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The harms of trans fatty acids

Trans fatty acids serve no nutritional purpose, are harmful and are artificially introduced into our food supply by the industrial processing of vegetable oils and margarine. In an editorial, Russell argues that Canadian consumers should be protected from these substances by laws that go beyond the present, largely ineffective, voluntary controls. **See Editorial, page 563**

Physician-assisted death

Downar and colleagues argue that “for-and-against” debates on the topic of legalizing assisted dying in Canada prevent our considering the questions that really need answering. **See Commentary, page 567**

Pharmacists help lower stroke risk

Active case management by pharmacists helped improve the control of risk factors in patients who had recently experienced a stroke. In this randomized controlled trial involving 279 patients, the patients in the control group received risk factor evaluation and counselling with feedback of results to their doctor, but they did not experience as large improvements in risk factor control as patients whose care was managed by a pharmacist. **See Research, page 577**

Intervention for youth

Training family physicians to use a brief intervention to address excessive substance use among youth and young adults did not reduce binge drinking and excessive cannabis use in this cluster randomized controlled trial involving 33 physicians and 594 patients. The authors suggest that future research explore multisectoral approaches, and societal and family interventions. **See Research, page E263**

Brief interventions delivered in primary care are recommended for reducing excessive substance use by youth. Evidence to support such policy mandates has been lacking. Levy explores what we can learn from the findings of a linked pragmatic trial. **See Commentary, page 565**

Beans are good for the heart

The intake of dietary pulses, such as beans and lentils, reduces low-density lipoprotein (LDL) cholesterol levels. In a meta-analysis of 26 randomized controlled trials, the authors found an overall effect but substantial variation in results between trials. They call for trials of longer duration and higher quality to verify the results of this systematic review. **See Research, page E252**

Therapy after acute coronary syndrome

The outcome of unstable angina and myocardial infarction is better if early revascularization treatment is undertaken and optimal antiplatelet therapy achieved. Matteau and Bhatt review the evidence underpinning treatment after acute coronary syndrome, focusing on newer therapies. **See Review, page 589**

Malignancy or metabolic bone disease?

Imaging following investigation for possible fracture showed multiple osteolytic bone lesions in a 21-year-old pregnant woman. Did she have malignancy or metabolic bone disease? Ringrose and colleagues provide an approach to diagnosing and managing osteitis fibrosis cystica, a complication of primary hyperparathyroidism. **See Practice, page 603**

Hemorrhagic pustules and dyspnea

A 68-year-old Aboriginal man from northwestern Ontario presented with back pain, fever and an extensive hemorrhagic vesicopustular rash. Although he underwent many investigations to determine the diagnosis, one test result provided the missing clue. **See Practice, page 607**

Carbon monoxide poisoning

Treatment for carbon monoxide poisoning consists of removal from exposure and use of 100% oxygen, but the use of hyperbaric oxygen therapy is controversial, say Wu and Juurlink. In residential fires, concomitant cyanide exposure should be considered for those with altered mental status, cardiovascular instability and lactic acidosis. **See Practice, page 611**