

gency, psychiatry and other medical specialties about psychiatry and medical comorbidities

- conducting further research to understand the attitudinal aspects inherent in various specialties, including what messages are being learned and taught as part of the hidden curriculum of medicine²
- making ongoing efforts to continue to decrease stigma of mental illness
- advocating for patients who cannot advocate for their own medical care.

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References

1. Atzema CL, Schull MJ, Tu JV. The effect of a charted history of depression on emergency department triage and outcomes in patients with acute myocardial infarction. *CMAJ* 2011;183:663-9.
2. Hafferty FW. Beyond curriculum reform: confronting medicine's hidden curriculum. *Acad Med* 1998;73:403-7.

CMAJ 2011. DOI:10.1503/cmaj.111-2039

Folic acid in older adults

I could not agree more with Colapinto and colleagues' interpretation of the results of their study of folate status in Canada.¹ I'd like to raise awareness of the need to protect another population group: older adults.

An overwhelming proportion of older

people aged between 65 and 94 years had elevated levels of total folate in a seven-year cohort (1997–2004).² The levels were elevated in 84% of people obtaining folic acid exclusively from their diet (i.e., not taking folic acid supplements) as opposed to 100% in those taking multivitamins. Moreover, total folate levels were found to increase at an annual rate of 234 ng/mL ($p < 0.001$) since the beginning of fortification in 1998 and had not reached a plateau by 2004.

Because this population is not at child-bearing age, the only advantage of fortification is a reduction of homocysteine levels. Elevated levels of homocysteine, however, were reduced from 13% to 7% by 2000, but they increased again to 16%. Thus, the benefit of folic acid fortification in older adults was not maintained despite continuously increasing levels of total folate.

Older adults are at the highest risk of malignancy, so exposing them to further increases of folate seems unreasonable and possibly dangerous. I urge Health Canada to consider all populations before deciding to increase the concentration of folic acid in products consumed every day by everyone.

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References

1. Colapinto CK, O'Connor DL, Tremblay MS. Folate status of the population in the Canadian Health Measures Survey. *CMAJ* 2011;183:E100-6.
2. Garcia AA, Day AG, Zanibbi K, et al. Long-term effects of folic acid fortification and B-vitamin supplementation on total folate, homocysteine, methylmalonic acid and cobalamin in older adults. *Can J Public Health* 2008;99:428-33.

CMAJ 2011. DOI:10.1503/cmaj.111-2040

Some letters have been abbreviated for print. See www.cmaj.ca for full versions.

CORRECTION

Poignant tales of refugees in Canada

In the film review published in the Feb. 22, 2011 issue of *CMAJ*, the name of the medical coordinator of the Bridge Clinic was misspelled. The correct name is Dr. Maureen Mayhew. We apologize for any inconvenience this error may have caused.

Reference

1. Pottie K. Poignant tales of refugees in Canada. *CMAJ* 2011;3:350.

CMAJ 2011. DOI:10.1503/cmaj.111-2037

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Canadian Adverse Reaction Newsletter
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- Rosiglitazone–fenofibrate interaction: severe paradoxical decreased high-density lipoprotein cholesterol levels
- Varenicline and hyperglycemia in patients with diabetes
- Quinine sulfate and serious adverse reactions
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- Varénicline et hyperglycémie chez les patients diabétiques
- Sulfate de quinine et effets indésirables graves
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