

## Training for internal medicine

I read with amusement the proposal to increase by one year the training for internal medicine specialists.<sup>1</sup> Does everybody today want to be known as having a “special skill”?

I submit that if residents who complete four years of training in internal medicine find themselves lacking skills, it is the training that is deficient, not the time spent training. Four years is a substantial amount of time and clearly should suffice for becoming a general internist — of which, incidentally, we have too few. Most residents subspecialize and then, over time, lose the skills necessary to view the patient as a whole.

Increasing training by one year will do very little to address a deficient program or the shortage of general internists. It merely keeps students in school for one more unnecessary year.

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Retired

### REFERENCE

1. Vogel L. Internal bickering over internal subspecialty. *CMAJ* 2010;182:1287-8.

For the full letter, go to: [www.cmaj.ca/cgi/ele-ters/182/12/1287#595910](http://www.cmaj.ca/cgi/ele-ters/182/12/1287#595910)

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## Vitamin D for mental health and cognition

Hanley and colleagues have written an excellent article.<sup>1</sup> Further, vitamin D and receptors have been increasingly implicated in the pathology of cognition and mental illness. Vitamin D activates receptors on neurons in regions implicated in the regulation of behaviour, stimulates neurotrophin release and protects the brain by buffering antioxidant and anti-inflammatory defences against vascular injury.<sup>2</sup> There is growing evidence for a relationship between vitamin D receptors in the brain, hypovitaminosis D and abnormal executive cognitive functions,<sup>3,4</sup> major depression,<sup>5</sup> bipolar disorder<sup>6</sup> and schizophrenia.<sup>7</sup>

Further studies are needed to investigate the impact of vitamin D supplementation on cognition, mood disorders and schizophrenia. Given current evidence, ensuring normal vitamin D levels may be critical for prevention and treatment in people at high risk of mental and cognitive illness and for treatment in those for whom mental illness has already been diagnosed.

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2. Cherniack EP, Troen BR, Florez HJ, et al. Some new food for thought: the role of vitamin D in the mental health of older adults. *Curr Psychiatry Rep* 2009;11:12-9.
3. Grecksch G, Rütthrich H, Höllt V, et al. Transient prenatal vitamin D deficiency is associated with changes of synaptic plasticity in the dentate gyrus in adult rats. *Psychoneuroendocrinology* 2009;34(suppl 1):S258-64.
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5. Lee DM, Ajar A, O'Neill TW, et al. Lower vitamin D levels are associated with depression among community-dwelling European men. *J Psychopharmacol* 2010; Sept. 7 [Epub ahead of print].
6. Yan J, Feng J, Craddock N, et al. Vitamin D receptor variants in 192 patients with schizophrenia and other psychiatric diseases. *Neurosci Lett* 2005;380:37-41.
7. McGrath JJ, Burne TH, Féron F, et al. Developmental vitamin D deficiency and risk of schizophrenia: a 10-year update. *Schizophr Bull* 2010;36:1073-8.

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## Decriminalize prostituted women

It is inaccurate to describe prostitution as a legal activity in Canada. It is an activity that is criminally prohibited indirectly rather than directly, making it illegal in almost all instances.

Shannon<sup>1</sup> treats decriminalization as monolithic, when in fact Sweden and other Nordic countries have decriminalized prostituted persons, who are overwhelmingly women, while continuing to criminalize johns and pimps. Women are also offered support to find other sources of income, something most women in prostitution say they want. This approach, which has been quite successful in reduc-

ing trafficking and sexual exploitation, ought to be adopted in Canada.

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### REFERENCE

1. Shannon K. The hypocrisy of Canada's prostitution legislation. *CMAJ* 2010;182:1388.

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## Flipside of the dialysis argument

Although I don't have the expertise to take a position in the debate about chronic cerebrospinal venous insufficiency, Stanbrook and Hébert's aside about the common finding of venous stenosis in patients receiving dialysis<sup>1</sup> lends itself to a corollary. Since venous angioplasty of stenosed dialysis access veins is a common procedure with a low rate of complication, it is somewhat disingenuous for those railing against Zamboni's treatment<sup>2</sup> to claim that it is new, unproven or potentially dangerous.

**Mark DeSoto**

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### REFERENCES

1. Stanbrook MB, Hébert PC. Access to treatment for multiple sclerosis must be based on science, not hope. *CMAJ* 2010;182:1151.
2. Zamboni P, Galeotti R, Menegatti E, et al. A prospective open-label study of endovascular treatment of chronic cerebrospinal venous insufficiency. *J Vasc Surg* 2009;50:1348-58.

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## Correction: Clinical guidelines

In the letter “Clinical guidelines may need ethical component,”<sup>1</sup> the first author's name was misspelled. The name should have appeared as W. Göttgens-Jansen. *CMAJ* regrets any inconvenience this error may have caused.

### REFERENCE

1. Göttgens-Jansen W, van Leeuwen E, De Smet PAGH, et al. Clinical guidelines may need ethical component. *CMAJ* 2010;182(14):1546-7.

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