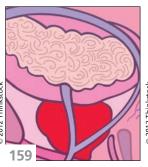
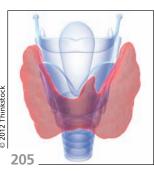
# HIGHLIGHTS









## Changing attitudes about addiction

Society often thinks and behaves negatively toward addiction and the people who suffer from it. We must overcome these negative attitudes if we are to succeed in treating addiction as we do other chronic diseases. **See Editorial, page 155** 

## Prostate guidelines need guidance

Guidelines for monitoring prostate cancer lack a systematic approach due to inadequacies in the available evidence and its use. These findings come from a narrative review of guidelines from nine organizations in North America, Europe and Australia. Guideline writers should take a more explicit and systematic approach to writing, say the authors. **See Research, page 169** 

Clinical experts should collaborate with methodologists in developing clinical guidelines to ensure that the recommendations made reflect high-quality scientific data. See Commentary, page 159

#### Variations in coronary care

The mode of coronary revascularization is largely influenced by the recommendation of the physician performing the diagnostic angiography and factors related to the treating hospital. These findings come from an examination of routine hospital data and patient charts to identify factors associated with variations in revascularization practices in 17 cardiac centres. Opportunities exist to improve decision-making for revascularization, particularly for non-emergent multivessel disease, say the authors. See Research, page 179

## **Delivery of preventive care**

Attempts to improve the delivery of preventive health care services will depend more on factors related to physician characteristics and practice structure than to how physicians are paid. This cross-sectional study of 137 primary care practices in four distinct funding models found little difference in the delivery of preventive care across the funding models. Practices with one or more female family physicians, a smaller patient load and an electronic reminder system provided superior preventive care. See Research, page E135

### **Networks deliver better primary care**

Patients with diabetes managed in primary care networks received higher quality care and had slightly better clinical outcomes than those managed in other types of practice. These findings are based on routine health care data comparing processes of care, admissions to hospital and visits to emergency departments. Future studies should aim to determine how primary care networks can best implement equitable access, say the authors. See Research, page E144

### CIHR/CMAJ: Top Achievements

CIHR and *CMAJ* celebrate top achievements in health research in Canada. **See Special Reports, page 189** 

#### Disclosing results of clinical trials

In the interest of protecting Canadians, Health Canada should publicly disclose the designs and results of clinical trials on the safety and efficacy of pharmaceuticals, biologics and medical devices. Matthew Herder argues that the law does not, in principle, preclude such disclosure. He states that Canada should follow the lead of the United States Food and Drug Administration and make the registration of clinical trials and disclosure of findings mandatory. **See Analysis, page 194** 

#### Hypothyroidism refractory to treatment

Serum thyroid-stimulating hormone (TSH) is the best marker for assessing appropriateness of thyroxine replacement in hypothyroidism, but what if the TSH does not respond to increasing doses of thyroxine? This article provides an algorithm and an approach to investigating the causes of treatment-refractory hypothyroidism. See Practice, page 205

#### Levothyroxine dosing error

Inadequate replacement of levothyroxine can result in pituitary hyperplasia in severe primary hypothyroidism. Although poor adherence, malabsorption and drug interactions are more common causes of subtherapeutic responses to pharmacologic treatment, errors in dosing should be considered, say Clemens and Van Uum. See Practice, page 210