

### This issue's letters

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## Rates of colorectal cancer screening

We recently reported that 23.5% of Canadians aged 50 years or older who were at average risk for colorectal cancer had ever received screening for colorectal cancer; this value fell to 17.6% when only up-to-date screening was considered.<sup>1</sup> In the *CMAJ* editorial published with our study, Alan Barkun and Ken Flegel reported that 62.9% of patients in the United States were screened.<sup>2</sup> Roy Preshaw subsequently expressed concern that the US screening rate reported by Barkun and Flegel was exaggerated; the editorialists defended their position.<sup>3,4</sup>

Although the rate of colorectal cancer screening may be higher in the United States than in Canada, Preshaw correctly pointed out that the rate reported by Barkun and Flegel was overstated. However, the explanation for the inflated US rate is probably not recall bias, as Preshaw postulated.<sup>3</sup>

As confirmed by the lead author of the US study in question,<sup>5</sup> the rate cited by Barkun and Flegel was for patients who received fecal occult blood testing, sigmoidoscopy or colonoscopy for any reason (not only for screening) (Dr. Neeraja B. Peterson, Center for Health Services Research, Vanderbilt University Medical Center, Nashville, Tenn.: personal communication, 2008) and thus reflects the rate of testing for patients who were "ever tested," not "ever screened." Previous US survey studies also suffer from this limitation.<sup>6,7</sup> The impact of this misinterpretation is ob-

vious when one considers that 40% of endoscopic tests and 11% of fecal occult blood tests are performed for purposes other than screening.<sup>7</sup>

Another reason to question the quoted US screening rate relates to the risk of cancer in the study population. In contrast to our Canadian study, which surveyed people at average risk, US studies included people with a family history of colorectal cancer and people with inflammatory bowel disease.<sup>5,7</sup> Inclusion of such patients would modestly increase the perceived rate of screening.

How do colorectal cancer screening rates in Canada compare with those in the United States? We found that in 2003, 12% of Canadians reported undergoing fecal occult blood testing for screening according to published guidelines and 8% reported undergoing sigmoidoscopy or colonoscopy for this purpose.<sup>1</sup> The comparable rates for US residents in 2000 were 15% and 21%.<sup>7</sup> Although the rates of colorectal cancer screening appear to be higher south of our border, the actual differences between the 2 countries are less than they appear. Colorectal cancer screening in both countries remains inadequate and should be actively promoted to reduce preventable deaths from colon cancer.

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**Competing interests:** None declared.

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## The need for more children's mental health services

Recent articles in *CMAJ* and elsewhere have illuminated the ongoing concerns about the capacity of children's mental health services.<sup>1-3</sup> These articles have correctly attempted to focus the attention of health policy-makers on the importance of providing succour to children who need basic mental health services and to their families. Failure to alter the current situation will no doubt have catastrophic consequences for our society. One may take away from the Kirby report a clear message of impending disaster for children, families and society.<sup>4</sup>

McEwan and colleagues<sup>1</sup> praised the recent interest in children's mental health by the federal government.<sup>4</sup> However, Kutcher and Davidson accurately identified the long-standing gap between need and capacity: there is simply not enough expert knowledge to go around.<sup>2</sup>

In August 1949, Paul Martin Sr., the federal minister of health at the time, identified children's mental health as a priority and indicated the need to expand all phases of service to increase treatment capacity.<sup>5</sup> That the children's mental health agenda has been at the forefront of political concern for nearly 60 years is a testament of sorts.

At the 2007 Mental Health Research Showcase of the Alberta Mental Health Board, Vince Filetti presented results of a large study that may reshape current attitudes about providing adequate resources for children's mental health. The results of the Adverse Childhood Experiences Study ([www.acestudy.org](http://www.acestudy.org)) show that people who experience trauma early in life have substantially more health problems and use more health services later in life than those

who do not. Interestingly, Filetti's team found that patients who received an assessment that took into account indices of trauma during childhood used 35% fewer health services in the 2-year period after the assessment than patients who were assessed using a different approach. Felitti's findings on the negative impact of an early traumatic experience on subsequent health care use are both intriguing and ominous. As this work becomes more widely known, it will be increasingly difficult to ration the scant professional resources that are available to serve children with mental health needs in Canada.

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**Competing interests:** None declared.

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## Error in the *Compendium of Pharmaceuticals and Specialties*, 2008 edition

A potentially serious error has been identified in the *Compendium of Pharmaceuticals and Specialties (CPS)*, 2008 edition, in the Clin-Info section, Calculations and Dosing Tools, p. L3.<sup>1</sup> The square brackets in the first equation for body surface area (BSA) should enclose *both* the numerator and denominator. Using the equation as it is printed results in underdosage. The corrected formula is included below (equation). A complete listing of errata can be found at [www.pharmacists.ca/errata](http://www.pharmacists.ca/errata).

**Body surface area (BSA):**

$$BSA (m^2) = \left[ \frac{\text{height (cm)} \times \text{weight (kg)}}{3600} \right]^{0.5}$$

**Carol Repchinsky BSP**

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#### REFERENCE

1. Repchinsky C, editor. *Compendium of Pharmaceuticals and Specialties*, 2008 edition. Ottawa: The Canadian Pharmacists Association; 2008.

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## Correction

The lead author of a research paper<sup>1</sup> in the April 8 issue has provided the following clarification. The initial Health Canada warnings about the use of antidepressants were directed toward people aged 18 years and younger; however,

in June 2004, Health Canada expanded their warning to include all age groups. The implication of this omission for the study by Katz and colleagues is that the decrease in antidepressant use among young adults (19–24 years) is not a “spillover” effect but rather is a measure of the impact of the warning on young adults. The other events described in this study as “spillover effects” are accurately described.

#### REFERENCE

1. Katz LY, Kozyrskyj AL, Prior HJ, et al. Effect of regulatory warnings on antidepressant prescription rates, use of health services and outcomes among children, adolescents and young adults. *CMAJ* 2008;178:1005-1011.

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