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Section 3 – Health and Wellness Issues

Falls among Seniors

It can happen in an instant. Someone reaches for a walker or chair that is too far from the bed, or loses their balance negotiating a step. This year in Canada alone, more than one-third of seniors will experience a fall, making it the leading cause of injury among individuals age 65 and older.

According to the Canadian Institute of Health Information, in 2012–2013, Canadian seniors experienced almost 85,000 fall-related hospitalizations, 8% of which resulted in an in-hospital death. Those numbers, combined with an aging population, make this issue a major health concern in Canada.

It is a concern borne not only by the patients but also by their families, who often witness their loved ones suffer devastating physical and psychological effects after a fall, including disability, reduced quality of life, and even death. This can be the case when a resident in a long-term care facility or nursing home, or someone in their own home, reaches out for a chair or walker and miscalculates, resulting in a fall. By the time nursing staff or a family member finds them, it can be too late.

Falls occur across the continuum of care, from hospitals and long-term care facilities to the home. A full 50% of fall-related hospitalizations among seniors occur as a result of falls in the home. And seniors who are hospitalized from a fall are 4 times more likely to spend time in alternate level of care than seniors whose hospitalization is not fall-related.

Falls also cause the majority of fractures in seniors, with hip fractures being the most common serious injury. Close to half of all those who fall and fracture their hips will never functionally walk again, and 1 in 5 will die within 6 months.

Source: Canadian Institute for Health Information, October 2014

Volunteer Work Makes Older Adults Happier, Healthier

A meta-analysis from the Rotman Research Institute at Baycrest Health Sciences in Toronto says that volunteering increases both physical and mental health and those who reap the health benefits of volunteer work log at least 100 hours per year or 2-3 hours per week.

Led by Dr. Nicole Anderson, a senior scientist with Baycrest's Rotman Research Institute and associate professor, University of Toronto, the research team analyzed 73 studies that measured psychosocial, physical or cognitive outcomes of formal volunteer work in adults of a minimum age of 50.

Overall, researchers found that volunteering is associated with reductions in symptoms of depression, better overall health and increased longevity, although researchers found that exceeding 100 hours of annual volunteer work did not enhance these benefits.

They found that those who benefitted the most were seniors with health conditions, or other such vulnerabilities, for the feeling of being appreciated or needed is important in the relationship between volunteering and psychological health. The research team found evidence that volunteering can reduce hypertension and they counted fewer hip fractures among seniors who do a moderate amount of volunteer work.

They were surprised to find few studies investigating the cognitive benefits of volunteer work in seniors and reported not finding even one examining the association between volunteering and the risk of dementia. More research is necessary, they say, to examine volunteering's potential ability to ward off the many health conditions that put seniors at higher risk for dementia, such as diabetes and stroke.

Source: CTV News, September 2014

Corneal Inlay Devices Could Eliminate the Need for Reading Glasses

A thin, circular eye implant could remedy near-sightedness, otherwise known as presbyopia, according to research presented at the annual meeting of the American Academy of Ophthalmology.

The device has everyone talking because it corrected presbyopia for 80% of clinical trial participants without interfering with their ability to see into the distance. It was tested on 507 patients between 45 and 60 years of age with presbyopia who were not nearsighted across the United States, Europe and Asia.

Over the three-year trial, participants' vision improved to 20/40 or better, the minimum needed for reading the newspaper and driving a car. The doughnut-shaped device is flexible, measuring 3.8 mm in diameter with a 1.6 mm hole. It acts like a camera aperture, narrowing and broadening to allow the user to focus as his gaze shifts from near to far. The insertion procedure takes just ten minutes.

KAMRA Vision is awaiting FDA approval in the U.S., but it is available in Asia, Europe and South America.

Source: CTV News, October 2014

Bionic Eye Implants Let Patients Perceive Light

For the first time ever in Canada, two patients with severely impaired vision have received “bionic eyes” that will not restore their sight, but will allow them to once again perceive light. Doctors at Toronto Western Hospital say the two patients have retinitis pigmentosa, a degenerative disease in which the retina progressively becomes so damaged that most, if not all, vision is lost. The bionic eye is officially known as the Argus II Retinal Prosthesis Device, and has two parts. The patient is outfitted with a pair of glasses with a built-in video camera, while a prosthesis the size of a pencil eraser is surgically implanted onto the retina.

Information from the camera is wirelessly transmitted to electrodes in the implant and converted

to electrical pulses. These electrical pulses are turned into images, which are transmitted to the brain. The patient must undergo intensive rehabilitation to learn how to process these images.

One of the Canadian patients is Orly Shamir, who had some residual vision as a child, but for the past dozen or so years could not see anything. Doctors tested Shamir's vision before her surgery, and she was unable to detect a moving square on a computer screen. She was re-tested two weeks ago, and was able to detect the square, as well as the movement of a line across the screen.

Each implant costs US$144,000, Toronto Western's Dr. Robert Devenyi said, and the device is currently only approved by Health Canada for use in his study. However, he anticipates that the federal agency will approve the device for wider use "very shortly," and hopes that it will be publicly funded. Devenyi noted that not all patients with retinal degeneration will qualify for the bionic eye. Between 1,000 and 1,500 patients may be eligible, he said.

Source: CTV News, October 2014

Dairy Products Could Cut Risk of Type 2 Diabetes

Consumption of high-fat dairy products could lower the risk for type 2 diabetes, according to researchers from the Lund University Diabetes Center in Malmö, Sweden. The research team concluded that people with the highest intake of high fat dairy products reduced their chances of developing type 2 diabetes by 23%.

According to researchers it is a question of where the fat comes from, citing the benefits of unsaturated fat found in dairy products. On the flip side, the saturated fat content of red meat is known to increase risk of the disease.

The large-scale study was conducted over a 14-year span and involved 26, 930 individuals of which 60% were women, aged 45 to 74 years. After adjusting their data for factors like BMI, physical activity level and smoking which could affect participants' risk factor, researchers analyzed participants' diets and arrived at some conclusions.

For example, 30 ml or more a day of cream was associated with a 15% reduced risk for the disease, while high-fat fermented milk consumption at 180 ml per day was associated with a 20% risk reduction.

A concurrent study by researchers from CHU de Québec Research Center and Laval University in Canada also suggested that sufficient proportions of dairy intake per day can reduce risk for type 2 diabetes and be beneficial to metabolic health.

Source: CTV News, September 2014

Public Health Reminder: Seasonal Flu

FluWatch, Canada's national influenza surveillance system, monitors flu activity across the country and internationally. So far this year, the H3N2 has been the most common strain circulating in North America. Seniors, those aged 65 and older, are usually the most affected by the H3 flu type.

This season's influenza vaccine protects against H3N2. That is why it is very important for seniors, and those around them, to get their flu shot early this season. Your risk of getting influenza (the flu) is lower in summer and early fall, but higher in winter and spring. Whether you get sick depends on how healthy you are, and whether you are exposed to other people who are infectious.

Some people are more likely to suffer influenza-related complications or to be hospitalized because of these complications. Certain people are especially capable of spreading the flu to those at high risk of complications.

Those most at risk of complications related to the flu include:

- People with health conditions such as cancer, diabetes, heart disease, lung disease, or obesity;
- People 65 and older, or live in nursing homes or long-term care facilities;
- Children between 6 months old and 5 years old;
- Pregnant women; and
- Aboriginal people.

Those capable of spreading influenza to individuals at high risk of complications related to the flu include:

- Those who are in close contact with vulnerable people listed above, such as family and household members;
- Those caring for or expecting a newborn baby during the flu season;
- Health care workers;
- Childcare workers;
- Those providing services to individuals at high risk in closed settings; and
- Those who provide essential community services, such as firefighters and police officers.

Source: Public Health Agency of Canada, October 2014

Stop Testing for Prostate Cancer with PSA Test, Canadian Task Force Urges

A national task force that issues guidelines for doctors says PSA testing should not be used to screen men for possible prostate cancer because it can lead to more harms than benefit. The Canadian Task Force on Preventive Health Care says measuring prostate specific antigen, or PSA, in blood is not an effective screening tool because it often produces false-positive results that lead to unnecessary treatment.

Task force chairman Dr. Neil Bell says almost one in five men aged 55 to 69, for instance, have at least one false-positive PSA test and about 17% end up with unnecessary biopsies. Bell says more than half of detected prostate cancers are over diagnosed, meaning they would not have caused symptoms or death during a man's lifetime.

Overdiagnosis often leads to treatments that can cause impotence, incontinence and infection. But Bell says PSA screening results in only a 0.1% reduction in prostate cancer deaths, or one less death per 1,000 men. The task force recommendation applies only to using PSA testing to see if a man might have prostate cancer, not for checking whether treatment is working in men already diagnosed with the disease.

"Our recommendation is against screening because we think the harms are sufficiently great and the majority of men would probably not benefit from that process," Bell said of PSA screening, which is often done every two to four years starting at about 40. "That being said, men who are concerned about prostate screening should have a discussion with their physician, to come up with the decision that is appropriate for that person."

Source: National Post, October 2014

Improve your Diet, Protect your Brain!

With today's aging population, brain health is more on the minds of people than ever before. Or at least it should be. Research is showing that it is not just genetics that contribute to dementia and Alzheimer's.

Poor eating habits and lack of physical and intellectual stimulation can also play a role in stemming cognitive decline. In fact, according to the Alzheimer Society of Canada, 50% of Alzheimer's diagnoses are attributed to factors associated with poor lifestyle choices.

Having spent 20 years in diet and dementia research, Dr. Carol Greenwood, a nutrition and cognitive scientist with the Rotman Research Institute at Baycrest Health Sciences in Toronto, and Leader of the Nutrition, Exercise and Lifestyle Team on the Canadian Consortium on Neurodegenerative Diseases (exploring primary prevention), says she has learned a great deal about the impact of nutrition on brain function. Some of the results of those studies come as a surprise, even to her research team.

"We are getting increasingly solid evidence that individuals who eat a Mediterranean-style diet, for example, are more protected when it comes to cognitive decline," she explains. Results of long-term studies indicate that people following that type of diet, whether in Europe or North America, lower their risk of developing dementia by as much as 36%.

Another common problem is that people tend to worry about brain health only when they are older. That is the wrong approach, says Dr. Greenwood. "The health of our brains when we retire is a reflection of the lifestyle we have engaged in during our adult years. How you take care of yourself during your forties and fifties plays a big role in determining whether you will be spending your retirement on the golf course or in a nursing home."

A good rule of thumb is to work on health planning at the same time as your financial planning, she advises. Consider the fact that some of the major dementia risk factors are associated with chronic diseases, such as Type 2 diabetes, elevated cholesterol levels and high blood pressure. The more your brain is exposed to those diseases, the more likely your cognitive functions will be affected. The key is to protect yourself against those disorders or, if you do develop them, to manage them well.

Source: National Post, September 2014

How to Prevent and Detect Malnutrition

Good nutrition is critical to overall health and well-being, yet many older adults are at risk of inadequate nutrition. Malnutrition in older adults can lead to various health concerns, including a weak immune system, which increases the risk of infections, poor wound healing, and muscle weakness, which can lead to falls and fractures. In addition, malnutrition can lead to further disinterest in eating or lack of appetite, which only makes the problem worse.

The causes of malnutrition might seem straightforward, too little food or a diet lacking in nutrients. In reality, though, malnutrition is often caused by a combination of physical, social and psychological issues such a health concerns, a restricted diet, depression, alcoholism, reduced social contact and limited income. The signs of malnutrition in older adults can be tough to spot, especially in people who don't seem at risk, but uncovering problems at the earliest stage can help prevent complications later.

To detect malnutrition, observe your loved one's eating habits, watch for weight loss, be alert to other red flags such as poor wound healing, easy bruising and dental difficulties and know your loved one's medications as many drugs affect appetite, digestion and nutrient absorption. Remember, identifying and treating nutrition issues early can promote good health, independence and increased longevity. Take steps now to ensure your loved ones are getting the best nutrition.

Source: Mayo Clinic, September 2014

What Is an Ocular Migraine? Is it a Sign of Something Serious?

The term "ocular migraine" can be confusing. It is sometimes used to refer to two different conditions, one of which usually is not cause for concern, and the other which might have more serious complications.

In some cases, ocular migraine describes a migraine aura that involves your vision. Migraine auras include a variety of sensations, often visual, but which also may include other sensations, such as numbness, that precede or accompany a migraine. Aura can sometimes occur without an associated headache. A migraine aura that affects your vision is common. Visual symptoms are short lasting. A migraine aura involving your vision will affect both eyes, and you may see:

- Flashes of light
- Zigzagging patterns
- Blind spots
- Shimmering spots or stars

These symptoms can temporarily interfere with certain activities, such as reading or driving, but the condition usually is not considered serious.

Sometimes, ocular migraine is used as a synonym for the medical term "retinal migraine." A retinal migraine is a rare condition occurring in a person who has experienced other symptoms of migraine. Retinal migraine involves repeated bouts of short-lasting, diminished vision or blindness. These bouts may precede or accompany a headache.

A retinal migraine, unlike a migraine aura affecting vision will affect only one eye, not both. However, most often, loss of vision in one eye is not related to migraine. It is generally caused by some other more serious condition. So if you experience visual loss in one eye, be sure to see an eye specialist.

Source: Mayo Clinic, September 2014

New Position Statement Provides Guidance on Sugar Consumption

The Heart and Stroke Foundation released a position statement proposing a maximum daily limit of added sugar to help Canadians improve their diets and their overall health. It is the first organization in the country to provide this concrete guidance.

Currently Canadians are eating too much of the sweet stuff, in all its forms. It is estimated that we are consuming more than 13% of our total calorie intake from added sugars. The Foundation is recommending that Canadians limit their intake of added or “free” sugars to not more than 10% or ideally less than 5% of total calorie intake per day. Excess sugar consumption is linked to heart disease, stroke, obesity, diabetes, high blood cholesterol, cancer and cavities.

Added sugars are those added to foods and drinks and include glucose, fructose, sucrose, brown sugar, honey, corn syrup, maple syrup, molasses, fruit puree and juice etc. These sugars provide extra calories but few or no nutritional benefits. Fruit juice, either as a beverage or as a sweetener added to other foods, has less nutritional value than a piece of fruit and is high in sugar. Added sugars do not include the sugars that are found naturally in foods such as vegetables, fruit, milk, grains and other plant-based foods (e.g., legumes and nuts).

To put the recommendation into context, for an average 2,000-calorie-a-day diet, 10% is about 48 grams, or 12 teaspoons of sugar. Sugar-loaded beverages are the single greatest contributor of sugar in our diets with one can providing 40 grams, or 10 teaspoons of sugar. That is roughly 85% of the daily added sugar limit.

“We want Canadians to focus on reducing added sugars, not the sugar that occurs naturally in vegetables, fruit and other foods that are also packed with nutrients such as vitamins and fibre.

You cannot compare those healthy choices to a can of pop that is loaded with sugar and has no health benefits, just health risks," says Bobbe Wood, President, Heart and Stroke Foundation.

The position statement includes recommendations for Canadians, all levels of government, workplaces, schools, researchers, health organizations and industry to help reduce added sugar consumption across the population. Up to 80% of early heart disease and stroke can be prevented by adopting healthy behaviours which include eating a healthy diet.

Source: Heart and Stroke Foundation, September 2014

Insurers Limit Use of Genetic Test Results

Canadian life and health insurers are adopting new policies on the use of genetic test results that will guide how this type of information should be used when underwriting policies. The guidelines would also restrict the type of information companies can collect.

The action by the Canadian Life and Health Insurance Association Inc. (CLHIA) demonstrates the industry's pledge not to seek genetic testing results from research where the information was not disclosed. Insurers also will not ask for genetic test results of any other person than the policy applicant. Companies must now have a plan to address complaints related to underwriting decisions.

This adds to the long-standing voluntary ban on insurers asking applicants and policy holders to undergo genetic testing. The CLHIA, which counts the majority of the industry as members, is clarifying its position on genetic testing less than three months after the Office of the Privacy Commissioner of Canada called on the insurers to stop asking clients for access to genetic data altogether until insurers can show the information is necessary and effective for actuarial purposes. Genetic testing has become a hot-button topic as improvements in science and technology make the process faster, more affordable and easier to access. Canadians are increasingly getting genetic testing done to determine their ancestry, for reproduction planning and to find out their genetic predisposition to diseases such as cancer.

The CLHIA says insurers should have access to medical information to accurately assess the risk profile of potential clients. The group points to research by the Canadian Institute of Actuaries that found there would be a "substantial" impact on companies if they were denied access to genetic test data. But the intention is not to turn clients away. The insurance group said any applicant denied life or health insurance will get help looking for other coverage either by insurers or through advisers.

Since existing life insurance policies cannot be changed by subsequent genetic testing, the CLHIA suggests consumers "consider applying and obtaining insurance before undergoing genetic testing." This maintains the "good faith" agreement, where both parties enter into the insurance agreement with equal knowledge.

"Insurers have one opportunity to assess whether to provide insurance. Those policies can last 40 or 50 years," said Frank Zinatelli, general counsel of the CLHIA. "If it turns out later that you have

some genetic condition that can affect you in a negative way, we have already made the promise."

Source: The Globe and Mail, September 2014

Care Coordination Strategies Can Decrease Health Care Use by Older Patients, People with Chronic Conditions

Better coordination of patient care between health care providers, encouraging patients to self-manage their health and other strategies can reduce use of the health care system by seniors and people with chronic conditions, according to research published in CMAJ (Canadian Medical Association Journal).

People who frequently visit emergency departments and clinics and are admitted to hospital use a disproportionate amount of health care resources despite their relatively small numbers. Many previous studies have looked at frequent users of emergency departments, but there has been less focus on users of the general health care system.

A team of Toronto-based researchers looked at what changes and quality improvements could be made to decrease health care usage, care coordination strategies, by frequent users. They analyzed 36 randomized controlled trials and 14 companion reports (total 7,494 patients). For patients receiving a care coordination quality improvement strategy compared with usual care, they found a 20% decrease in hospital admissions and a 31% decrease in visits to the emergency department by older patients. However, the same approach did not lessen use of the health care system by people with mental illness.

Case management (coordination of patients' care by someone other than a primary physician), empowering patients to manage their own health, making changes to the way the primary health care team functions and patient education significantly reduced hospital admissions.

Dr. Cara Tannenbaum, Université de Montréal, Montréal, Quebec, adds “Until our health care system adequately trains and supports caregivers to care for their loved ones at home during periods of illness exacerbation, the revolving door that allows entry into hospital will still continue to play an essential role in the care of patients with chronic conditions."

Source: Canadian Medical Association Journal, September 2014

Section 2 – Drug Information and Update

Common Diabetes Drug Associated with Risk of Low Levels of Thyroid Hormone

Metformin, a commonly used drug for treating type 2 diabetes, is linked to an increased risk of low thyroid-stimulating hormone (TSH) levels in patients with underactive thyroids (hypothyroidism), according to a study in CMAJ (Canadian Medical Association Journal). Low levels of TSH can cause harm, such as cardiovascular conditions and fractures.

Metformin is used to lower blood glucose levels by reducing glucose production in the liver. However, some previous studies have raised concerns that metformin may lower thyroid-stimulating hormone levels.

Researchers looked at data on 74,300 patients who received metformin and sulfonylurea, another common diabetes drug, over a 25-year study period. Of these people, 5,689 had treated hypothyroidism, and 59,937 had normal thyroid function. In the group with hypothyroidism, there were 495 incidences of low thyroid-stimulating hormone (119.7 per 1,000) per year compared with 322 in the normal group (4.5 per 1,000).

In patients with treated hypothyroidism, metformin monotherapy was associated with a 55% increased risk of low TSH levels compared with treatment with sulfonylurea. Metformin therapy did not appear to affect people with normal thyroid function.

"The results of this longitudinal study confirmed that the use of metformin was associated with an increased risk of low TSH levels in patients with treated hypothyroidism," says Dr. Laurent Azoulay, Lady Davis Institute, Jewish General Hospital and the Department of Oncology, McGill University, Montréal, Quebec. "Given the relatively high incidence of low TSH levels in patients taking metformin, it is imperative that future studies assess the clinical consequences of this effect."

Source: Canadian Medical Association Journal, September 2014

Decision to Reintroduce Aprotinin in Cardiac Surgery May Put Patients at Risk

Cardiac surgery patients may be at risk because of the decision by Health Canada and the European Medicines Agency to reintroduce the use of aprotinin after its withdrawal from the worldwide market in 2007.

Aprotinin, used to control bleeding in cardiac surgery, was withdrawn worldwide in 2007 after the early termination of the Blood Conservation Using Antifibrinolytics in a Randomized Trial (BART), which showed an increase in risk of death for cardiac patients on the drug.

Aprotinin is still unavailable for use in the United States. "We consider that the prudent regulatory response to uncertainty would have been to mandate a second large trial comparing aprotinin to an active agent to either refute or confirm results from the BART," the authors of CMAJ Canadian Medical Association Journal) conclude.

Source: Canadian Medical Association Journal, September 2014

Incretin-based Therapies and the Risk of Pancreatic Cancer

Incretins are hormones secreted from the gastrointestinal tract into the blood stream in response to food ingestion. They participate in the physiologic regulation of glucose metabolism by enhancing insulin production and secretion from the pancreas, among other functions. Incretin-based drug products are new therapies indicated for the management of type 2 diabetes mellitus.

In Canada, incretin-based therapies used for the management of type 2 diabetes mellitus include inhibitors (alogliptin, linagliptin, saxagliptin and sitagliptin) and receptor agonists (exenatide and liraglutide). These drugs were introduced on the Canadian market between January 2008 and April 2014.

Non-clinical studies have suggested that incretin-based therapies can lead to increased pancreatic cell proliferation. Cases of pancreatic cancer with the use of incretin-based therapies have been reported in Canada and internationally. A causal relationship between incretin-based therapies and the development of pancreatic cancer has not been established and investigations are ongoing.

Pancreatic cancer is the fourth leading cause of cancer death in Canada with a 5 year relative survival ratio of 8%. Risk factors for pancreatic cancer include, but are not limited to, smoking, obesity, a family history of pancreatic cancer, chronic pancreatitis and diabetes. Health care professionals are encouraged to document and report to Health Canada any adverse reactions suspected of being associated with incretin-based therapies.

Source: Health Canada, October 2014

Sorafenib and osteonecrosis of the jaw

Sorafenib (Nexavar), marketed in Canada since July 2006, is an oral multi-kinase inhibitor that targets tumour cell proliferation and tumour angiogenesis. It is indicated for the treatment of patients with primary kidney cancer, advanced primary liver cancer, and radioactive iodine resistant advanced thyroid carcinoma.

Osteonecrosis of the jaw (ONJ) is a severe bone disease that affects the jaws and typically presents as infection with necrotic bone in the mandible or maxilla. ONJ is characterized by the presence of exposed bone in the maxillofacial region that does not heal within 8 weeks. Although asymptomatic at times, ONJ usually presents as pain and/or numbness in the affected area, soft-tissue swelling, drainage, and tooth mobility.

There is a growing body of literature linking osteonecrosis of the jaw and other bones with novel antiangiogenic drugs. Sorafenib has been listed as one of the antiangiogenic agents that have been suspected of being associated with ONJ.

The product information available in the United States for Nexavar (sorafenib) indicates that ONJ has been reported with the post-market use of sorafenib. As of August 29, 2014, the World Health Organization (WHO) Global Individual Case Safety Reports Database System (VigiBase) contained 8 reports of ONJ suspected of being associated with sorafenib.

Source: Health Canada, October 2014

Canadians Kept in Dark about Defective Drugs

North American patients have been put at risk by prescription drugs that Canadian pharmaceutical companies sold with knowledge that their products were defective, a Star investigation has found.

Using records obtained through U.S. freedom of information laws, the Star also found other Canadian companies have hidden, altered and in some cases destroyed test data that showed their products were tainted or potentially unsafe, and not reported evidence of side-effects suffered by consumers taking their drugs.

Since 2008, more than 40 Canadian drug companies, including Toronto-based generic giant Apotex, have been cited for serious manufacturing violations. The Star investigation found that while the American Food and Drug Administration (FDA) strictly and transparently enforces drug manufacturing laws, Health Canada leaves Canadians in the dark by keeping secret details of problems its inspectors find.

Meanwhile, drugs and drug ingredients banned from the U.S. market have been allowed by Health Canada into Canadian pharmacies.

Source: The Star, September 2014

Pan-Canadian Generic Pricing Agreement: 18 Drugs at 18%

An unprecedented three-year agreement between Canada's provinces and territories and the generic pharmaceutical industry will expand the number of generic drugs priced at 18% of the equivalent brand price to 18 and save Canadians an estimated $3.8 billion.

The multi-year agreement, which has an effective date of April 1, 2014, gradually expands the number of top-selling, high-volume generic prescription drugs priced at 18% over the successive three years.

On April 1, 2013, six generic products saw prices fall to 18%, with four more products added on April 1, 2014. Another four generic drugs will be added each of the following two years bringing the total up to 18 by 2016.

Various types of generic pharmaceutical products such as non-solids and single and dual-source generics, as well as new and future generic products, are included in the pricing agreement. Public and private drug plans and people who pay out-of-pocket for prescriptions will share the savings of lower cost generic drugs.

“This national framework provides enormous additional savings to Canada’s health-care system without further jeopardizing the supply of cost-saving generic pharmaceutical products and the services provided by pharmacists in neighbourhood pharmacies across Canada,” Jim Keon, president of the Canadian Generic Pharmaceutical Association (CGPA), said in a statement. “This agreement is an important benchmark in our efforts to establish a stable, predictable and sustainable environment for the development and production of cost-saving generic pharmaceutical products for the Canadian market.”

Source: Canadian Healthcare Network, October 2014

Section 3 – National and Provincial Issues

PROVINCIAL ISSUES

Ontarians Warned Not To Consume Certain Unpasteurized Apple Cider

Ontarians are being warned not to consume certain unpasteurized apple cider products produced by Rolling Acres Cider Mill because they may be contaminated with E. coli O157:H7. These products were sold in different container types including labelled plastic jugs and unlabelled, soft plastic bags, similar to milk bags.

A recall was announced on October 30, 2014 by the Canadian Food Inspection Agency (CFIA) that involved apple cider made by Rolling Acres Apple Cider Mill, and sold on Saturday October 11, 2014 at the St. Jacobs Farmers' Market in St. Jacobs County, Ontario and from the company's own location in Waterloo. Consumers are asked to visit the CFIA's website for a complete listing of all recalled products.

Ontarians are reminded to check their fridges and freezers for the recalled product and if any is found, it is recommended that it be thrown out right away. As of October 31st, three people infected with E. coli O157:H7 in Ontario have reported drinking unpasteurized apple cider linked to Rolling Acres Apple Cider Mill. If additional cases of E. coli O157:H7 are reported, they will be investigated to determine if they are associated with unpasteurized apple cider.

Quick Facts

- E. coli O157:H7 are a type of bacteria that are commonly found in the intestines of humans and animals which may cause serious illness in people.
- E. coli O157:H7 infections can be spread by many food sources such as undercooked ground beef, unpasteurized apple cider and milk, ham, turkey, roast beef, sandwich meats, raw vegetables, cheese and contaminated water. It can also spread from the feces of a person who has the infection.
- Poor hand washing and improper food handling are factors that can lead to the spread of the illness.
- Symptoms of E. coli infection include stomach cramps, diarrhea (possibly bloody), fever (infrequent), nausea, vomiting. If you or a family member have any of the symptoms, it is important to wash your hands, after going to the bathroom, and before preparing food for others.
- Anyone with persistent symptoms should see their physician immediately.
- E. coli is not spread through normal, everyday interactions with friends or neighbours. However, once someone has consumed contaminated food or water, this infection can be passed from person to person by hand to mouth contact.
- Generally, an E. coli O157:H7 infection must run its course. Antibiotic medications are not recommended and may increase the risk of complications.

Source Ontario Ministry of Health and Long-Term Care, October 2014

NATIONAL ISSUES

Canada's Health Spending Hits Slowest Growth Rate Since 1997

Health spending in Canada is projected to post its slowest growth rate since 1997, a trend that has emerged over the last 4 years. While expenditures are increasing annually, the rate of spending is at 2.1%, a record low over the last 17 years.

"A 2.1% increase translates to $4.5 billion. In terms of total health spending, the country is expected to spend $214.9 billion in 2014," says David O'Toole, president and CEO of Canadian Institute for Health Information (CIHI). "That is $6,045 per Canadian, only about $61 more per person than last year."

Drugs, hospitals and physician compensation have traditionally represented the top 3 cost drivers in the health system, calling for continuous focus on and innovative resource management.

"Drug expenditures are slowing down. With a 0.8% increase, they will reach $33.9 billion in 2014," says Brent Diverty, CIHI's vice president of Programs. "With generic pricing control policies for the pharmaceutical industry, the expiration of patents on prevalent medications and fewer new drugs entering the market, we are seeing what amounts to flattened growth."

With 2.1% projected growth, hospital spending will reach $63.5 billion in 2014. About 60% of these hospital costs relate to worker remuneration, particularly for nurses. Inflation and compensation have been major factors in the growth of hospital costs, as have the costs of new and emerging technology and the expansion of hospital services.

Growth in physician spending is the highest of the 3 cost drivers, at 4.5%, but is slowing as well because provincial health ministries have negotiated minimal pay increases over recent contract periods. Physician spending is estimated to reach $33.3 billion in 2014.

Contrary to fears that senior citizens will suddenly overwhelm Canada's health care budgets, population aging is estimated to increase health care costs by only 0.9% per year, however this trend is expected to change incrementally over the next 20 years.

"While concerns regarding demographics are understandable Canadians over the age of 65 account for less than 15% of the population but consume more than 45% of provinces' and territories' health care dollars, the share of public-sector health dollars spent on Canadian seniors has not changed significantly over the past decade," says Diverty.

Future concerns relate to the appropriate use of hospital care, long-term institutional care and community care for older adults. There are 5.2 million Canadians now over the age of 65 (the first wave of baby boomers will turn 75 in less than a decade). In 2012, per person spending for seniors ranged widely:

- $6,368 for those age 65 to 69
- $8,545 for those 70 to 74
- $11,692 for those 75 to 79

- $21,054 for those 80 and older

Source: Canadian Institute for Health Information, October 2014

Modernized Laws for Drugs and Medical Devices Mark a New Era in Canadian Patient Safety

The new legislation known as Vanessa's Law (the Protecting Canadians from Unsafe Drugs Act) will protect Canadians from unsafe medicine by enabling the Government to:

- Recall unsafe products;
- Impose tough new penalties for unsafe products, including jail time and new fines of up to $5 million per day instead of the current $5,000;
- Provide the courts with discretion to impose even stronger fines if violations were caused intentionally;
- Compel drug companies to revise labels to clearly reflect health risk information in plain language, including updates for health warnings for children;
- Compel drug companies to do further testing on a product, including when issues are identified with certain at-risk populations such as children;
- Enhance surveillance by requiring mandatory adverse drug reaction reporting by healthcare institutions;
- Require new transparency for Health Canada's regulatory decisions about drug authorizations, both positive and negative;
- Require information about authorized Canadian clinical trials to be posted on a public registry;
- Better define confidential business information and disclose such information about a product if it may pose a serious risk to Canadians.

Quick Facts

- Vanessa's Law is named after Member of Parliament Terence Young's daughter Vanessa, who died of a heart attack while on a prescription drug that later was deemed not safe and removed from the market.
- The Bill received all-party support in the House of Commons in light of its important new safety provisions that will benefit Canadians.
- The Protecting Canadians from Unsafe Drugs Act introduces the most profound and important changes to the Food and Drugs Act that have been made since it was introduced more than 50 years ago.

Source: Health Canada, November 2014

Government of Canada Announces Ebola-related Investment

The Government of Canada is committing $23.5 million to support further research and development of Ebola medical countermeasures, namely Canada's Ebola vaccine and monoclonal

antibody treatments. This funding will be used to support clinical trials in Africa and to assist with producing monoclonal antibody treatments for Ebola to assist in the outbreak response.

To support community preparedness the Government of Canada is investing $3 million to support the provinces and territories in the delivery of infection control training and equipment. These funds will be available to support the deployment of the Public Health Agency of Canada's Rapid Response Teams. The Government of Canada is also investing $1 million to deploy additional trained Quarantine Officers at Canadian airports to support existing border measures.

Quick Facts

- There has never been a case of Ebola in Canada.
- Canada has been a world leader in fighting the Ebola virus disease, and continues to contribute to the response to the outbreak in West Africa. The Government of Canada has also committed $65 million to the global efforts to support the health, humanitarian and security interventions deployed to address the spread of the disease.
- To date, 800 vials of Canada's experimental Ebola vaccine have been delivered to the WHO.
- The Government of Canada maintains ownership of the intellectual property associated with the VSV-EBOV vaccine. It has licensed the rights to NewLink Genetics through its wholly owned subsidiary BioProtection Systems to further develop the product for use in humans.
- The Agency developed two of the monoclonal antibodies contained in the Ebola treatment ZMapp. The Agency licensed their two monoclonal antibodies to Defyrus Pharmaceuticals, which sub-licensed them to MappBio Pharmaceuticals.

Source: Government of Canada, November 2014

Government of Canada and Heart and Stroke Foundation Continue Installing Automated External Defibrillators (AEDs) across the Country

The Government and the Heart and Stroke Foundation (HSF) are aiming to equip all recreational arenas in Canada with the life-saving devices and provide training to use them. To date, over 1,800 AEDs have been approved for installation, and almost 850 have already been installed. Over 7,500 people have received training, thereby boosting their knowledge and skills to confidently use these devices and to quickly deliver CPR in emergency situations.

Defibrillators are electronic devices used to restart a person's heart that has stopped beating. They are safe, easy-to-use, and they can be operated effectively by the public.

All recreational arenas in Canada are encouraged to apply for an AED under this initiative through the HSF's website. After all arenas are equipped, funding may be available to provide other high-traffic non-arena based recreational facilities with AEDs.

Source: Government of Canada, September 2014

Section 4 – Travel News

Ebola Warning: Travel with Care

With Ebola reaching out across borders, international air travellers can expect increasing delays and more rigorous inspections of personal goods (checked and carry-on). Fever screening of air passengers arriving from Ebola-host countries has started at New York's John F. Kennedy International, and will follow at Newark Liberty Airport, Washington Dulles, Atlanta Hartsfield, and Chicago O'Hare. US authorities claim that approximately 150 people from Liberia, Sierra Leone, and Guinea arrive in the country daily, and 95% of them first touch down at these airports.

Screening has already begun at London's Heathrow and will soon be started at Gatwick. No commitment yet from Canada, but the access our long border allows to American treatment centres will surely be tested soon.

As for Canadians making plans for winter travel, some intensive homework on travel routes and stopovers should be mandatory. Here are some common-sense rules that will be useful:

- Be careful who you touch, bodily fluids come in many varieties. Sweat is one of them.
- Forget the growing social habit of hugging people you hardly know.
- Do not travel if you feel unwell.
- Wash your hands often and use a hand sanitizer.
- Do not share food or drinks.
- Most important: Buy travel insurance and keep your contracts handy in case you need to go to a hospital.

And remember that Ebola strikes quickly. Once you are infected you may start to experience symptoms within 5 to 21 days. This is unlike HIV, which you can carry around for over a year before it manifests symptoms. Do not wait to get to a hospital at home, if you have access to one wherever you are. You do not want to be travelling and spreading this virus in your wake.

Source: Travel Insurance File, October 2014

New Brunswick Medicare Coverage

If you are an established New Brunswick resident, you may be temporarily absent from New Brunswick for up to **212 days** (consecutive or not) in a 12 month period without it affecting the New Brunswick Medicare coverage your coverage, provided your intention is to resume permanent residence in New Brunswick.

If you need to be absent for more than 212 days for vacation or visit purposes, you must submit a written request to New Brunswick Medicare asking that your eligibility be maintained during your absence. Your eligibility can be extended for up to a total of 12 months. This type of request can only be granted once every three years.

Source: Government of New Brunswick, October 2014