

News @ a glance

UK gamblers need treatment: The British Medical Association wants gambling to be recognized as an addiction that requires treatment under the National Health Service. In its Jan. 15 report, *Gambling addiction and its treatment within the NHS*, the BMA recommends that gambling operators and service providers pay at least £10 million per annum to fund research, prevention and intervention programs through the Responsibility in Gambling Trust. There are now insufficient treatment facilities available. Psychological problems can include anxiety, depression, guilt and suicidal thoughts. — Margot Andresen, Ottawa

Psoriasis solution: Relief may be in sight for psoriasis patients (*N Engl J Med* 2007:356). Researchers led by Dr. Gerald Krueger at the University of Utah and Dr. Richard Langley at Dalhousie University explored the use of a human interleukin-12/23 monoclonal antibody to treat the disease and found that there was at least a 75% improvement in the psoriasis area and severity at 12 weeks. The new therapy “will likely change the way we manage the disease in the future,” Langley says. — Donalee Moulton, Halifax

Statins for all at-risk Scottish men: Almost 50% of Scottish men aged 40 and over may soon be prescribed statins under radical new plans to overhaul the country's National Health Service coronary heart disease services. In a move thought to be a world first, regular risk assessments for everyone over 40 will include information on family history and social status. All those calculated to have more than a 20% risk of coronary heart disease or stroke over 10 years will be recommended statins. The strategy was announced Feb. 6 by the Scottish Intercollegiate Guidelines Network, which makes clinical recommendations to Scotland's NHS. In 2005, the UK became the first country in the world to allow statins to be sold over-the-counter. — Colin Meek, Wester Ross, Scotland

DOI:10.1503/cmaj.070265

PULSE

Ten-year trend: surgeries up, hospitalizations down

Laparoscopic surgery and other advances in medical technology are associated with a decline in the number of patients admitted to hospital over the last decade, the Canadian Institute for Health Information (CIHI) reports.

When adjusted for both the growth and aging of the Canadian population, inpatient hospitalizations declined by 25% between 1995–1996 and 2005–2006, states the CIHI report, *Trends in Acute Inpatient Hospitalizations and Day Surgery Visits in Canada* (Figure 1).

Approximately 8 in 100 Canadians were hospitalized in 2005–2006, compared with 11 in 100 Canadians in 1995–1996. Over the same period, day surgery visits to hospital increased 31%.

The total number of days spent in acute care hospitals across Canada has also decreased to 20.3 million days in 2005–2006, a 13% decline from the 23.3 million days reported in 1995–1996. The

average length of stay for patients has remained consistent at 7.2 days.

The figures suggest “a continuing shift in where health care is being provided to Canadians,” says CIHI senior consultant Kinga David. More Canadians are being treated on an outpatient basis in ambulatory care settings than there were 10 years ago.

Although the majority of hospitalizations (48%) are not related to conditions that require surgery, just over 30% of the overall decrease in hospitalizations is related to surgical patients, David says.

During their analysis, CIHI researchers observed an increase in technologies used in day surgeries, such as laparoscopies to remove gallbladders, and arthroscopic procedures for surgeries in orthopedics, David says. Those procedures are associated with the decreasing number of inpatient hospitalizations.

“No one likes to be admitted to hospital, and if there's an opportunity to receive this type of care on a day-surgery basis, I think that's welcome news for both patients and the health care system,” she added. — Laura Eggertson, Ottawa

DOI:10.1503/cmaj.070243

Table 1: Age-standardized rates of hospital admission in Canada, 1995/96 and 2005/06

Province/territory	Rate of admission per 100 000 population		1-year % change†	10-year % change‡
	1995/96	2005/06		
Newfoundland and Labrador	13 000	10 000	2.8	-22.3
Prince Edward Island	14 000	11 000	-5.1	-22.0
Nova Scotia	12 000	8 200	-2.5	-29.1
New Brunswick	15 000	11 000	12.0	-24.1
Quebec	10 000	7 800*	-2.2	-24.7
Ontario	10 000	7 500	-2.1	-26.3
Manitoba	12 000	9 200	-0.5	-19.8
Saskatchewan	15 000	12 000	0.9	-18.5
Alberta	11 000	9 300	-1.5	-16.9
British Columbia	11 000	7 700	-0.9	-27.0
Yukon Territory	11 000	12 000	3.9	6.4
Northwest Territories	20 000	15 000	-6.7	-25.7
Nunavut	9 400	15 000	-3.5	62.8
Canada	11 000	8 200	-1.6	-24.6

Source: Discharge Abstract Database and Hospital Morbidity Database, Canadian Institute for Health Information (CIHI).

*Estimate, based on extrapolation of previous years' data (2005/06 data from Quebec were not available to CIHI at the time of writing the report).

†Refers to percent change from 2004/05 to 2005/06.

‡Refers to percent change from 1995/96 to 2005/06.