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Section 1 – Health and Wellness Issues

Inability to Stand on One Leg Predicts Early Death

Simple everyday tasks such as getting out of a chair and standing on one leg can be used to predict which middle aged people are at risk of an early death, a study has found.

Men aged 53 years old who could balance on one leg for more than ten seconds and stand up and sit down in a chair more than 37 times in a minute were found to be least at risk of dying early by the researchers.

Women of the same age who could stand up and sit down more than 35 times in a minute and stand on one leg for more than ten seconds were also at the lowest risk compared to those who performed less well.

Everyday tasks such as getting out of a chair without help have previously been used as an early warning sign of ill health in elderly people but the new study shows they can be used to predict health problems in people aged as young as 53.

It is hoped that eventually nurses and doctors will be able to develop a screening test to identify people who need to make lifestyle changes or medication to stave off ill health as they age.

The new study found that men who could stand up from a chair and sit down again less than 23 times in a minute were twice more likely to die in the following 13 years than those who could 37 or more times. Among women, those who could stand up and sit down again less than 22 times in a minute were twice as likely to die in that time than those who could do the test 35 times or more.

Those unable to do the test at all were almost seven times more likely to die. In the standing on one leg with eyes closed test, men and women able to hold the position for less than two seconds were three times more likely to die than those who could hold it for ten seconds or more.

Those people unable to do the test at all were around 12 times more likely to die in the following 13 years. A third test involved squeezing a special device to measure grip strength in kilos.

The researchers combined all three tests into one score where each test had equal weight. It was found that those who performed worse overall were five times more likely to die than those who performed the best. The study tracked 5,000 people born in 1946 throughout their lives and who had completed the tests during home visits from specially trained nurses at age 53.

Source: Telegraph.co.uk, April 2014

Easy Bruising: Common as You Age

Easy bruising is common with age. Although most bruises are harmless and go away without treatment, easy bruising can sometimes be a sign of a more serious problem.

Most bruises form when small blood vessels (capillaries) near the skin's surface are broken by the impact of a blow or injury, often on the arms or legs. When this happens, blood leaks out of the vessels and initially appears as a black-and-blue mark. Eventually your body reabsorbs the blood, and the mark disappears.

Generally, harder blows cause larger bruises. However, if you bruise easily, even a minor bump can result in a substantial bruise.

Some people, especially women, are more prone to bruising than are others. As you get older, your skin also becomes thinner and loses some of the protective fatty layer that helps cushion your blood vessels from injury.

Aspirin, anticoagulant medications and anti-platelet agents reduce your blood's ability to clot. As a result, bleeding from capillary damage might take longer than usual to stop, which allows enough blood to leak out and cause a bruise. Certain dietary supplements, such as fish oil and ginkgo, also can increase your bruising risk due to a blood-thinning effect.

Topical and systemic corticosteroids which can be used to treat various conditions, including allergies, asthma and eczema cause your skin to thin, making it easier to bruise.

If you experience increased bruising, don't stop taking your medications. Consult your doctor about your concerns. Also, make sure your doctor is aware of any supplements you're taking especially if you're taking them while on a blood-thinning drug. Your doctor might recommend avoiding certain over-the-counter medications or supplements.

Source: Mayo Clinic, May, 2014

Drinking Too Much Can Give You Cancer

According to the Cancer Care Ontario's April report, there is a connection between alcohol consumption and cancer. Between 1,000 and 3,000 cancers diagnosed each year in Ontario are caused by alcohol. And despite the evidence, just a third of Canadians are aware they can lower their cancer risk by reducing the amount of alcohol they drink.

Young people especially need to be aware of the link between alcohol and cancer, says Dr. Svetlana Popova, a professor at the University of Toronto's Dalla Lana School of Public Health, pointing out the new report shows the prevalence of drinking in excess is highest among adults between the ages of 19 and 29. "In terms of cancer, these young people might not see the effects of alcohol right away. But they might see effects in 15, 20 or 30 years. That's how long it can take for cancer to develop." Drinking alcoholic beverages can increase the risk of colorectal

and breast cancers. It is also a cause of cancers of the oral cavity and pharynx, esophagus, larynx and liver.

Popova, who is also a senior scientist at the Centre for Addiction and Mental Health, says the health effects of alcohol, whether positive or negative, are variable, and depend largely on who is drinking and how much they drink.

While research has shown that light to moderate drinking can offer protection against cardiovascular disease and diabetes, Popova says those benefits are largely only seen in people over the age of 60. She adds that people can more easily and safely improve their heart health by eating well and exercising regularly.

Aim for moderation

If you choose to drink alcohol, stick within recommended health limits. The World Cancer Research Fund and American Institute for Cancer Research recommend that men consume no more than two drinks per day, while women should limit themselves to one drink a day.

Asked whether red wine is a healthier choice than beer, Popova says that generally it's not the type of alcohol that's important, but how much you drink and how often. "The amount is what matters," she says. "In every standard drink, there are 13.6 grams (17 mL) of pure alcohol."

Eat first

If you choose to drink, make sure you eat before you take your first sip. She cites the Mediterranean-style of drinking, where people consume a light to moderate amount of alcohol every day, almost always with a meal. This, she says, is the least harmful way of drinking.

Don't smoke and drink

Those who smoke cigarettes should avoid smoking while drinking. Popova says research has shown that people who smoke and drink together have an increased risk of cancer, especially cancers of the mouth, pharynx, esophagus, larynx, due to the "synergistic effects" of the two substances. Alcohol makes it easier for the mouth and throat to absorb cancer-causing chemicals from tobacco.

Source: The Star, April 2014

Numerous Vegetable, Fruit Portions Reduce Risk of Dying

People who eat seven or more portions of fresh fruit and vegetables each day may reduce their risk of dying from a wide variety of diseases by as much as 42% compared to people who consume less than one portion, according to a new study by British researchers who tracked the eating habits of more than 65,000 people for 12 years.

Consumption of vegetables and salad proved to have a greater “protective effect” than eating fresh fruit, and consuming canned fruits actually increased the statistical risk of death, according to the researchers at University College London. Fruit juices had no effect at all.

More remarkably, the researchers said they were able to quantify the health benefits per portion of fruits and vegetables consumed. One to three portions daily reduced the chance of death from any cause by 14%, three to five portions had a 29% impact, five to seven portions dropped the chances by 36% and seven or more portions produced a 42% decline in the risk of death. The benefits appeared to tail off at that level.

The study concluded each daily portion of fresh vegetables reduced the overall risk of death by 16 %. For salad, the benefit was 13%. For fresh fruit it was 4%.

The findings appear to provide strong support for increased consumption of vegetables and fruits that governments around the world, as well as the World Health Organization, have promoted for years.

“We all know that eating fruit and vegetables is healthy, but the size of the effect is staggering,” Oyinlola Oyebode, the study’s lead researcher, said in a prepared statement. The results take into account sex, age, cigarette smoking, social class, body mass index, education, physical activity and alcohol intake. They did not count deaths that occurred within a year of the food survey. The researchers also noted that fruit and vegetable consumption is inversely related to household income.

Source: The Star, April 2014

Common Tests, Treatments and Procedures You May Think You Need

Choosing Wisely Canada is a campaign to help physicians and patients engage in healthy conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care. It focuses on tests, treatments and procedures for which there is concrete evidence of no benefit to patients.

In partnership with the Canadian Medical Association, Choosing Wisely Canada is led by Canadian physicians through their medical specialty societies. Participating specialty societies have developed “Top 5 Lists” of tests, treatments and procedures they say are done more often than necessary. Below are the five examples culled from those lists.

1. ECGs (electrocardiograms)

An ECG records the electrical activity of your heart at rest. It provides information about your heart rate and rhythm, and shows if there is enlargement of the heart due to high blood pressure (hypertension) or evidence of a previous heart attack (myocardial infarction).

The ECG will not harm you. However, it can sometimes show mild nonspecific abnormalities that are not due to underlying heart disease, but cause worry and lead to follow-up tests and treatments that you do not need.

You may need an ECG test if you have risk factors for heart disease such as high blood pressure, or symptoms such as palpitations or chest pain. Or you may need it if you already have heart disease.

2. Imaging tests for lower-back pain

Getting an X-ray, CT scan or MRI may seem like a good idea. But back pain usually subsides in about a month, with or without testing. For example, one study found that back pain sufferers who had an MRI in the first month were eight times more likely to have surgery, but didn't recover faster.

X-rays and CT scans expose you to radiation, which can increase cancer risk. CT scans and X-rays of the lower back are especially worrisome for men and women of childbearing age, because they can expose testicles and ovaries to substantial radiation. Finally, the tests often reveal abnormalities that are unrelated to the pain, but can prompt needless worry and lead to unnecessary follow-up tests and treatment, sometimes even including surgery.

X-ray and CT scans often make sense if you have nerve damage, or signs of a serious underlying condition such as cancer or a spinal infection. "Red flags" that can alert your doctor that imaging may be worthwhile include a history of cancer, unexplained weight loss, recent infection, loss of bowel or bladder control, abnormal reflexes, or loss of muscle power or feeling in the legs.

3. CT scans and MRIs for headaches

Many people who have headaches want a CT scan or MRI to find out if their headaches are caused by a brain tumour or other serious illness and doctors often comply to provide reassurance. But all that's usually needed is a careful medical history and neurological exam. Adding a CT scan or MRI rarely helps.

A CT scan of the head uses a low radiation dose. This may slightly increase the risk of harmful effects such as cancer. Risks from radiation exposure may add up, so it is best to avoid unnecessary radiation. The results of your CT scan or an MRI may also be unclear. This can lead to more tests and even treatment that you do not need.

They are often warranted if you have an abnormal result on a neurological exam, or if your doctor can't diagnose the problem based on your symptoms and medical exam. See a doctor if you have head pain that is sudden or explosive; different from headaches you've had in the past; brought on by exertion; or accompanied by fever, a seizure, vomiting, loss of coordination, or a change in vision, speech or alertness.

4. Bone-density tests (DEXA scans)

Many people are routinely screened for weak bones with an imaging test called a DEXA scan. If it detects osteoporosis, the results can help patients and their doctor decide how to treat the problem. But many people learn they have only mild bone loss, a condition known as osteopenia, and for them the risk of fracture is often quite low.

A bone-density test gives out a small amount of radiation, but radiation exposure can add up. A diagnosis of osteopenia often leads to treatment with such drugs as alendronate (Fosamax) and risedronate (Actonel), which pose numerous risks. But there is little evidence that people with osteopenia benefit from these drugs.

Women should have a DEXA scan at age 65 and men at age 70. Younger women and men ages 50 to 69 should consider the test if they have risk factors such as a fracture from minor trauma, rheumatoid arthritis, low body weight, a very low vitamin D level, a parent who had a hip fracture, or if they have used corticosteroid drugs for a long time, or they drink excessively or smoke. Whether follow-up tests are needed depends on the results of the initial scan.

5. Antibiotics for sinusitis

People with sinusitis (congestion combined with nasal discharge and facial pain) are often prescribed antibiotics. In fact, 15 to 21% of all antibiotic prescriptions for adults are to treat sinusitis. But most people don't need the drugs. That's because the problem almost always stems from a viral infection, not a bacterial one—and antibiotics don't work against viruses.

About one in four people who take antibiotics report side effects, such as a rash, dizziness and stomach problems. In rare cases, the drugs can cause severe allergic reactions. Overuse of antibiotics also encourages the growth of bacteria that can't be controlled easily with drugs. That makes you more vulnerable to antibiotic-resistant infections and undermines the usefulness of antibiotics for everyone.

Antibiotics should usually only be considered when symptoms last longer than a week, start to improve but then worsen again, or are very severe. Worrisome symptoms that can warrant immediate antibiotic treatment include a fever over 38.6°C, extreme pain and tenderness over your sinuses, or signs of a skin infection, such as a hot, red rash that spreads quickly.

Source: Choosing Wisely Canada, April 2014

You Can Die from a Broken Heart

Can you really die of a broken heart? English scientists don't rule it out, after studying 30,447 people between 60 and 89 years of age.

"We often used the term a 'broken heart' to signify the pain of losing a loved one but our study shows that bereavement can have a direct effort on the health of the heart," Dr. Sunil Shah, a lecturer in public health at St. George's University in London, said in an email interview.

"Sadly, we know that the risk of death increases in the weeks and months after the death of a partner or other close family member," Shah said. Shah headed a recently published study that concluded seniors are more likely to suffer a heart attack or stroke with 30 days of the death of their spouse.

Grief sometimes brings about failure to take medication, the study found. "Grief leads to physical stress and also may make people forget or lose interest in taking their medication," Shah said.

"There is evidence, from other studies, that bereavement and grief lead to a range of adverse physical responses including changes in blood clotting, blood pressure, stress hormone levels and heart rate control," Shah said. "All these will plausibly contribute to an increased risk of events such as heart attacks and stroke after loss of a partner."

The study, titled "Increased Risk of Acute Cardiovascular Events After Partner Bereavement," was conducted by researchers from the Division of Population Health Sciences and Education at St. George's University of London and the School of Health Sciences and Social Care at Brunel University in Uxbridge, England.

It was adjusted for age, history of heart troubles and whether the subject smoked. The study draws data from British general practitioners from February 2005 to September 2012. "Within 30 days of their partner's death, 50 of the bereaved group (0.16%) experienced an MI (myocardial infarction) or stroke compared with 67 of the matched non-bereaved controls (0.08%) during the same period," it found.

Source: The Star, May 2014

Drugs Use Double in Long-Term Care Facilities

Drug Use Among Seniors on Public Drug Programs in Canada, 2012 found that nearly two-thirds of seniors (those age 65 and older) are taking five or more prescription drugs. Drug use increases with age, with more than 40% of Canadians age 85 and older taking more than 10 drugs. Additionally, seniors living in long-term care facilities take more medications than those who are living in the community; nearly two-thirds are taking at least 10 drugs.

"Older seniors tend to have more complex needs, often including multiple chronic conditions," says Michael Gaucher, director of Pharmaceuticals and Health Workforce Information Services

at Canadian Institute for Health Information (CIHI). “As their health care needs evolve, it is important to regularly review their medications to ensure they are taking the medications they need, while considering treatment goals and the benefits and risks of each medication.”

Statins, used to treat high cholesterol, are the most commonly used drug class, with almost half of all seniors taking them. Of the 10 most commonly used drug classes, 6 are used to treat cardiovascular conditions.

CIHI data shows that the medications being prescribed for seniors living in long-term care facilities are different from those prescribed for seniors living in the community. Seniors in long-term care are much more likely to be taking psychotropic drugs, which are used to treat a wide range of conditions, including depression, anxiety and insomnia. The rate of antidepressant use among seniors in facilities is three times higher than the rate for seniors living in the community, while antipsychotic use is nine times higher.

“I believe there is room for improvement around the use of antipsychotic drug therapy,” says Dr. Paula Rochon, geriatrician and vice president of Research at Women’s College Hospital in Toronto, as well as a professor in the Department of Medicine and the Institute of Health Policy, Management and Evaluation at the University of Toronto.

“Research has demonstrated variation in the rate of antipsychotic prescribing between facilities, while the residents appear similar,” says Dr. Rochon. “This suggests the opportunity to further explore the use of non-pharmacological approaches.”

The data included in the report covers 70% of seniors in Canada. The last time CIHI looked at the use of prescription drugs by seniors was in 2010.

Source: Canadian Institute for Health Information, May 2014

Pharmacist-led Management of Stroke Patients

Stroke patients managed by a pharmacist had a 12.5% improvement in blood pressure and low-density lipoprotein (LDL), or "bad" cholesterol levels compared with a control group, according to a clinical trial published in CMAJ (Canadian Medical Association Journal).

Patients who have a stroke or "mini stroke" (transient ischemic attack) are at high risk of adverse cardiovascular events. Management of high blood pressure and cholesterol after a stroke is important because it can substantially reduce the risk of a negative event; however, many patients receive suboptimal care. Some evidence indicates designated "case managers" could better manage patients to reduce the risk.

Researchers undertook a randomized controlled trial to determine if a pharmacist case manager could improve blood pressure and cholesterol levels in people who had had strokes or mini strokes. The trial included 279 adult participants in Edmonton, Alberta, who either received care from a pharmacist or a nurse (control group) who managed the case over a six month period. About 60% of participants were 65 years of age or older and 58% were men.

Both nurses and pharmacists counseled participants on diet, smoking, exercise and other lifestyle factors; checked blood pressure and LDL levels and provided summaries to patients' physicians after each visit. In addition, pharmacists prescribed medications based on the current Canadian guidelines and adjusted doses to achieve the best result for each patient.

At the start of the study, none of the participants had blood pressure or cholesterol levels that met targets recommended in the Canadian Stroke Guidelines. By six months, both groups had significant improvements, with a 30% improvement in the control group managed by nurses and a 43% improvement in patients managed by pharmacists.

"Calling our control arm "usual care" would be a misnomer, and patients in the active control group (nurse-led group) showed a 30% absolute improvement in risk factor control over a 6-month period," writes Dr. Finlay McAlister, Division of General Internal Medicine, and the Epidemiology Coordinating and Research (EPICORE) Centre, University of Alberta, with coauthors.

"The 43% absolute improvement at six months seen in our pharmacist case manager group was achieved despite the fact that over three-quarter of patients was already taking an antihypertensive or lipid-lowering medication at baseline." The pharmacists did not receive additional training, but all were at similar stages of their careers and received the same patient educational materials and treatment guidelines.

Although patients in both groups had similar reductions in blood pressure, patients in the pharmacist-led group had greater improvements in LDL cholesterol targets (51%) compared with 34% in the nurse-led group. The researchers point out that the pharmacist case managers actively adjusted medication to achieve desired results (medication titration) and suggest this contributed to the beneficial effect. Several other studies involving case managers who did not have prescribing authority found minimal benefit.

"We believe that both approaches hold great promise, not only for patients with stroke or transient ischemic attack but also for all patients with, or at high risk of, vascular disease, and our study provides much-needed information on their comparative effectiveness," the authors conclude.

Source: Canadian Medical Association Journal, April 2014

Daily Consumption of Beans, Peas and Lentils

Eating just one serving daily of legumes such as beans, chickpeas, lentils and peas can significantly reduce "bad cholesterol" and the risk of heart disease, found a study published in CMAJ (Canadian Medical Association Journal).

High cholesterol levels are associated with increased risk of cardiovascular disease, yet they are modifiable through diet and other lifestyle choices. Most chronic disease prevention guidelines recommend consumption of non–oil-seed legumes (dietary pulses) such as beans, chickpeas,

lentils and peas along with other vegetables and fruits as part of a healthy diet, although they have not made specific recommendations based on direct lipid-lowering benefits.

The study, conducted by researchers from many centres in Canada and the United States, reviewed 26 randomized controlled trials that included 1037 people. Despite variation between studies, the researchers found a 5% reduction in low-density lipoprotein (LDL) cholesterol in people who ate one serving (3/4 cup) of non–oil-seed legumes a day. Men had greater reduction in LDL cholesterol than women, perhaps because their diets are poorer and cholesterol levels are higher and benefit more markedly from a healthier diet. Some study participants reported stomach upset such as bloating, flatulence, diarrhea or constipation.

"The reduction of 5% [LDL cholesterol] in our meta-analysis suggests a potential risk reduction of 5%–6% in major vascular events," writes Dr. John Sievenpiper of the Clinical Nutrition and Risk Factor Modification Centre, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Ontario, with coauthors.

They note that although consumption level of legumes is low in Western countries such as Canada and the United States, one serving a day "is reasonable and is currently consumed by many cultures without reports of adverse effects that would limit consumption." "Canadians have a lot of room in their diets to increase their pulse intake and derive cardiovascular benefits," states Dr. Sievenpiper. "Only 13% consume pulses on any given day, and of those who do, the average intake is only about a half serving."

The authors hope this study will add to the body of evidence upon which dietary guidelines are based. Most current evidence is of low quality, and the authors call for more high-quality research.

"Because dietary pulse intake may have beneficial effects on other cardio metabolic risk factors, including body weight, blood pressure and glucose control, future systematic reviews and meta-analyses should evaluate the effects of such dietary interventions on these outcomes and others, to address factors that contribute to residual cardiovascular disease risk," the authors conclude.

Source: Canadian Medical Association Journal, April 2014

More Canadians Are Surviving Heart Attacks and Stroke

More Canadians are surviving heart attacks and stroke than ever before, according to a new report from the Heart and Stroke Foundation.

The death rate associated with heart attacks has dropped more than 75% in the last 60 years. Today, more than 90% of Canadians who experience a heart attack and more than 80% who have a stroke will survive after hospitalization. According to the report, there were 165,000 survivors of heart attack and stroke last year alone.

Looking at the health of Canadians as a whole, heart attack was the leading cause of death from circulatory diseases in 2009 (the most recent statistics available), while lung cancer caused the most death among cancers. Overall, the death rate from heart attack, stroke and specific cancers like breast and prostate, have all decreased since 2000, according to Statistics Canada.

But despite an increase in survival rates, the report also notes heart attack and stroke survivors still face challenges to recover, and are not always able to make life-saving changes. More than half of survivors polled in a survey say they couldn't maintain positive changes, while others say they didn't try at all.

“We cannot control all the factors that put us at risk for cardiovascular disease, but there are healthy changes people can make to largely prevent them from having a heart attack or stroke in the first place," said Dr. Beth Abramson, Heart and Stroke Foundation spokesperson in a statement.

Abramson says this includes eating a healthy diet, being physically active, being smoke-free, managing stress and limiting alcohol consumption, behaviors that survivors struggle with the most.

On the positive side, studies show that specific foods like kiwis and other fresh fruits can all help ward off heart disease and there's plenty more options along those lines. Here are other foods all Canadians should be eating for their heart health: salmon, olive oil, nuts, oats, soy, berries, dark chocolates, berries, tomatoes, popcorn, seaweed, potatoes, and coffee.

Source: Huffpost Living, April 2014

Can't Sleep a Wink?

It's estimated that about one-half of all seniors have some sleep problems. As we age, we tend to have more "fragile" sleep, meaning we're more easily awakened, and deep sleep stages get shorter. Some of these sleep changes are hormonal, but various illnesses, pain, psychiatric conditions, and medications can also interfere with rest.

Whatever the reason, being deprived of sleep can leave you tired, irritable, and unable to concentrate. It can also cause headaches, memory troubles, and accidents. On the other hand, we generally need less sleep as we get older, so if you feel rested and refreshed in the morning, don't feel drowsy during the day, and don't need long naps, you don't have anything to worry about.

It's easier to get a good night's sleep if you try the following:

- Keep a regular sleep and wake schedule even if it is the weekend. Maintaining proper sleeping patterns can help your body adapt and fall asleep easier.
- Don't have drinks with alcohol or caffeine before bedtime. Alcohol may put you to sleep at first, but you'll get less deep sleep and may wake up more often later.
- Avoid having a big meal less than three hours before bedtime.

- Avoid drinking extra fluids at least 2 hours before bedtime, to keep from waking up at night to go to the washroom.
- Don't smoke since nicotine can keep you awake (it's a stimulant).
- Try not to worry about things when it's time to sleep – they can wait until tomorrow. If you simply can't put them out of your mind, try writing out your concerns to help put them aside until daylight.
- Avoid watching TV or reading in bed – keep the bed for sleeping.
- Relax before going to bed by doing deep breathing exercises, drinking warm milk, or taking a warm bath.
- If you can't get to sleep, try not to watch the clock. Instead, get out of bed and watch TV or read until you feel tired.

If your sleep troubles last over a month or disrupt day-to-day life, don't suffer in silence, ask your doctor for help.

Source: Canada.com, May 2014

Micturition Syncope

Micturition (or post-micturition) syncope is fainting during or, more commonly, immediately after urination due to a severe drop in blood pressure. Micturition syncope is most common in older men and usually occurs at night after a deep sleep.

The exact cause of micturition syncope isn't fully understood. But it may be related to opening (vasodilation) of the blood vessels that occurs when getting up and standing at the toilet or that occurs at the rapid emptying of a full bladder. This is thought to result in a sudden drop in blood pressure.

Other factors that may play a role in micturition syncope include:

- Alcohol;
- Hunger;
- Fatigue;
- Dehydration;
- Medical conditions, such as a respiratory infection; or
- Use of alpha blockers to improve urination in men with prostate problems.

Micturition syncope is uncommon and should be evaluated by a doctor because it may indicate an underlying medical condition. Prevention of micturition syncope depends on recognizing the factors that contribute to micturition syncope and avoiding them.

Some strategies to avoid micturition syncope and possible resulting injury are:

- Avoid excessive drinking of alcohol;
- Don't get out of bed suddenly, first, sit on the edge of the bed and move your legs, making sure you aren't dizzy or lightheaded;and
- Urinate sitting down.

Ask your doctor whether any medications you're taking may be causing your condition
As much as possible, ensuring the floor from your bed to the bathroom is carpeted or padded also is a good strategy for avoiding injury from a potential fall.

Source: Mayo Clinic, May 2014

Barbecue Food Safety

It's been a long winter but barbecue season is finally here! As you head out to the grill, remember that eating undercooked meat or foods that have come into contact with raw meat can result in food poisoning (also known as foodborne illness) caused by bacteria such as E. coli, Salmonella and Campylobacter. Symptoms can include severe stomach cramps, vomiting, fever and diarrhea.

It is estimated that approximately one in eight people will get sick from foodborne illness every year in Canada. Many of these cases could be prevented by following proper food handling and preparation techniques.

You can help lower your risk of foodborne illness by handling and cooking raw meat carefully. Here are some important safety tips to follow:

Storing

- Raw meat should always be stored in a refrigerator or cooler at 4ºC (40ºF) or below.
- If you are storing raw meat in a cooler, make sure that it is packed with ice and that it stays out of direct sunlight. Avoid opening the cooler too often.
- Ensure that packaged meats are well sealed and are placed at the bottom of your refrigerator or cooler, so their juices don't come in contact with other food products, thus avoiding cross-contamination.

Cleaning

- Remember to wash your hands, cutting boards, countertops, knives and other utensils carefully with soap and warm water before and after handling raw meat or other raw foods. This helps avoid cross-contamination and prevents the spread of foodborne illness.

Grilling

- Color alone is not a reliable indicator that meat is safe to eat. Meat may turn brown before dangerous bacteria that may be present are killed. Use a digital food thermometer to be sure your meat has reached a safe internal temperature.
- To check the temperature of meat that you are cooking on the barbecue, take it off the grill and insert a digital food thermometer through the thickest part of the meat.
- If you are cooking a beef hamburger, take the patty from the grill and insert a digital food thermometer through its side, all the way to the middle.
- If you are cooking more than one patty, or several pieces of meat, be sure to check the temperature of each piece.

- Use clean utensils and plates when removing cooked meats from the grill.
- Remember to wash the thermometer in hot, soapy water between every temperature reading (including between every piece of meat or patty checked).
- Always remember to keep hot food hot until it is ready to serve.

Source: Government of Canada, May 2014

Mammography: Detecting Breast Cancer

Mammography is an x-ray examination of the breast. There are two types of mammography. Screening mammography detects breast disease in a woman who does not have any symptoms. Diagnostic mammography is used to help make a diagnosis in a woman who has breast complaints such as a lump or an abnormality that was discovered during a screening mammogram.

Calcifications are tiny deposits of calcium within the breast that appear as white dots on mammograms. While most calcifications are non-cancerous, some are associated with breast cancer.

There are many non-cancerous causes of calcium in the breast including:

- Fibroadenoma - a non-cancerous growth that degenerates over time leaving behind large, chunky deposits of calcium that can look like popcorn.
- Scar tissue in the breast - calcium can be deposited in scar tissue after, for instance, a surgical biopsy (removal of a tiny sample of tissue for examination) or a reduction mammoplasty (breast reduction surgery).
- Fluid-filled lumps - calcium can appear with a cyst - a non-cancerous (benign) lump that contains fluid. When a mammogram is taken at a horizontal angle with a patient standing, the calcium may be seen at the bottom of a cyst, causing a slightly curved fine line that can be easily diagnosed.

A mammogram can often accurately diagnose most calcium deposits as either cancerous or benign. The in-between varieties require additional mammograms, which are sometimes taken at different angles than the standard one, often with magnification.

Sometimes a technique called "spot compression" is used to squeeze only a part of the breast. Although spot compression is more uncomfortable than the full-breast device used for the routine pictures, the slightly greater discomfort is worth the greater detail that becomes visible on the mammogram.

If there is breast cancer, a calcification may occur along with a lump, or on its own which can be due to non-invasive "in situ" cancer. With this type of cancer, the cancer cells are located inside the milk duct - they have not yet invaded through the wall of the duct.

If the radiologist believes that the calcification is highly likely to be non-cancerous, a biopsy (removal of a tiny piece of tissue for examination) is usually not needed. However, follow-up

mammograms are often recommended within six months to confirm that cancer is not present. If there is even a small chance that a cancer is present, the radiologist will recommend that some of the calcium be removed and checked by a needle biopsy or surgery.

Source: Canada.com, May 2014

Section 2 – Drug Information and Update

Risk of Serotonin Syndrome Associated with Serotonin Blocking Drugs

Health Canada has completed a safety review of the serotonin blocking drugs dolasetron (ANZEMET), granisetron (KYTRIL and generics), ondansetron (ZOFRAN and generics) and palonosetron (ALOXI), which are used for treating nausea and vomiting. This review identified a potential risk of serotonin syndrome.

Serotonin syndrome occurs when serotonin, a chemical normally found in the body, accumulates to high levels. This usually happens with combinations of certain serotonin drugs, but may also occur with a single drug.

It is very important to diagnose serotonin syndrome early as it can be fatal if not treated. Symptoms of serotonin syndrome may include agitation, confusion, fast heartbeat, muscle twitching or stiffness, fever, loss of consciousness or coma. As serotonin syndrome can be misdiagnosed, it is important that patients who experience any of these symptoms should talk to a healthcare practitioner immediately.

The Canadian Product Monographs for ALOXI, KYTRIL and ZOFRAN now contain this new safety information. ANZEMET has been withdrawn from the Canadian market by the manufacturer. Manufacturers of generic versions of these drugs will also update their Product Monographs.

Health Canada has received two domestic reports of serotonin syndrome involving this class of drugs. The reported cases did not result in fatalities. Cases of serotonin syndrome or other serious or unexpected adverse reactions in patients receiving these drugs should be reported to the manufacturers, or to Health Canada.

Source: Health Canada, May 2014

Drug Access Delays Due to Pharmaceutical

Access to new prescription drugs in Canada is delayed by pharmaceutical company submissions to Health Canada rather than by a longer approval-processing time, according to an analysis published in CMAJ (Canadian Medical Association Journal).

The submission of new drugs to Health Canada is substantially delayed compared with submissions in the United States and the European Union.

"New drugs reached the market much later in Canada than in the US and the EU because of long delays before their submission to Health Canada," write Ali Shajarizadeh and Aidan Hollis, Department of Economics, University of Calgary, Calgary, Alberta. "For drugs that were ultimately approved in Canada and in at least one of the other jurisdictions, the mean delay from first submission in either foreign jurisdiction to submission in Canada was 540 days."

The authors determined that the capacity of pharmaceutical companies to navigate the regulatory process in less-profitable countries such as Canada — smaller companies may lack resources and expertise — and the desire to obtain approval of first-in-class drugs with higher potential sales are the main reasons for timing of submissions.

"We found that corporate capacity and priority status of new drugs are important determinants of submission delays," write the authors.

"We believe that the harmonization of the regulatory processes of the FDA and Health Canada may accelerate drug submissions in Canada," conclude the authors, although they note that the situation can vary for each drug.

Source: Canadian Medical Association Journal, May 2014

"Thyroid Gland" No Longer Authorized For Sale

Health Canada has requested a stop sale and recall of the product “Thyroid Gland” (NPN 80044198). The action has been taken because the product contains the prescription drug ingredient thyroid. Products containing thyroid hormone should be used with caution in diabetics, the elderly and patients with high blood pressure. There are risks with taking this health product, as it contains a prescription drug ingredient, without supervision by a healthcare professional.

“Thyroid Gland” contains hormones commonly used to treat decreased or absent thyroid function, called hypothyroidism. Products containing thyroid hormone should be used with caution in patients also using medication to treat diabetes and blood-clotting. There is also a risk to patients with cardiac conditions such as angina pectoris, high blood pressure and in the elderly as they have a greater likelihood of heart conditions.

Health Canada has not received any reports of adverse reactions associated with the use of this product. While the product was authorized as a Natural Health Product by Health Canada, products that contain prescription drug ingredients are subject to different regulatory requirements and review practices than natural health products in assessing their safety, quality and efficacy. Therefore authorization of “Thyroid Gland” as a Natural Health Product has been rescinded.

Speak to your healthcare practitioner about any questions or concerns regarding this product. Report any adverse events using this product to Health Canada.

Source: Health Canada, May 2014

Section 3 – National and Provincial Issues

PROVINCIAL ISSUES

Albertans to Have Better Access to Eye Care

The role of optometrists is expanding to provide Albertans with improved access to essential eye care services.

"A key strategy in improving the health and wellbeing of Albertans is providing increased access to primary health care services in communities, which is where and when Albertans need it. By increasing the scope of practice of Alberta optometrists, the need for referrals to specialists for basic eye care services can be reduced and Albertans will have immediate access to the eye care they need closer to home." Fred Horne, Minister of Health.

When this change comes into effect, this fiscal year, optometrists certified by the Alberta College of Optometrists will become responsible for primary eye care, which includes treating minor eye conditions. They will also be authorized to provide four new services:

- Prescribe certain oral and topical drugs;
- Order lab tests;
- Order and apply ultrasound tests; and
- Treat certain types of glaucoma.

Alberta currently has over 645 local optometrists in more than 80 communities. The move to expand the scope of optometrists follows a similar expansion of the scope of services pharmacists now provide, which has increased primary care services to Albertans such as medication management and flu vaccinations across the province.

"These changes will enable optometrists to practice to the full extent of their training. Optometrists will also complete a certification program before providing these new services, meet rigorous standards of practice and undergo regular on-site practice reviews. Albertans can be fully confident their eye care needs will be addressed safely and effectively by a highly skilled, knowledgeable and competent eye health professional." Dr. Sallie Barclay, President, Alberta College of Optometrists.

Work is underway to implement the expanded scope of practice. This work includes drafting amendments to the Optometrists Profession Regulation and developing standards of practice. Specialists will continue to be responsible for the medical and surgical treatment of complex eye conditions. There are 132 opthalmologists in eight Alberta communities.

Source: Alberta Health, April 2014

New Strategy to Help Seniors Remain At Home

The New Brunswick provincial government unveiled a three-year plan today aimed at helping seniors remain in their homes for as long as possible.

"Senior care is a priority of our government as the challenge of the changing demographic will be with us for the coming years," said Premier David Alward. "We recognize seniors want to live with dignity, respect and in their own homes and we want to help them achieve that goal."

Home First is designed to enhance healthy aging and care in New Brunswick. It will support seniors to maintain health and independence as well as continue to live at home for as long as possible.

To be phased in during the next three years, Home First encourages a fundamental change in philosophy and practice whereby hospital admissions, lengthy hospital stays and transfers directly from hospital to residential facilities are considered only after fully exploring other community-based options.

Home First is supported by three pillars:

- Healthy aging;
- Appropriate support and care; and
- Responsive, integrated and sustainable systems.

The plan outlines a series of approaches, strategies and initiatives to help seniors live in their own homes and continue to be part of their communities. The plan is also based on feedback received from seniors, families, senior-related service providers and health care professionals.

Source: Government of New Brunswick, April 2014

Improving Home and Community Care for Ontario Seniors

Ontario is improving the care of seniors in their homes and communities by investing in the recruitment and retention of personal support workers (PSWs).

The province intends to increase the hourly wage of publicly-funded PSWs who work in home and community care settings by $4.00 over the next three years. Ontario is also setting a new base wage for these PSWs that will increase alongside the hourly wage to $16.50/hour by April 1, 2016.

In addition, through Ontario's new PSW Workforce Stabilization Strategy, the government will:

- Develop measures to create more permanent and less casual employment for PSWs.
- Help new graduates find work through an on-the-job orientation program.
- Provide opportunities to strengthen sector leadership across the profession.

- Further examine challenges affecting recruitment and retention, including how PSWs can become more involved in teams of health care professionals to better care for patients.

More than 34,000 of Ontario's 100,000 PSWs deliver care, assistance and support to seniors and other people with complex care needs in their own homes and communities. By playing a critical role in helping Ontario seniors stay independent and supporting patients with complex care needs, PSWs reduce the need for more costly care in hospitals and long-term care.

Quick Facts

- Wages for PSWs in the publicly-funded home and community care sector will be increased by $1.50 per hour retroactive to April 1, 2014, and are intended to increase another $1.50 per hour on April 1, 2015, and a further $1.00 on April 1, 2016. The minimum wage for these personal support workers will also be set at $14.00 per hour in 2014-15 and rise to $16.50 on this same timeline.
- Home and community sector PSWs delivered about 31 million hours of care to over 300,000 people including seniors and people with complex care needs in 2012/13

Source: Ontario Ministry of Health and Long Term Care, April 2014

Improving Cancer Care for Waterloo Region Patients

Ontario is helping cancer patients in Waterloo Region get faster access to high-quality cancer care and treatment with the addition of new technology at the Grand River Hospital. The province is investing more than $12 million to help purchase and install one new and two replacement radiation treatment units (linear accelerators) plus an additional cancer treatment simulator at the hospital's cancer centre.

The new radiation treatment unit will help to meet the expected demand for cancer treatment in the region, allowing Grand River Hospital to provide treatment to approximately 2,300 patients annually, an increase of about 800 patients each year. The new treatment units deliver high quality radiation therapy, resulting in reduced side effects, less time spent on a treatment bed, and better health outcomes. The new cancer treatment simulator creates a lifelike display of the exact location of the patient's tumour and internal organs. The simulator allows for precise treatment planning by showing the relationship between the target tumor and healthy tissues.

Quick Facts

- Today the Grand River Hospital also celebrated its re-designation as a baby friendly hospital, in recognition of their commitment to providing breastfeeding supports to new mothers.
- Since 2003, the Grand River Regional Cancer Centre has provided radiation therapy to more than 7,300 patients in 104,000 visits and chemotherapy to more than 9,200 patients in 65,000 visits.
- The Grand River Regional Cancer Centre is the largest provider of treatment and cancer surgery, as well as the sole provider of radiation therapy, in the region.

- Since 2004-05, the government has invested more than $23.7 million through the Wait Times Strategy for more than 62,000 additional medical procedures at Grand River to reduce wait times for key procedures.
- Wait times for cancer surgery at Grand River have been reduced by 35 days or 51% since 2004-05.
- Grand River Hospital has been part of the World Health Organization's Baby Friendly Initiative since 2008. This initiative is the recognized global standard for hospital and community health breastfeeding services.

Source: Ontario Ministry of Health and Long Term Care, April 2014

Better Care for Patients with Chronic Pain

Ontario is improving care for patients suffering from chronic pain with new initiatives to ensure they receive appropriate treatment, diagnostic testing and medication. The province is working with the University Health Network on two initiatives that will help primary care providers care for chronic pain sufferers. This includes:

- Connecting chronic pain specialists with primary care providers across the province through the Extensions of Community Healthcare Outcomes (ECHO) project. The first of its kind in Canada, ECHO will use videoconferencing to provide local providers with training and advice on the best care methods for chronic pain patients.
- Expanding and updating guidelines for MRI and CT scans to reflect the most current, evidence-based best practices. The guidelines will provide physicians with the most appropriate alternatives, such as ultrasound and radiography, to help improve access to diagnostic imaging equipment for chronic pain patients who benefit most from them.

Ontario also continues to use data from the Narcotics Monitoring System to monitor opioid usage trends and make recommendations to health care providers on appropriate prescribing. Where appropriate, this data is also being shared with regulatory colleges and law enforcement authorities to ensure medications are being used appropriately.

Quick Facts

- One in five Ontarians suffer from moderate to severe chronic pain daily or most days of the week.
- The government is providing more than $1.33 million over three years to the University Health Network to administer the ECHO Ontario demonstration project to three Local Health Integration Networks (Central, Central East and North West).
- The government is providing the University Health Network $664,000 to expand and sustain the development of the provincial referral guidelines for MRIs, CTs and other diagnostic imaging.
- Through the Narcotics Monitoring System, the government is monitoring inappropriate narcotic prescribing. Nine cases of abuse and double doctoring have been identified and referred to the Ontario Provincial Police.

Source: Ontario Ministry of Health and Long Term Care, April 2014

NATIONAL ISSUES

Health Canada Seeks Input on Notification of Drug Shortages

Health Canada has launched a six week consultation period, from May 22, 2014 - July 5, 2014, to hear from patients, healthcare providers, and other Canadians on the current approach to drug shortage notification via the Drug Shortages Database drugshortages.ca. This industry-led website was launched in 2012 at the request of the Minister of Health to provide a go-to source of information about actual and anticipated shortages of medications.

Canadians are encouraged to participate in the online consultations at: Public Consultation on the Notification of Drug Shortages

The voluntary system has been in place for two years, and now is a good time to take stock of the current approach, to determine whether it is meeting the needs of the healthcare system and to chart the most effective path forward. The input provided through these consultations will help Health Canada assess how well the current system is working.

Health Canada is also working with industry to improve advanced notification of anticipated drug shortages and discontinuances by drug companies. The Department has promoted co-ordinated action on critical drug shortages between Health Canada, provinces/territories, industry, and other stakeholders, to minimize their occurrence and impact. Consultations with domestic stakeholders and international regulatory counterparts will also be held.

Drug shortages are a complex problem. When shortages occur, the health system requires timely, reliable, and comprehensive information so that it can respond appropriately. The Drug Shortages Database drugshortages.ca is an industry-led website launched in March 2012 to meet a growing need for information about supply disruptions. Canadian manufacturers and importers are expected to post all anticipated and actual drug shortages and discontinuances on the Drug Shortages Database drugshortages.ca as early as possible, to allow maximum time for the healthcare system to react to the shortage. The site continues to improve and expand.

Source: Health Canada, May 2014

Section 4 – Travel News

Make Your Summertime Travels Worry-Free

Many Canadians will spend their summer vacations travelling. Whether it's a long stay or just a few days, Johnson Inc., one of Canada's leading home, auto and group insurance providers, recommends some steps you can take so you're well-prepared, worry-free and on your way.

First, be sure to purchase adequate travel medical insurance, for the peace of mind and protection you need when travelling. Take note of the important toll-free numbers, and take them with you, in case you need to call for service or file a claim during your trip.

Always give a copy of your itinerary, and any addresses and phone numbers where you can be reached while away to reliable friends and family members. If you are travelling internationally, make sure your passport is valid. It is advisable to ensure that your passport expiry date is several months after your departure from the country you are visiting – In fact, some countries require it. If you need to apply or renew your passport urgently, Passport Canada also offers an expedited service.

Before you leave, check to see if there are any official travel advisories for the country you're visiting, visa requirements, and other useful advice at www.travel.gc.ca/travelling/advisories.

Here are some other things to remember to help protect your home and your health while you're travelling.

Your Home

- Ensure your home alarm system is working and monitored.
- If you're going to be away for more than a few consecutive days, ask a family member or friend to check on your home daily. This can discourage burglars or help identify a problem like a plumbing leak early before significant damage is done.
- Install light timers to make your home look occupied.
- Don't let your mail pile up. Have a neighbour pick it up regularly for you. Or, stop delivery of your newspaper and request that your incoming mail be held at the post office.
- If you plan on being gone for a couple of weeks or more, empty and unplug your refrigerator and leave the doors open to prevent odour and mildew.
- Don't communicate your travel dates on social networking sites. You never know who may be watching.

Your Health

- Visit a clinic to get any required vaccinations if you're visiting a foreign country.
- Renew your prescriptions and make sure you take an extra supply in case you are delayed. Take medications in carry-on baggage rather than in checked suitcases in case your luggage is lost.
- Take a written list of your important prescriptions, and any other relevant information on your medical history, in case of emergency.

Take some time to be prepared, so you can enjoy your getaway!

Source: Johnson Inc, May 2014

Middle East Respiratory Syndrome Coronavirus (MERS-CoV) - Travel Health Notice

Since April 2012, cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) have been identified in the following countries in the Middle East: Jordan, Saudi Arabia, Qatar, the United Arab Emirates, Oman, Kuwait and most recently Yemen and Lebanon.

Cases linked to travel in the Middle East have also been reported in several other countries: France, Italy, Tunisia, the United Kingdom and most recently, in Egypt, Malaysia, Greece, the United States, the Philippines and the Netherlands.

There is growing evidence that direct or indirect contact with camels play a significant role in the virus transmission. Some of the infections have occurred in clusters between individuals in close contact with one another (e.g. within the same household) and an increasing number of infections have occurred among health care workers in health care settings, indicating the importance of following strict infection control practices. This suggests that the virus can spread between humans, however, there has been no sustained person-to-person transmission and the risk of contracting this infection is still considered to be low.

Coronaviruses are the cause of the common cold but can also be the cause of more severe illnesses including Severe Acute Respiratory Syndrome (SARS). At this time, there is still more to learn about this new strain of coronavirus. People who have been infected with MERS-CoV have experienced influenza-like illness with symptoms fever, cough and shortness of breath. Many have also had gastrointestinal symptoms such as diarrhea.

<u>Recommendations</u>

- Consult a health care provider or visit a travel health clinic preferably six weeks before you travel.
- Be aware that the risk may be higher for travellers with chronic medical conditions (e.g.: diabetes, heart disease, kidney disease, respiratory disease).
- Practice safe food and water precautions.
    - Avoid food that may be contaminated with animal secretions.

    - Avoid raw or undercooked (rare) meat. Only eat foods that are well cooked and served hot.
    - Avoid unpasteurized dairy products such as raw camel milk.
    - Avoid drinking camel urine (a practice associated with medicinal purposes in certain regions).
- Avoid close contact with all wild or farmed animals, such as bats and camels.
- If you have chronic medical conditions, your risk may be higher.
- If you must visit a farm or market, make sure you practice good hygiene and wash your hands before and after contact with animals.
- Protect yourself and others from the spread of germs and flu-like illness.
    - Travellers should recognize signs and symptoms of flu-like illness, and delay travel or stay home if not feeling well.
    - Travellers should note that they may be subject to quarantine measures in some countries if showing flu-like symptoms.
- Wash your hands frequently:
    - Avoid touching your eyes, nose and mouth with your hands as germs can be spread this way. For example, if you touch a doorknob that has germs on it then touch your mouth, you can get sick.
    - Wash your hands with soap under warm running water for at least 20 seconds, as often as possible.
    - Use alcohol-based hand sanitizer if soap and water are not available. It's a good idea to always keep some with you when you travel.
- Practice proper cough and sneeze etiquette.
    - Cover your mouth and nose with your arm to reduce the spread of germs. If you use a tissue, dispose of it as soon as possible and wash your hands afterwards.
- Try to avoid close contact with people who are sick.
- Stay up-to-date with your vaccinations.

Source: Government of Canada, May 2014