

## Health and Wellness

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### **Blood Pressure Drugs May Slow Dementia**

Older adults with dementia who use certain blood pressure medications may have a slower rate of mental decline. A study found that dementia patients on particular ACE inhibitors showed a somewhat slower decline in memory and other mental skills than patients not on the drugs. And dementia patients who were newly started on the drugs had, on average, a small improvement in the first six months.

The drugs linked to the benefit are known as centrally acting ACE inhibitors, which means they cross from the blood into the brain. They include commonly used medications such as captopril (Capoten), fosinopril (Monopril), lisinopril (Prinivil or Zestril), perindopril (Aceon), ramipril (Altace) and trandolapril (Mavik).

However, the findings do not mean that people with dementia should be started on those ACE inhibitors. Researchers followed more than 350 older adults with Alzheimer's or other forms of dementia, about one-quarter of who happened to be on ACE inhibitors. "Those types of studies cannot prove that a drug is the reason for a particular benefit and there are past studies that have contradicted this one, and have not shown a benefit of ACE inhibitors," said Dr. Gayatri Devi, of Lenox Hill Hospital in New York City.

On the other hand, the findings support the "larger message" that better cardiovascular health, including controlling blood pressure and cholesterol levels can benefit the brain as well. Previous studies have linked better blood pressure control and various classes of blood pressure drugs to both a lower risk of developing dementia and a slower progression of the disease. Currently, no treatments exist to prevent or modify dementia.

The study included 361 dementia patients, average age 77, who completed standard tests of memory, planning and other mental abilities. Of those, 85 were already on a centrally acting ACE inhibitor, and 30 more started on one during the study period. Clinical trials are needed to confirm whether certain ACE inhibitors do, in fact, slow down dementia, according to Dr. William Molloy a professor of gerontology and rehabilitation at University College Cork in Ireland.

Source: HealthDay News, July 2013

### **Data Show Hip Replacement Revision Rate Higher with Metal-on-Metal**

New Canadian data suggest that people who have a certain type of metal-on-metal hip replacement are more likely to need a revision within five years, but even then, the rate of revisions is low. The data show that people who had large-diameter modular metal-on-metal implants had a 5.9 per cent chance of needing to have the implant replaced within five years, compared to a rate of 2.7 per cent among people who received the more common metal-on-plastic implant.

The data, released by the Canadian Institute for Health Information, show that nearly three out of every four hip replacements logged into the Canadian joint replacement registry were metal-on-plastic units. Metal-on-metal hip replacements made up only nine per cent of the procedures recorded in the registry.

Metal-on-metal units were introduced with great optimism a few years ago. The thinking was the replacement hips would be more durable and better for younger patients than the metal-on-plastic type. But data from a number of countries have shown that has not been the case for a small subset of people who received the units.

Currently the joint replacement registry is a voluntary one, and only captures a portion of the procedures done in the country. Two provinces, British Columbia and Ontario are moving to make it mandatory for these procedures to be recorded in the registry.

The report is based on nearly 60,000 hip replacements done across Canada between 2003 and 2011. Data from Quebec were not included.

Source: The Canadian Press, July 2013

## **Motion Sensors - New Safety Net for Seniors**

Research is growing with high-tech gadgets that promise new safety nets for seniors determined to live on their own for as long as possible. Common-sense interventions like grab bars in bathrooms and taping down rugs to prevent tripping can make homes safer as seniors deal with chronic illnesses. Technology is the next frontier, and a far cry from those emergency-call buttons seniors sometimes wear to summon help.

Already, some companies are offering monitoring packages that place motion sensors on the front door, a favorite chair, even the refrigerator, and then send an alert to a family member if there is too little activity over a certain period of time. Other gadgets can make pill bottles buzz when it is time for a dose and text a caregiver if it is not taken, or promise to switch off a stove burner that is left on too long.

Researchers at the University of Missouri aim to go further. Their experiments show that certain automatic monitoring can spot changes, such as restlessness in bed or a drop in daytime activity that occur 10 days to two weeks before a fall or a trip to the doctor or hospital. That monitor under the mattress can measure pulse and respiratory patterns to see if heart failure is worsening before someone realizes he or she is becoming short of breath. More nighttime bathroom trips can indicate a brewing urinary tract infection. A change in gait, such as starting to take shorter or slower steps, can signal increased risk for a fall. Basic motion sensors cannot detect that.

The researchers installed the sensor package in apartments at the university-affiliated TigerPlace community and in a Cedar Falls, Iowa, senior complex. On-site nurses received automatic emails about significant changes in residents' activity. After a year, residents who

agreed to be monitored were functioning better than an unmonitored control group, presumably because nurses intervened sooner at signs of trouble.

The bigger question is whether simply alerting a loved one, not a nurse, might also help. So participants may decide if they would like a family member or friend to get those alerts, in addition to a nurse. Embedding sensors in the home is important because too many older adults forget or may not want to wear the emergency-call buttons

Sensor prices are another hurdle. Various kinds already on the market in the US can run from about \$70 to several hundred, plus monthly service plans.

Source: The Associated Press, July 2013

## **Helping Seniors Live Independently**

There are many low-cost precautions that can be taken to help seniors live independently their homes for longer periods of time.

Some tips, from the Johns Hopkins University School of Nursing and AARP include:

- Wear nonslip shoes, not slippers, in the house-;
- Avoid area rugs or use double-sided tape to hold them in place;
- If you must climb, use a sturdy step stool with a hand rail, not a chair;
- Place everyday items in easy-to-reach places, including cooking items;
- Sit to cook if possible. Keep the microwave low enough to reach;
- Use a raised toilet seat, which can add two inches to five inches without replacing the toilet;
- Place nonskid safety strips in the tub, and use a tub bench or shower chair;
- Install grab bars in the bathroom or, if that's not possible, a safety rail can be clamped onto the side of the tub;
- Railings on both sides make stairs easier;
- Look for tools such as a button hook/zip pull or a "reacher" that grabs hard-to-reach items;
- Carry a portable or cellphone around the house in case of a fall or other emergency and
- Consider a home assessment from an occupational therapist, who can tailor suggestions to your functional ability.

Source: The Associated Press, July 2013

## **Seniors Hospitalized Due to Adverse Drug Reactions**

About one in every 200 seniors in Canada is admitted to hospital each year because of an adverse drug reaction, compared to about one in 1,000 in the general population, says a report by the Canadian Institute for Health Information.

This translates into about 27,000 people age 65 and older, based on data from 2010-2011 and does not include those who were treated in the ER but not admitted or those who sought care elsewhere.

"The adverse drug reaction as it's defined really refers to side-effects," said Jordan Hunt, CIHI's manager of pharmaceuticals. "It's a drug that's used as prescribed. So it's not taking into account where an error was made, where the wrong dose or the wrong drug was given or where the harm was intentional."

Blood thinners, or anticoagulants, often used to prevent heart attack and stroke, were the drug class most commonly associated with hospitalizations among seniors due to an adverse drug reaction (13 per cent), followed by chemotherapy drugs (12 per cent) and opioids (7.4 per cent).

"The most common one (adverse effect) we saw was bleeding due to an anticoagulant," Hunt said from Ottawa. "They accounted for about one in eight hospitalizations related to reactions that we saw."

Most of those bleeding events were among patients taking warfarin, a drug that must be closely monitored with regular blood tests so the dosage can be immediately adjusted if it "goes too high or too low." Chemotherapy can cause a drop in a patient's white blood cell count, while opioids can cause severe constipation and delirium.

Adverse drug reactions are not only potentially harmful, they are also costly. One study calculated that they set back the health-care system by \$35.7 million a year, with 80 per cent of that figure accounted for by hospital admissions.

Hunt said age was a major factor in the risk of hospitalization, with older seniors more likely to be admitted due to an adverse reaction. Reviewing and managing medications can help reduce the number of drug reactions as well as potentially harmful interactions between different medications, which are associated with using a higher number of prescription and over-the-counter drugs and even some supplements.

Source: The Canadian Press, March 2013

## **How to Manage Concussions**

Concussions, the most common traumatic brain injury, can have serious long-term health effects; therefore, diagnosis and management of these injuries are important. People in all age groups are susceptible to concussions because they can occur from vehicle accidents, work activities, sports, recreation and, for seniors, falls. Concussions can be caused without direct blows to the head, such as impact to the chest that causes whiplash and a jiggling of the brain. The brains of young people are more susceptible to concussions than those of adults. Recent evidence shows that females may be more prone to concussions than males.

Physicians play a key role in diagnosing and managing concussions. The practice in most countries is to remove the concussed person from activity and begin an evaluation by a physician as soon as possible. Complete rest from physical and mental activity is recommended. Here are some points to managing concussions:

- No activity: complete rest;
- Light exercise: walking, swimming, stationary cycling;
- Sport-specific exercise but no head-impact sports;
- More vigorous but noncontact training drills;
- Full-contact practice: normal activities after medical clearance; and
- Return to full game play including contact.

Source: The CMAJ (Canadian Medical Association Journal), July 2013

## **Blood Pressure Drugs Associated with Lower Risk of Heart Disease**

Two drugs, telmisartan (Micardis) and valsartan (Diovan), which are used to reduce blood pressure in people with diabetes, are associated with a lower risk of hospitalization for heart attack, stroke or heart failure, according to a study published in CMAJ (Canadian Medical Association Journal)

For people with type 2 diabetes, disease-related vascular illnesses are the main causes of death. Angiotensin-receptor blockers including telmisartan, valsartan, candesartan, irbesartan and losartan, are generally used interchangeably to control blood pressure. However, there is some evidence from small trials that telmisartan has slightly different properties than other angiotensin-receptor blockers and may improve cardiovascular health.

Researchers looked at data for 54,186 Ontario residents with diabetes who were over age 65 who took angiotensin-receptor blockers between April 1, 2001 and March 31, 2010. They sought to determine if there was a lower risk of cardiovascular illnesses in people taking telmisartan compared with other drugs in the same class. They found that telmisartan and valsartan were associated with a significantly lower risk of hospitalization for heart attack, stroke or heart failure compared with other angiotensin-receptor blockers.

The authors suggest that randomized controlled trials and large observational studies looking at cardiovascular health and deaths in patients taking different angiotensin-receptor blockers are needed.

Source: The CMAJ (Canadian Medical Association Journal), July 2013

## **Low Blood Sugar Levels May Pose Heart Risks for Diabetics**

A dangerously low blood sugar level is often classified as a medical emergency. Previous observational studies have reported a link between severe hypoglycemia and cardiovascular disease risk, but the association remains controversial.

In a study, researchers from the United States, Japan and the Netherlands analyzed the findings of six studies that included a total of more than 903,000 type 2 diabetes patients.

The review revealed that 0.6 percent to 5.8 percent of patients developed severe hypoglycemia during one to five years of follow-up. Overall, these patients had a 1.56 percent increased risk of developing cardiovascular disease. The results suggest that severe hypoglycemia is associated with a two-fold increased risk of cardiovascular disease, the researchers said.

Because of this, preventing severe hypoglycemia in people with type 2 diabetes may be important to prevent cardiovascular disease. The link between severe hypoglycemia and increased cardiovascular disease risk has previously been explained by patients having one or more other serious illnesses, but this is an unlikely explanation, the researchers said.

They said the incidence of serious illnesses would need to be "unrealistically high" among patients who developed severe hypoglycemia, and the link between serious illnesses and cardiovascular disease would have to be "extremely strong."

Source: [www.drugs.com](http://www.drugs.com), July 2013

## **Coffee Helps Post-Surgery Bowel Function**

Bowel function temporarily shuts down after major surgery. The return of bowel function often occurs within two to five days and signals readiness for the transition from the hospital to home or another care facility.

Speeding the return of bowel function reduces time in the hospital and helps you return to normal processing of food, which is vital to recovery.

A recent study found that drinking coffee postoperatively may be an effective way to speed things along, at least in those who have had all or part of their colon removed (colectomy).

Mayo Clinic doctors say that this study adds to other research that has found the same effect with coffee drinking after major surgery.

Source: Mayo Clinic, July 2013

## **Prostate Cancer Found in Half of Men Over 60**

An international study led by Toronto researchers has found that almost 50 per cent of men over age 60 have prostate cancer at the time of death, but die of other causes.

Lead author Dr. Alexandre Zlotta, director of uro-oncology at Mount Sinai Hospital's Murray Koffler Urologic Wellness Centre and a scientist with Mount Sinai's Lunenfeld-Tanenbaum Research Institute, said the study underscores the need for better screening methods that don't just determine if a man has prostate cancer but whether it is an aggressive and life-threatening form of the disease.

The current widespread use of prostate-specific antigen (PSA) testing in North America increases the likelihood of over-detection of low-risk prostate cancers. Men with low-risk prostate cancers can end up undergoing unnecessary treatment such as radiation and surgery, which in turn can lead to problems with incontinence and sexual function.

The study involved autopsies of Caucasian men from Russia who share environmental characteristics with North American men, such as reduced sun exposure and a high-fat diet, both of which have been implicated in increased risk for prostate cancer.

Researchers included autopsied men from Japan in the study because diagnosed incidence of prostate cancer is much lower there than it is in North America. Japanese men typically have a lower death rate from prostate cancer as well as a very different diet from North American men.

PSA screening in both countries is not widespread. By studying these two distinct populations, researchers showed that despite differences in incidence and mortality rates, and in genetic and lifestyle factors, the prevalence of prostate cancer was similar in both Caucasian and Asian men. In fact, the disease was even more aggressive in Asians.

Source: [www.thestar.com](http://www.thestar.com), July 2013

## **Food Allergy vs. Food Intolerance**

Food reactions are common, but most are caused by food intolerance rather than a food allergy. Food intolerance can cause some of the same signs and symptoms as a food allergy, so people often confuse the two.

A true food allergy causes an immune system reaction that affects numerous organs in the body. It can cause a range of symptoms like nausea, vomiting, cramping and diarrhea. Other signs and symptoms can include a tingling mouth, hives, and swelling of the lips, face, tongue and throat. A life-threatening allergic reaction known as anaphylaxis can cause breathing trouble and dangerously low blood pressure. In some cases, an allergic food reaction can be severe or life-threatening. In contrast, food intolerance symptoms are generally less serious and are limited to digestive problems.

Food intolerance symptoms generally come on gradually and do not involve an immune system reaction. Causes of food intolerance include:

- Absence of an enzyme needed to fully digest a food. Lactose intolerance is a common example;
- Irritable bowel syndrome. This chronic condition can cause cramping, constipation and diarrhea;
- Food poisoning. Toxins such as bacteria in spoiled food can cause severe digestive symptoms;
- Sensitivity to food additives. For example, sulfites used to preserve dried fruit, canned goods and wine can trigger asthma attacks in sensitive people;

- Recurring stress or psychological factors. Sometimes the mere thought of a food may make you sick. The reason is not fully understood; and
- Celiac disease. Celiac disease has some features of a true food allergy because it does involve the immune system. However, symptoms are mostly gastrointestinal, and people with celiac disease are not at risk of anaphylaxis. This chronic digestive condition is triggered by eating gluten, a protein found in wheat and other grains.

If you have a reaction after eating a particular food, see your doctor to determine whether you have food intolerance or a food allergy.

Source: Mayo Clinic, July 2013

## **Canada's Elderly at High Risk of Suicide**

Studies show that Canada's elderly are at a much higher risk of suicide than adolescents, and there is growing concern among mental health experts that psychological care may be out of reach for most seniors.

Dr. Marnin Heisel, a clinical psychologist and professor at the University of Western Ontario, says lack of public awareness of the issue is a key problem that affects not only the elderly, but their families and the public in general. Public awareness lets people struggling with these issues know that they are not alone and their physical and mental health problems can be treated effectively, he said. It may also cue their relatives into the fact that their older family members who are struggling with depression might be contemplating suicide, he said.

A 2009 report by Statistic Canada states that men aged 85 to 89 have the highest rate of suicide among any age group in Canada, at a rate of about 31 per 100,000, and usually do so through more violent means.

For most Canadians, psychological services, which can easily run \$100 or \$200 an hour, are not covered by provincial and territorial health-care plans, but psychiatric services and medications generally are. Psychological care is covered only if it is hospital-based.

A study showed that 75 per cent of older adults who die by suicide had seen a primary care physician or provider within a month prior to ending their lives. "That suggests that primary care is a key place where we should be assessing for screening for suicide risk factors and then try and implement aggressive, meaning very focused, interventions," Heisel said.

Most of the suicide prevention strategies are largely aimed at the youth. There is a distinct lack of initiatives aimed at the elderly.

Source: The Canadian Press, July 2013

## 10 Early Warning Signs of Pancreatic Cancer

Most people diagnosed with pancreatic cancer are already in the advanced stage of the disease by the time it is caught, and the typical prognosis is death within five years. Only 4 percent of pancreatic cancer patients live beyond five years.

In recent years, pancreatic cancer has claimed the lives of numerous celebrities and public figures, including Steve Jobs, actor Patrick Swayze, and actress Bonnie Franklin, leading many people to ask the key question, "Are there any early warning signs of pancreatic cancer?"

The answer is yes, there are. If you find yourself experiencing two or three of these early warning signs of pancreatic cancer, call your doctor and ask for a scan. Imaging techniques such as MRIs can detect pancreatic cancer some of the time, depending on the location of the tumor.

### Early Warning Signs of Pancreatic Cancer

- Diabetes, especially if it comes on suddenly. Recently, the Mayo Clinic published startling research showing that 40 percent of pancreatic cancer patients had been diagnosed with diabetes one to two years before discovering they had a pancreatic tumor. Researchers believe the diabetes is caused by tumors that simply have not been detected yet. If you are diagnosed with diabetes that seems to come on suddenly and you have no family history of diabetes, bring this to your doctor's attention and ask for further screening for pancreatic cancer.
- Yellowing of the eyes or skin. Even a small pancreatic tumor can block the bile duct in the head of the pancreas, causing bile to build up. This causes jaundice.
- Itchy skin, palms, and soles of feet. A little-known side-effect of jaundice is itchy hands and feet. It is due to a skin reaction to the bilirubin, the yellowish brown liver chemical that causes jaundice.
- Lack of appetite. An Italian study found that six to eight months before being diagnosed with pancreatic tumors, patients reported a sudden drop in their appetite and a tendency to feel full after eating very little.
- Changes in taste. In the same Italian study, some of the patients surveyed said they had suddenly lost their taste for coffee, wine, and smoking.
- Abdominal pain. Pancreatic cancer sufferers remember this pain as a gnawing pain, rather than a sharp cramp or ache, and it radiates toward the back. A characteristic clue: the pain goes away when you lean forward.
- An enlarged gall bladder. The same blockage of the bile duct that causes jaundice can also cause an enlarged gallbladder, as the bile builds up behind the duct. The good news is that an enlarged gallbladder can be seen on imaging tests, and it may even be possible for a doctor to feel it during a physical exam.
- Pale, floating, smelly stools. If a pancreatic tumor prevents digestive enzymes from reaching the intestine, the result is an inability to digest fatty foods. Doctors say this symptom, in particular, can be an early clue and is too often overlooked.
- Dark, tarry stools. Bleeding in the upper intestines causes this symptom.

- Sudden, unexplained weight loss. Weight loss is not always, as many people mistakenly believe, a sign of advanced cancer that has spread to the liver. It can also happen because a lack of pancreatic enzymes is causing fat to pass through the body undigested.

Document all symptoms, and report them to your doctor in as much detail as possible.

Source: [www.caring.com](http://www.caring.com), June 2013

### **Teen Jack Andraka Describes 3-cent Method to Detect Cancers**

Maryland high school student Jack Andraka has created a paper strip sensor that accurately detects pancreatic, ovarian and lung cancer in minutes and for pennies.

Andraka has been recognized and honoured by, among others, the Smithsonian, Popular Science, U.S. President Barack Obama, the documentary [You Don't Know Jack](#) and the \$75,000 2012 Gordon E. Moore Award, the grand prize of the Intel International Science and Engineering Fair.

Right now, 85 per cent of pancreatic cancers are detected too late to save the patient. The disease is notoriously deadly, with only one in 20 people making it past the five-year mark. That is why early detection is crucial.

“The strip works in five minutes and for three cents,” Andraka told the Star. “That’s 168 times faster, 26,000 times less expensive, 400 times more sensitive than the current gold standard (test). It has 100-per-cent accuracy.”

The strip essentially senses mesothelin, a biomarker for pancreatic cancer as well as ovarian and lung cancers. “The sensor is the sensor for all three cancers,” he said, adding he hopes to see it sell over the counter in 10 years. “It will tell you ‘Something is wrong. Go see your doctor.’ ”

Andraka’s patented work is about to be published in the Public Library of Science (PLOS) which advocates for the free distribution of scientific and medical articles.

Source: Toronto Star, June 2013

## **Drug Information and Update**

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### **Important Changes to the Availability and Conditions of Use for Drugs Containing Calcitonin**

A safety review conducted by Health Canada has concluded that there is a slightly increased risk of cancer associated with the prolonged use of calcitonin products. Calcitonin is used as a nasal spray to treat osteoporosis (loss of calcium in bones) in postmenopausal women and as an injection to treat Paget's disease (a chronic bone disorder) and hypercalcemia (high blood calcium).

A review of the benefits and risks of the nasal spray products found that there was not enough evidence of benefit to continue using calcitonin nasal sprays in treating osteoporosis, given the increased risk of cancer.

As a result of these reviews, calcitonin nasal spray products will no longer be authorized for sale in Canada as of October 1, 2013. This transition period will allow patients using calcitonin nasal spray to be transferred to other treatments.

Calcitonin injectable products will continue to be authorized for sale in Canada. The benefits of these products are considered to outweigh the risks when the product is used as directed in the Product Monograph (for Paget's disease and hypercalcemia). However, the labels for calcitonin injectable products are being updated to include a new warning about this risk, and to recommend that treatment with calcitonin solution for injection be limited to the shortest possible time, using the minimum effective dose. Treatment of symptomatic Paget's disease with calcitonin medicine should be limited to patients who are unable to use other treatments.

Patients who are taking a calcitonin medicine and who have questions should speak to their health care practitioner before making any change to their treatment. There are other medications authorized in Canada for the treatment of osteoporosis, Paget's disease and hypercalcemia. Patients should speak to their pharmacist regarding the safe disposal of calcitonin nasal spray products.

Source: Government of Canada, July 2013

### **The ABCs of Vitamin D-3**

Vitamin D-3 is part vitamin, part hormone and completely essential to protect you from heart disease, cancer, type 2 diabetes, immune problems and high blood pressure. Our bodies need sunshine to kick-start its production or you can get a leg up from supplements. Getting enough cuts a woman's risk of developing fibroids by 32 per cent, protects against pneumonia, helps preemies build bones and post-menopausal women avoid osteoporosis.

Around 60 per cent to 80 per cent of North Americans have low levels of vitamin D-3 and half of those are so low they are at immediate risk for heart problems. Ways to get enough vitamin D-3 include:

- Bask in 10 minutes of sunshine (no sunscreen) daily. Added bonus: Sunlight releases nitric acid into your bloodstream, keeping arteries supple. Then apply SPF 30 sunscreen (we like zinc oxide). In 10 minutes, it starts protecting you;
- Enjoy salmon, mushrooms and D-3-fortified tofu or non-fat dairy; and
- Take a vitamin D-3 supplement (1,000 IU) daily. Tip: Have your vitamin D blood level checked every year. A study of more than 1 million people found that the optimal blood level for heart health is 20 to 36 ng/mL. For cancer prevention, the level is 50 to 80ng/mL.

Source: [www.thestar.com](http://www.thestar.com), July 2013

## **Health Canada's Review Recommends Codeine Only be Used in Patients Aged 12 and Over**

Health Canada has reviewed the safety of prescription pain and cough medications containing codeine and is no longer recommending their use in children less than 12 years of age. This recommendation is based on very rare cases of serious side effects and deaths in children that have been attributed to codeine, when given directly to a child, or to babies from breast milk. Once ingested, codeine is converted by the body into morphine. Some people ("ultra-rapid metabolizers") convert codeine into morphine more rapidly and completely than do others. The use of codeine by these ultra-rapid metabolizers can potentially lead to unexpected morphine overdose. However, not all of the serious side effects have been linked to overdose. Other risk factors, including surgery to remove tonsils, may increase the risk of known codeine side effects such as the slowing of breathing.

In 2008, Health Canada informed healthcare professionals and the public of the risk to nursing infants whose mothers are ultra-rapid metabolizers of codeine. Following that risk communication, the drug labels of prescription and non-prescription products containing codeine were updated to highlight this risk for anyone who is considered an ultra-rapid metabolizer.

In addition, caution is advised regarding the use of codeine in any patients with breathing conditions, including children.

Non-prescription products containing codeine already indicate that they should not be administered to children.

Health Canada is currently reviewing the drug labels of affected codeine prescription products and will work with manufacturers to update the labels accordingly.

## **What you should do**

Healthcare professionals and consumers should seek alternatives to codeine for the management of mild to moderate pain or cough in children less than 12 years of age. Symptoms of a toxic reaction to codeine, or any other opioid, may include dizziness, confusion, extreme sleepiness, or sudden shortness of breath or difficulty breathing. Patients who experience difficulty breathing should seek immediate medical attention.

Canadians with questions or concerns should speak to their healthcare professional.

Source: Government of Canada, June 2013

## National and Provincial Issues

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### PROVINCIAL ISSUES

#### Expanding Physiotherapy to More Communities

Ontario is expanding access to publicly funded, clinic-based physiotherapy services to more communities across the province. Access to publicly funded physiotherapy across Ontario is currently unevenly distributed, leaving seniors and other patients in many communities without access to clinic-based services.

To increase services offered in these areas, the government has issued a Call for Applications to physiotherapy providers. This will expand access to clinic-based physiotherapy for 90,000 more people in underserved parts of Ontario, benefitting 150,000 people in total.

New clinic-based physiotherapy services are part of the government's commitment to expand access to physiotherapy, and exercise and falls prevention classes across the province beginning this August.

#### Quick Facts

- One-on-one physiotherapy helps seniors and other patients recover better from illness, surgery or injury.
- Locations where clinic-based services are currently provided will have the opportunity to continue to deliver those services.
- The ministry accepted completed electronic applications until July 7, 2013.
- Eligibility for publicly funded clinic-based physiotherapy services is not changing. With a physician or nurse practitioner referral, seniors, children up to 19 years old, and recipients of Ontario Works and the Ontario Disability Support Program will continue to be eligible for clinic-based physiotherapy.

Source: Ministry of Health and Long-Term Care Ontario, June 2013

#### Ontario Cuts Funding for Diabetics' Blood-Sugar Test Strips

The Ontario government has cut funding for test strips that diabetics use to monitor their blood sugar levels.

The move, which took effect August 1, will save the province up to \$25 million annually and will affect mostly non-insulin dependent diabetics who are reimbursed for strips under the Ontario Drug Benefit Program.

Health Minister Deb Matthews said the move was prompted by studies showing that many diabetics do not have to test their blood-sugar levels as frequently as they do.

The province will limit the number of strips it will pay for annually to a maximum of 200 for diabetics who can manage the disease through diet and exercise or with oral medication that has a low risk of inducing hypoglycemia (low blood sugar).

Prior to this, there has been no cap on the number of test strips they can use. Each strip costs about 70 cents. The move will affect 162,000 Ontarians with Type 2 diabetes. The public drug program provides coverage for people 65 and older, and younger people on disability support and welfare.

A study noted that the number of Ontarians aged 65 and older who were dispensed test strips between 1997 and 2008 jumped 250 per cent to 263,513. The annual cost of the strips increased nearly five-fold during that time to \$85 million.

Meantime, almost half of these diabetics were considered at low risk of developing hypoglycemia and it is those patients who will be affected most by the changes.

The province has also placed caps on the annual number of strips other diabetics can use. Those who use medication with a high risk of causing hypoglycemia will be covered for up to 400 strips annually. And insulin-dependent diabetes will be covered for up to 3,000 strips annually.

The Canadian Diabetes Association worked with the province on the creation of the new testing regimen, which aligns with the group's recommendations for blood-sugar monitoring.

Source: thestar.com, July 2013

## **Ontario Government Reducing Waitlist Pressures**

Ontario is boosting support for adults with a developmental disability, with a focus on those facing the highest risks. The new \$42.5 million investment, announced in the 2013 Ontario Budget, will help families and adults at high risk, reduce waitlist pressures, and better support those with complex needs. Enhanced supports include:

- Emergency support for an estimated 600-800 adults with a developmental disability who have an unexpected temporary need, such as the sudden illness of a caregiver;
- Training and specialized equipment, such as bed lifts, for community agencies to help adults with complex needs;
- New or additional direct funding for 850 adults with a developmental disability to support their community participation and provide respite to caregivers; and
- Residential accommodation or support to help up to 250 adults facing high safety and security risks (e.g., former Crown wards with no family support).

Source: Ontario Minister of Community and Social Services, July 2013

## **Improving Access to Care in Eastern Ontario**

Ontario is supporting planning and design work for a new dialysis centre at the Renfrew Victoria Hospital. The project includes:

- Increasing the number of hemodialysis treatment stations from 14 to 20, which will increase the number of local patients served by 25 per cent annually
- Expanding and relocating the hospital's chronic disease program
- Providing patient-focused education and training clinics, led by specialized doctors and nursing staff, to facilitate treatment options at home.

Source: Ontario Ministry of Health and Long-Term Care, June 2013

## **Ontario Continues to Lead All Provinces in Reducing Wait Times**

Ontario continues to lead all provinces in reducing wait times, according to a report card issued by the Wait Time Alliance (WTA). For the sixth consecutive year, the WTA gave Ontario straight A's for meeting performance targets in reducing wait times in five priority health service areas: hip replacements, knee replacements, cataract surgery, radiation oncology and cardiac services.

The report also gave Ontario straight A's for reducing wait times for non-admitted patients in hospital emergency departments; 87 per cent of ER patients are getting treatment within the eight hour target for complex patients and four hours for less urgent patients.

### **Quick Facts**

- This is the eighth annual report card from the Wait Times Alliance, which is comprised of several national medical specialty societies, including the Canadian Medical Association, the Canadian Cardiovascular Society and the Canadian Association of Radiologists.
- Ontario is one of only two provinces providing information on ER wait times.
- Since 2003, the government has invested more than \$1.7 billion in new funding for 2.9 million additional procedures to reduce wait times in the province in five key priority areas.
- Ontario is completing most surgeries and diagnostic imaging services within the pan-Canadian target wait times set in 2005. As of April 2013: 97 per cent for general surgeries, 95 per cent for cataract surgeries, 92 per cent for pediatric surgeries, 89 per cent for CT scans, 88 per cent for hip replacements and 84 per cent for knee replacements.
- The net result of the Wait Time Strategy for all Ontarians who had a procedure since August 2005 is 187 million fewer days of waiting.

Source: Ontario Ministry of Health and Long-Term Care, June 2013

## **Ontario Strengthening Care for Long-Term Care Residents**

Ontario is increasing the number of comprehensive inspections of long-term care homes to strengthen safety and improve care for residents. The province is hiring more inspectors to perform more unannounced comprehensive Resident Quality Inspections in long-term care homes. All 633 long-term care homes in the province will receive comprehensive annual inspections. This builds on the 6,700 inspections conducted since 2010.

### **Quick Facts**

- All long-term care homes will receive a new Resident Quality Inspection by the end of 2014 and annually thereafter.
- 123 Resident Quality Inspections have been conducted in long-term care homes since 2010.
- Long-term care funding is projected to increase to \$3.83 billion in 2013/14 from \$2.12 billion in 2003/04. This includes a two per cent increase dedicated to resident care needs proposed in the 2013/14 Budget.
- Ontario has invested \$43 million in Behavioural Supports Ontario to help care for residents with dementia and challenging behaviours and will invest \$22.7 million over the next five years to establish Centres for Learning, Research and Innovation in Long-Term Care.

Source: Ontario Ministry of Health and Long-Term Care, June 2013

## **PEI Government Announces Catastrophic Drug Plan**

As of October 1, Prince Edward Islanders will have a catastrophic drug plan to protect individuals and families whose drug costs are consuming an unreasonable share of their income. The plan will have no ceiling and will cover all prescription drugs in the provincial formulary.

“This program will allow us to provide coverage for almost every prescription medication recommended by the National Common Review Plan and the Pan-Canadian Oncology Drug Review Plan,” said Health and Wellness Minister Doug Currie. He says he believes the plan is the strongest in Atlantic Canada and compares to the best in the rest of Canada.

Given that more than a quarter of Islanders do not have private health insurance, the plan is designed to ensure that yearly prescription drug costs don't cripple a family's budget. Together the High Cost Drug Program and the new Catastrophic Drug Program will result in \$8.2 million in provincial funding to support Islanders who need prescription medications. The new program and the existing high-cost drug program will cost the province an estimated \$8.2 million annually.

The coverage depends on the percentage of family income spent on drugs. A family with an income of less than \$20,000 annually will pay for prescriptions out-of-pocket until their drug costs reach 3% of the family income, at which point the plan will kick in. This goes up to 5% for those with an income between \$20,000 and \$50,000 and 8% for a family with income between

\$50,000 and \$100,000. Those earning more than \$100,000 will get their prescriptions paid for after their drug bill reaches 12%. An estimated 6,000 Islanders will benefit from the program.

Source: [www.CMAJ.ca](http://www.CMAJ.ca), June 2013

## **Crisis Centre Opens**

Manitoba is set to open what it is calling Canada's first stand-alone mental health crisis centre. The Winnipeg Mental Health Crisis Response Centre is designed to serve the estimated 10,000 people with mental health challenges who currently visit hospital emergency rooms every year. The province, which contributed \$12.3 million towards the new centre, has hired 35 mental health professionals to provide assessments, crisis intervention and crisis treatment.

The centre that opened in June 2013 will also connect patients to follow-up resources. Families dealing with a mental health crisis no longer have to go to an emergency room for care as we open Canada's first dedicated facility for mental health crises and emergencies," Premier Gary Selinger said in a news release.

"Highly skilled mental health professionals will be available 24 hours a day, seven days a week for those who need them." The centre will also house the Adult Mobile Crisis Service, which already provides suicide prevention assistance and crisis intervention care to 10,000 adults in Winnipeg each year.

Source: [www.CMAJ.ca](http://www.CMAJ.ca), May 2013

## **Government of Alberta to Introduce PharmaCare Program January 1, 2014**

The Government of Alberta has started plans to implement a PharmaCare program as of January 1, 2014 to ensure comprehensive drug and supplementary health benefit coverage for all Alberta residents. Currently 20% of the residents have no coverage.

The government plans to:

- Implement a long-term plan to promote wellness and disease prevention, including Wellness Alberta;
- Promote a strong foundation for public health including strategies to reduce mental illness and addictions and to ensure healthy weight for children and youth;
- Expand access to pharmacists as front-line health care professionals for medication, chronic disease assessment and management support to improve health outcomes and sustainability in the health care system;
- Support cost-free access to insulin pumps for eligible members with Type 1 diabetes;
- Develop an online tool to provide residents with key information on continuing care facilities in Alberta, such as wait time, available services and accommodation fees; and
- Help pharmacists adopt lower generic drug prices that will save Albertans money and give people who can't afford it better access to much-needed medication.

As of April 15, 2013 the government reinstated for one year a \$1 per prescription allowance to allow pharmacies to transition their business model. This is a benefit to pharmacies worth a total of \$24 million. About \$12 million will come from government and the rest from employer and private insurance programs.

Source: Government of Alberta, May 2013

## **Quebec Drug Plan Premiums Go Up**

The cost of prescription medication has gone up for Quebecers covered by the provincial drug insurance plan. On July 1, the maximum annual premium increased by \$13 to \$570. The co-insurance cost, paid at the pharmacy when prescriptions are filled, is increasing by one percentage point, to 31 per cent of the total drug costs.

The fee hikes reflect the growing cost of Quebec's drug plan, which rose by about eight per cent last year, said Marc Lortie, a spokesman for the province's health insurance board.

Quebec's drug insurance plan is free for children, people receiving social assistance and seniors who benefit from the full guaranteed income supplement.

Source: CBC News, June 2013

## **NATIONAL ISSUES**

### **Plain Language Labelling Initiative Launched to Improve Drug Safety for Canadians**

The Plain Language Labelling Initiative, which aims to improve the safe use of drugs by making drug labels and safety information easier to read and understand has been launched.

"Every day millions of Canadians rely on drugs to maintain and improve their health. While medications offer significant benefits, they can also carry some risks," said Minister Aglukkaq.

To work properly and reduce the chance of harm, drugs should be taken according to the information provided on the label or package. Yet, today's drug product information can be confusing to follow. Too often, people experience unnecessary harm as a result of drug labels, packaging or names that may be hard to understand or they sound similar to other drugs. As many as 1 in 9 emergency room visits are related to drug adverse events, and as many as 68% of those are preventable.

The goal of this initiative is to reduce preventable harm. Health Canada will begin by targeting improvements to the regulations, such as requiring evidence that drug names will not be confusing, providing guidance and education, and engaging with key stakeholders along the way.

Source: Health Canada, June 2013

## **CMA Report Suggests Future Seniors' Care a Cause for Anxiety**

A recent survey by the Canadian Medical Association (CMA) suggests that there is anxiety among Canadians when it comes to the future delivery of health care services for seniors.

The study, conducted by polling firm Ipsos Reid for the CMA's 2013 National Report Card on health issues, indicate:

- 83 per cent of participants said they are concerned about the healthcare they will receive when they retire and whether they will have access to home care and long-term care.
- 93 per cent of Canadians that participated in the survey agreed that Canada needs a strategy for seniors' care in order to keep them in their homes longer and lessen the burden on hospitals and other facilities.

The poll, which surveyed 1,000 Canadians, suggests that those most concerned about the care of seniors, both now and in the future, were women between the ages of 35 and 54, and those already caring for an elderly person outside their own home.

From a mental health perspective, CMHA Ontario has indicated that mental health services and supports are becoming a greater priority as society ages.

While many seniors lead fulfilling lives without significant physical or cognitive changes, the challenges that come with aging can be debilitating. Physical ailments, mobility issues, chronic pain, cognitive and sensory impairments can affect one's functional ability.

Other challenges such as retirement, changes in income, widowhood, the loss of friendships through death, and new caregiving responsibilities can lead to social and emotional isolation. Research indicates that promoting and maintaining mental health among seniors has a positive impact on their overall health and well-being and significantly affects quality of life.

Source: Canadian Medical Health Association, August 2013