Briefly

World de-wormed: Guinea-worm disease, once a scourge of the developing world, is on the verge of eradication as fewer than 1800 cases were reported in 2010, the World Health Organization says. During the 1980s, there were an estimated 3.5 million cases of the crippling parasitic disease in 20 countries worldwide, 16 of which were in Africa (www.who.int/mediacentre/factsheets/fs359/en/index.html). As of 2011, the annual incidence rate has decreased by more than 99%, with cases occurring in Chad, Ethiopia, Mali and South Sudan. Guinea-worm disease is transmitted by swallowing water contaminated with parasite-infected fleas. The fleas are killed in the stomach but release worms that can grow 60 to 100 cm long and live in the body for up to 14 months before emerging through blisters in the skin. Although no vaccine or treatment exists for the disease, preventive strategies such as providing access to safe drinking water have contributed to the decline in infections. — Lauren Vogel, *CMAJ*

Arthritis costs: A comprehensive “national framework for arthritis” is needed to mitigate the \$33 billion annual effect that osteoarthritis and rheumatoid arthritis have in direct health-care costs and indirect economic costs such as lost productivity, the Arthritis Alliance of Canada says. An alliance report, *The Impact of Arthritis in Canada: Today and over the Next 30 Years* (www.arthritisalliance.ca/docs/20111022_2200_impact_of_arthritis.pdf) asserts that more than 4.4 million Canadians live with osteoarthritis and more than 272 000 with rheumatoid arthritis. The report urges a strategy based on four targeted interventions: total joint replacement, reduction of obesity rates, “adequate” pain management and “early diagnosis and treatment with cost-effective Disease Modifying Anti-Rheumatic Drugs (DMARDs) and for those who do not respond to traditional DMARDs, access to Biologic

Response Modifiers (Biologics).” — Wayne Kondro, *CMAJ*

Hidden costs: It’s extremely difficult, if not impossible, for United States patients to obtain accurate information about how much medical treatment will ultimately cost them, that is, until they see the final bill, the US Government Accounting Office says. The watchdog agency contacted 19 American hospitals and asked for information about cost estimates for full knee replacement surgery and for diabetes screening. Even hospitals that were willing to provide some manner of estimate were not always fully forthcoming, saying that estimates were conditional upon such factors as “the difficulty of predicting health care services in advance, billing from multiple providers, and the variety of insurance benefit structures,” as well as legal considerations that prevented the “disclosure of negotiated rates between insurers and providers,” the agency says in a report, *Health Care Price Transparency: Meaningful Price Information Difficult for Consumers to Obtain Prior to Receiving Care* (www.gao.gov/new.items/d11791.pdf). “This lack of health care price transparency presents a serious challenge for consumers who are increasingly being asked to pay a greater share of their health care costs,” the agency said. — Wayne Kondro, *CMAJ*

Will it hurt?: A new online tool has been unveiled to guide patients through seven high prevalence surgical procedures, answering such questions as “Will it be painful” and “What can I do in advance to improve the safety of a procedure?” The patient guides were developed by Boston, Massachusetts-based Health Dialog Services Corporation, a health care analytics firm, and are available for cardiac catheterization, gall bladder surgery, knee replacement, hip replacement colonoscopy, surgical

breast biopsy, and needle breast biopsy (www.hdcarecompass.com/Patient-Guides). “Knowing what to expect about a surgery, test, or medical procedure can significantly lessen levels of anxiety for a patient and their family,” Dr. Peter Goldbach, chief medical officer for Health Dialog, said in a press release (www.businesswire.com/news/home/20110929005083/en/Health-Dialog-Announces-HD-Care-Compass%E2%84%A2-Tool). — Wayne Kondro, *CMAJ*

Vaccinate the boys: All boys aged 11 or 12 in the United States should be “routinely” vaccinated with three doses of quadrivalent Human Papilloma Virus (HPV) vaccine, according to the US Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices. The committee also recommended that boys aged 13 to 21 who have not yet received the vaccine should also be vaccinated and that vaccines can be administered to boys as young as age 9. The rationale for early HPV vaccination is that “the greatest impact can be had when the vaccine is given at ages 11 or 12 where there is a better immune response compared with older ages. The vaccine is most effective when it is given before there is exposure to the virus which occurs through sexual contact,” Dr. Anne Schuchat, director of the CDC’s National Center for Immunization and Respiratory Diseases told a press conference (www.cdc.gov/media/releases/2011/t1025_hpv_12yroldvaccine.html). — Wayne Kondro, *CMAJ*

Health cost drivers: What’s up, doc? Revenues, it seems. The price of physician services “was the most important cost driver” of public-sector health care spending in Canada between 1998 and 2008, according to the Canada Institute of Health Information’s annual report on health spending. Compensation for doctors’ services grew by 3.6% per year

over that period, “faster than that for other health workers and the labour market in general,” CIHI states in a companion report (www.cihi.ca/CIHI-ext-portal/pptx/internet/PHYSICIAN_COST_DRIVERS_EN) to its annual report, *National Health Expenditure Trends, 1975 to 2011* (http://secure.cihi.ca/cihiweb/products/nhex_trends_report_2011_en.pdf). The annual report projected that health spending in Canada would rise \$7 billion, or 4%, in 2011 and thus top the \$200 billion for the first time, or about \$5811 per Canadian, a per capita increase of \$150 over 2010. — Wayne Kondro, *CMAJ*

Drug shortages: United States President Barack Obama waded into the drug shortage waters by issuing an executive order to compel the Food and Drug Administration (FDA) to “broaden reporting of potential shortages of certain prescription drugs and to further expedite regulatory reviews that can help prevent or respond to shortages.” The order also compels FDA and the Department of Justice to “examine whether potential shortages have led to illegal price gouging or stockpiling of life-saving medications” (www.whitehouse.gov/the-press-office/2011/10/31/we-can-t-wait-obama-administration-takes-action-reduce-prescription-drug). Obama also threw his support behind legislative initiatives to create an early warning system by requiring drug makers to report anticipated shortages (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4018). A companion FDA report on the drug shortages asserted that agency actions have included “expediting review of new manufacturing sites, new suppliers, and specification changes,” as well as “asking other firms to increase production” (www.fda.gov/AboutFDA/ReportsManualsForms/Reports/ucm275051.htm). — Wayne Kondro, *CMAJ*

Painkiller overdoses: More than 40 Americans die each day from overdoses of prescription painkillers such as oxycodone, oxymorphone, methadone and hydrocodone, according to the United States Centers for Disease Control and Prevention. “Overdoses involving prescription painkillers are at epidemic levels and

now kill more Americans than heroin and cocaine combined,” Dr. Thomas Frieden, director of the CDC, stated in a press release (www.cdc.gov/media/releases/2011/p1101_flu_pain_killer_overdose.html). Earlier this year, the US government introduced a plan to tackle prescription drug abuse through such measures as enhanced monitoring programs, promoting disposal of unused medications in the home, and “aggressive” law enforcement against so-called “pill mills” or prescribers who are “not prescribing within the usual course of practice and not for legitimate medical purposes” (www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/rx_abuse_plan.pdf). — Wayne Kondro, *CMAJ*

The IMF take: While reducing its 2011 growth forecast for Canada to 2.1% during its annual review of Canada’s economic performance, the International Monetary Fund warned that Canada needs to get on sounder fiscal footing so as to deal with “the long-term spending pressures from population aging and the rise in health-care costs” (www.imf.org/external/np/ms/2011/102411.htm). “The federal government and the provinces will need to move ahead in a concerted effort to deal with the longer-term fiscal challenges posed by rising health costs and the impact of aging. The review of transfers of the federal government to the provinces, which must be completed before 2014/15, could provide an opportunity in this regard. Regular and comprehensive fiscal sustainability reporting covering all levels of government would also help build consensus around the need for reforms,” the international agency added. — Wayne Kondro, *CMAJ*

Plain packaging: Australia is poised to become the first country in the world to enforce plain packaging of cigarettes after its Senate approved government legislation requiring that all brands be sold in olive green packs without trademark brand logos. But the enforcement date, which has still to be approved by the House of Parliament, will be pushed back until December, 2012 under an amendment adopted by the senate. The new law allows companies

to print their brand name in a tiny, prescribed font on the front of cigarette packages, which must continue to display health warnings covering 75% of the front, and 95% of the back, of a cigarette package (http://parlinfo.aph.gov.au/parlInfo/download/legislation/bills/r4488_first/toc_pdf/10268b01.pdf;fileType=application%2Fpdf). — Wayne Kondro, *CMAJ*

Medical googling: Surfing the Internet ranks just behind professional journals and colleagues as the source physicians turn to when they need information about diagnosing and treating patients, according to a survey of 300 American doctors. “General browsers such as Google and Yahoo are cited by 46% of physicians as a frequent source of information and by another 32% as an occasional resource,” according to the Wolters Kluwer Health 2011 *Point-of-Care Survey* (www.wolterskluwerhealth.com/News/Documents/White%20Papers/Wolters%20Kluwer%20Health%20Survey%20Executive%20Summary-Media.pdf). Conferences and events ranked as the fourth highest source of information, followed by “Online free services (WebMD, MayoClin.com), Professional associations/societies, Medical reference books, Online subscription services (UpToDate, Ebsco), and Medical/drug sales reps.” — Wayne Kondro, *CMAJ*

Sinking down under: Over one-third of “urgent” emergency department patients are not seen within the recommended time of 30 minutes, according to the Australian Medical Association’s annual report card. Australian hospitals fell 6% short of achieving the national performance target of seeing 70% of such patients within 30 minutes in 2009–10, the Association said in its *Public Hospital Report Card 2011* (www.ama.com.au/system/files/node/7291/AMA+Public+Hospital+Report+Card+2011.pdf). The new national target of 80% in 2011–12 will be all but impossible to achieve without increased hospital capacity, the report added. “In addition to the 80 per cent target, COAG [Council of Australian Governments] has also agreed to implement a National Emergency Access Target.

Under this target, 90 per cent of all patients presenting to a public hospital emergency department will either physically leave the emergency department for admission to hospital, be referred to another hospital for treatment, or be discharged within four hours. State and Territory Governments have committed to progressively achieve this target by the end of 2015. In 2009–10, the proportion of emergency department patients whose length of stay was less than or equal to four hours was 64 per cent.” — Wayne Kondro, *CMAJ*

Global diabetes toll: As many as 552 million people, or about 1 in 10 adults, may be living with diabetes by the year 2030, an increase of 186 million over 2011, according to the International Diabetes Federation’s 5th edition of the *Diabetes Atlas*. The atlas also indicates that 78 000 children develop type 1 diabetes each year and that 80% of people with diabetes live in low- and middle-income countries. “In every country and in every community worldwide, we are losing the battle against this cruel and deadly disease,” Jean Claude Mbanyap, president of the federation said in a press release (<http://www.idf>

[.org/media-events/press-releases/2011/diabetes-atlas-5th-edition](http://www.idf.org/media-events/press-releases/2011/diabetes-atlas-5th-edition)). — Wayne Kondro, *CMAJ*

Diabetes prevention: Family physicians in the United Kingdom have been urged to be more aggressive in identifying and intervening with patients who are at risk of type 2 diabetes. The UK’s National Institute for Health and Clinical Excellence is proposing in draft public health guidance, *Preventing type 2 diabetes: risk identification and interventions for individuals at high risk*, that physicians routinely use risk-assessment scoring systems and blood testing to identify patients who are at risk of developing diabetes (www.nice.org.uk/nicemedia/live/12163/57026/57026.pdf). The second focus of the recommendations is “the provision of information, advice and tailored support to help those people make the long-term lifestyle changes that have been shown to reduce risk or delay the onset of diabetes,” the guidance states. — Wayne Kondro, *CMAJ*

The big picture: Environmental sustainability and developmental progress cannot be achieved in developing

nations without tackling health, education, income and sex inequalities, and reducing the current disparities between nations, a United Nations report asserts. Sustainability “is fundamentally about how we choose to live our lives, with an awareness that everything we do has consequences for the 7 billion of us here today, as well as for the billions more who will follow, for centuries to come,” Helen Clark, administrator of the UN Development Programme states in the forward to the report, *Human Development Report 2011 Sustainability and Equity: A Better Future for All* (http://hdr.undp.org/en/media/HDR_2011_EN_Complete.pdf). “Forecasts suggest that continuing failure to reduce the grave environmental risks and deepening social inequalities threatens to slow decades of sustained progress by the world’s poor majority — and even to reverse the global convergence in human development.” Among recommendations is one calling for the creation of a new “development framework that reflects equity and sustainability.” — Wayne Kondro, *CMAJ*

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