and Carleton University in Ottawa, Ontario, indicates that the nature of a police officer’s workload and understaffing “stand out” as stressors (http://sprott.carleton.co/wp-content/files/Duxbury-Higgins-Police2012_fullreport.pdf). “Many police today often (40%) experience stress associated with the need to deal with multiple competing complex ever-changing demands simultaneously. The sheer volume of the work (assigned files, phone calls, walk ins, e-mails) is overwhelming and the stress is exacerbated by other people’s sense of urgency, unrealistic deadlines, pressures to do a high quality job, the increased complexity of the cases, and a culture that makes it unacceptable to say no. Also adding to the stress is the fact that the work itself is emotionally taxing and many worry that they will put others in jeopardy if they cannot get the task done quickly and perfectly.” — Lauren Vogel, *CMAJ*

Shift in focus: United States global health research investments over the coming decade should be shifted from basic research to clinical trials and commercializable products, the Global Health Technologies Coalition argues. Investments in global health research and development made by five US agencies (roughly \$1.4 billion in 2010) need to have “a greater focus on translational research, in particular clinical development,” the coalition of 40 charities, including the Bill & Melinda Gates Foundation and the International AIDS Vaccine Initiative, states in a report, *Saving lives and creating impact:*

Why investing in global health research works (www.ghtcoalition.org/files/Savinglivesandcreatingimpact.pdf). As well, the coalition recommends that the US government “increase funding to partnering mechanisms that are focused on translation of global health research, including PDPs [product development partnerships] and other partnering approaches.” — Wayne Kondro, *CMAJ*

Headache guidance: Although headache disorders account for 4% of primary care consultations and up to 30% of neurology out-patient appointments, they are among the most misdiagnosed and mistreated in the United Kingdom, the National Institute for Health and Clinical Excellence (NICE) says. In a draft clinical guidance for consultation, *Headaches: Diagnosis and management of headaches in young people and adults*, NICE states that many general practitioners “find the diagnosis of headache difficult,” which leads to “variability in care and may mean that people with headaches are not always offered the most appropriate treatments” (www.nice.org.uk/nicemedia/live/12340/58996/58996.pdf). The guidance offers diagnostic advice for the three most common types of headache — migraine, tension and cluster — on the basis of such features as pain location, quality and intensity, the effect on activities, duration, frequency and other symptoms such as sensitivity to light and/or sound, nausea, vomiting, swelling and eye effects. — Wayne Kondro, *CMAJ*

Is your radio active?: There is no proof that adverse health effects result from mankind’s constant bath in radio frequency (RF) electromagnetic fields created by mobile phones, wireless networks, television sets, radios and other communications technologies or from increased medical use of magnetic resonance imaging or diathermy, according to an United Kingdom advisory panel. “In particular, well-performed large-scale studies have found no evidence that RF fields affect the initiation and development of cancer, and there has been no consistent evidence of effects on the brain, nervous system or the

blood-brain barrier, on auditory function, or on fertility and reproduction,” the UK Health Protection Agency’s independent Advisory Group on Non-ionising Radiation states in a report, *Health Effects from Radiofrequency Electromagnetic Fields* (www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317133827077). While there is “some evidence” that RF exposure may affect electroencephalography and other markers of brain function, that evidence is inconclusive, the panel added, while also noting that “there is now a substantial body of epidemiological research published on cancer risks in relation to mobile phone use. Although some positive findings have been reported in a few studies, overall the evidence does not suggest that use of mobile phones causes brain tumours or any other type of cancer. The data, however, are essentially restricted to periods of less than 15 years from first exposure.” — Wayne Kondro, *CMAJ*

Ontario fee schedule: The government of Ontario has announced changes to its fee schedule for clinicians after claiming that negotiations had broken down with the Ontario Medical Association (OMA) over how best to implement a wage freeze. Among the changes are a 50% reduction in payments for self-referrals, an 11% reduction in fees paid for diagnostic radiology tests and a \$42.25 cut, to \$397.75, in the fee paid for cataract surgery (<http://news.ontario.ca/mohltc/en/2012/05/ontario-freezing-doctor-pay-to-invest-in-more-community-care-for-families-and-seniors.html>). The OMA expressed outrage and forecast an exodus of young doctors. “The message from the [Premier Dalton] McGuinty government to our medical graduates and doctors who might think of returning to Ontario is clear — we don’t value your input in our health care system. There’s no doubt that doctors will start to consider more seriously their options in other jurisdictions,” Dr. Doug Weir, president of the OMA, stated in a press release (www.oma.org/MediaRoom/PressReleases/Pages/CutstoHealthCare.aspx). — Wayne Kondro, *CMAJ*

Double oppression: Aboriginal youths who are “two spirited” — i.e., gay, les-

bian, bisexual or transgendered — are at higher risk of suicide because they face “double oppression: racism and heterosexism,” the National Aboriginal Health Organization asserts. Although unable to quantify the number of two-spirited Aboriginal youths who commit suicide, the organization unveiled a guide, *Suicide Prevention and Two-Spirited People*, that offers mental health service providers tips on how to help such youths, through such measures as promoting “resilience and positive coping skills” and helping clients “find culturally relevant ways to ‘come out’ that enable them to accept both the two-spirited and First Nations aspects of their selves” (www.naho.ca/documents/fnc/english/2012_04_%20Guidebook_Suicide_Prevention.pdf). “Two-spirited people were accepted in First Nations communities prior to European contact,” Simon Brascoupe, acting CEO of the organization, stated in a press release (www.naho.ca/blog/2012/05/08/naho-releases-suicide-prevention-and-two-spirited-people-guide/). “Since then there has been a sense that being two-spirited is wrong, resulting in them feeling marginalized and increasingly alienated, sometimes resulting in suicide. This guide is a reminder of the values that First Nations culture is based upon, such as inclusiveness and diversity.” — Wayne Kondro, *CMAJ*

Triaging children: Children who enter hospital emergency wards and walk-in clinics should be “visually assessed by a registered practitioner” upon arrival and receive an initial clinical assessment within 15 minutes, according to newly recommended British standards. “This assessment should include recognising the sick child, identifying serious illness or injury (using a standardised system, e.g. The Manchester Triage System,) completing a pain score and include an assessment of child protection or at-risk status,” states the guidance and standards developed by the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings led by the Royal College of Paediatrics and Child Health (www.rcpch.ac.uk/sites/default/files/Intercollegiate%20Emergency%20Standards%202012%20FINAL%20

WEB.pdf). The *Standards for children and young people in emergency care settings* also urge that at least one clinical cubicle within an emergency care setting be set aside exclusively for use by children for every 5000 children that a facility treats annually; that emergency physicians be trained to assess the mental health needs of children; and that facilities who treat more than 16 000 children per year hire a subspecialist in pediatric emergency medicine. — Wayne Kondro, *CMAJ*

Liberation therapy risks: The United States Food and Drug Administration (FDA) has issued an alert about the use of balloon venoplasty as a treatment for multiple sclerosis (MS). Patients subject to the unproven procedure, also known as “liberation therapy,” to treat so-called chronic cerebrospinal venous insufficiency (CCSVI) are at risk because: “There is no clear diagnostic evidence that CCSVI exists as a distinct clinical disorder or is linked to MS. Venous stenoses seen on imaging tests may be normal variants that do not cause any symptoms or disease, since they are sometimes seen in healthy people. The safety and effectiveness of using balloon angioplasty devices or stents in the internal jugular or azygos veins have not been established for any clinical condition; nor has the FDA approved the use of these devices in these veins. There is no clear scientific evidence that the treatment of internal jugular or azygos venous stenosis is safe in MS patients, impacts the symptoms of MS, changes the overall course of MS or improves the quality of life

for MS patients. It is possible that stent placement can worsen any venous narrowing. This is because further narrowing has been shown to sometimes occur within stents placed in veins, due to the body’s response to the implant” ([www.fda.gov/MedicalDevices/Safety/Alerts andNotices/ucm303318.htm](http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm303318.htm)). Less than a year after concluding that Italian physician Dr. Paolo Zamboni’s controversial liberation therapy lacked scientific validity and posed risks to patients (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3665), the Canadian Institutes of Health Research reversed its position and lined-up squarely behind the federal government’s decision to fund CCSVI clinical trials (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3960). — Michael Monette, *CMAJ*

More prescribers: The federal government is proposing to revise regulations under the Controlled Drugs and Substances Act to allow nurse practitioners, midwives and podiatrists to join physicians, dentists and doctors of veterinary medicine as health professionals who are able to prescribe controlled substances such as codeine, fentanyl and diazepam in certain circumstances. The proposed *New Classes of Practitioners Regulations* would allow for the prescription of controlled substances in cases where midwives, nurse practitioners and podiatrists have been given authority to do so under provincial law (www.gazette.gc.ca/rp-pr/p1/2012/2012-05-05/html/reg1-eng.html). “These new regulations will improve flexibility within the health care system and the timeliness of service delivery in

Canada,” Health Minister Leona Aglukkaq stated in a press release (www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2012/2012-71-eng.php). “They will promote better continuity of care by removing barriers to access to these medications, where and when they are needed.” — Michael Monette, *CMAJ*

The politically correct files: Make that “healthy weight,” rather than obesity, when speaking with patients who are overweight or developing programs aimed at knocking pounds off scales, advises the United Kingdom’s National Institute for Health and Clinical Excellence (NICE). In a public health draft guidance for consultation, *Obesity: working with local communities*, NICE urges that health professionals and community programs avoid the use of the word obesity as it “may be unhelpful — while some people may like to ‘hear it like it is’, others may consider it derogatory” ([www.nice.org.uk/nice media/live/12109/59116/59116.pdf](http://www.nice.org.uk/nice/media/live/12109/59116/59116.pdf)). Along with sensitivity to language use, the draft guidelines urge that community interventions be “culturally appropriate ... taking account of cultural or religious values, for example, the need for separate physical activity sessions for men and women, or in relation to body image, or beliefs and practices about hospitality and food. They also take account of religious and cultural practices that may mean certain times of the year, days of the week, settings, or timings are not suitable for community events or interventions.” — Wayne Kondro, *CMAJ*

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