

Patch beats pill in new research

A birth-control patch outperformed traditional oral contraceptives in a pair of recently released international studies.

In the first randomized trial, involving more than 600 women in 32 centres, researchers found that a patch delivering norelgestromin (150 µg) plus ethinyl estradiol (20 µg) suppressed follicular development in the ovary as effectively as pills containing oral norgestimate (250 µg) plus ethinyl estradiol (35 µg). Weekly ultrasound imaging was performed to measure the maximum mean follicular diameter, a reliable indicator of how close the egg sac is to releasing an egg.

A second trial, involving 136 women in 12 centres, showed that the patch is more effective than 3 different oral contraceptive pills in suppressing follicular development. It also showed that the patch is more forgiving after an intentional 3-day dosing error than either oral levonorgestrel (50/75/125 µg) plus ethinyl estradiol (30/40/30 µg) or oral levonorgestrel (100 µg) plus ethinyl estradiol (20 µg).

Dr. Roger Pierson, a professor of obstetrics and gynecology at the University of Saskatchewan who was lead researcher on the studies, said that while the research team was not surprised to learn that the patch performed well, members of his team had not expected that it would turn out to be so much better at suppressing the ovaries than the pill.

"The reason the patch appears to work so well is because it delivers a constant level of hormone," said Pierson. "This is very different from the pill, where the hormone level in your blood is raised as the pills are metabolized, then disappears. You get a peak-and-valley effect over each day that the pill is taken."

The other big plus, said Pierson, is that the patch seems to be more forgiving than oral contraceptives. "The price that you pay for a mistake is not necessarily as dire as it might be."

The results of both trials were presented at the annual meeting of the International Federation of Gynecology and Obstetrics in Washington in September and at the annual meeting of the American Society for Reproductive Medicine in San Diego in October. — *Greg Basky*, Saskatoon

"Hi, Welcome to the ER"

A Calgary emergency department is using WalMart-style greeters to help patients understand why they're waiting. "Emergency rooms are not first-come, first-served service providers," says Roman Cooney of the Calgary Regional Health Authority. Once patients understand the principles of ER triage, he says, it will be easier for them to understand the wait. "The idea is not to appease, but to inform the patient." Although some hospitals in Calgary and the US already show videos about the triage process in waiting rooms, this is the first time greeters have been used. Calgary's Rockyview Hospital is testing the use of greeters for 3 months. If the program proves successful, it could be expanded to other local hospitals at an annual cost of about \$75 000.

PULSE

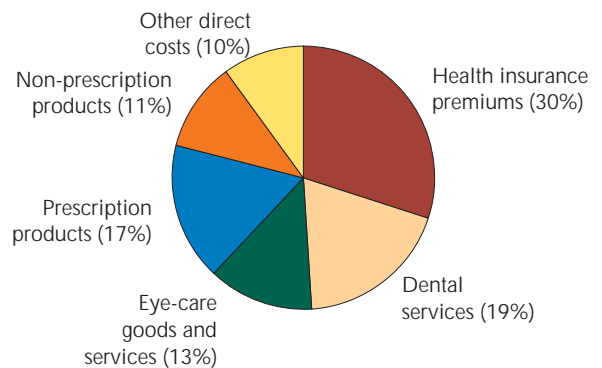
Out-of-pocket health care costs

A Statistics Canada report says Canadian households spent an average of \$1191, or 2.3% of total average household expenditures, on health care in 1998.

The report, *Spending Patterns in Canada 1998*, shows out-of-pocket expenditures on health care were up slightly from 1997, when the average was \$1152. However, spending on health care as a proportion of total expenditures was unchanged from the previous year. Household spending on health care has risen by 30% since 1978, when the average household expenditure was \$917 (measured in constant 1998 dollars).

Health care costs were broken down between health insurance premiums, both public and private (\$355) and direct costs to the household (\$836). Medicinal and pharmaceutical

Household expenditures on health care by category*



*(as a % of total household spending on health care)

products accounted for \$320 in health spending, while eye-care goods and services accounted for \$151. Dental services cost \$231, and the services of other health care professionals such as chiropractors added an average of \$54 to the bill. The average household expenditure on physicians' care was \$13, while hospital care cost an average of \$9.

The average out-of-pocket expenditure on health care in one-person households was \$751, with single women spending 26% more than single men (\$824 vs. \$653). Husband-wife households with no children incurred \$1333 in health care costs, while those with children spent \$1410. Health care costs were highest in husband-wife households in which both spouses were 65 or older, with a total of \$1475 annually.

Comparing households in the highest-income quintile with those in the lowest-income quintile, adjusted for household size, households in the most affluent group (income over \$77 000) spent 1.9 times more on health care than households in the lowest income group (under \$20 530). — *Shelley Martin*, martis@cma.ca