

Briefly

Declining US cancer mortality rates:

Treatment advances and improved screening, particularly for lung, colorectal, breast and prostate cancer, combined to provide a continuing drop in the overall cancer death rate among Americans between 2000 and 2009, according to the annual report of the American Cancer Society. The rate for men dropped by 1.8% per year over that time period, while that for women dropped 1.4% annually, the society states in its *Annual Report to the Nation on the Status of Cancer, 1975–2009, Featuring the Burden and Trends in Human Papillomavirus (HPV)–Associated Cancers and HPV Vaccination Coverage Levels* (<http://jnci.oxfordjournals.org/content/early/2013/01/03/jnci.djs491.full.pdf>). But deaths from several other types of cancer (particularly including liver, pancreatic and skin) continue to rise, the report added. “Incidence rates increased for two HPV-associated cancers (oropharynx, anus) and some cancers not associated with HPV (eg, liver, kidney, thyroid). Nationally, 32.0% (95% confidence interval [CI] = 30.3% to 33.6%) of girls aged 13 to 17 years in 2010 had received three doses of the HPV vaccine, and coverage was statistically significantly lower among the uninsured (14.1%, 95% CI = 9.4% to 20.6%) and in some Southern states (eg, 20.0% in Alabama [95% CI = 13.9% to 27.9%] and Mississippi [95% CI = 13.8% to 28.2%]), where cervical cancer rates were highest and recent Pap testing prevalence was the lowest.” — Wayne Kondro, *CMAJ*

Wear and tear on the gridiron:

Depression and cognitive impairment were discovered in 22 of 34 former National Football League players aged 41 to 79 who’d spent at least a decade toiling in the big league, according to a new study. “Of the 34 former NFL players, 20 were cognitively normal. Four were diagnosed as having a fixed

cognitive deficit; 8, mild cognitive impairment; 2, dementia; and 8, depression,” states the study published in *JAMA Neurology* (<http://archneur.jamanetwork.com/article.aspx?articleid=1555584>). “Of the subgroup in whom neuroimaging data were acquired, cognitively impaired participants showed the greatest deficits on tests of naming, word finding, and visual/verbal episodic memory. We found significant differences in white matter abnormalities in cognitively impaired and depressed retired players compared with their respective controls. Regional blood flow differences in the cognitively impaired group (left temporal pole, inferior parietal lobule, and superior temporal gyrus) corresponded to regions associated with impaired neurocognitive performance (problems with memory, naming, and word finding).” — Wayne Kondro, *CMAJ*

Drug shortages: As many as half of Canadian patients have had their health care “compromised” by pharmaceutical shortages, according to separate surveys of Canadian physicians, pharmacists and hospital pharmacists. A survey of members of the Canadian Medical Association, the Canadian Pharmacists Association and the Canadian Society for Hospital Pharmacists, conducted in October, 2012, and released Jan. 15, indicated that 41% of physicians, 94% of pharmacists and 61% of hospital pharmacists had difficulty sourcing a medication every week (www.pharmacists.ca/cpha-ca/assets/File/DrugShortagesSurveyBackgrounder2013ENG.pdf). About 64% of physicians indicated that drug shortages had “consequences” for patients, while 59% of pharmacists and 31% of hospital pharmacists said patient care had been “compromised.” The most common consequences? “Delays in treatment; Treatment was stopped; Received a less effective medication or formulation; Extra time and/or travel required to locate alternative medication;

[and] Extra cost associated with alternative medication.” Other consequences included: “Extended hospital stays; Increased post-operative pain; Procedures being delayed or cancelled; Patient admitted to hospital; [and] Original condition worsened.” — Wayne Kondro, *CMAJ*

Die young in America: A gun culture, drug addiction, traffic accidents, birth factors such as a higher infant mortality rate and lower birth weight, the incidence of HIV, AIDS and other sexually transmitted diseases, obesity and a fragmented health system are among an array of factors that have combined to give Americans under age 50 the lowest longevity in comparison with 16 other “peer nations,” according to a joint United States Institute of Medicine and National Research Council expert committee. Americans die younger and live in much poorer health in comparison with residents of other developed nations such as Canada, Germany, Spain, Australia, Japan and France. The Panel on Understanding Cross-National Health Differences Among High-Income Countries states in a study, *U.S. Health in International Perspective: Shorter Lives, Poorer Health* (www.nap.edu/catalog.php?record_id=13497). American men ranked last in life expectancy among the 17 nations that were studied, while American women ranked second last. “The health disadvantage is pervasive — it affects all age groups up to age 75 and is observed for multiple diseases, biological and behavioral risk factors, and injuries.” The panel noted that the US health system plays a major role in the poor rankings, as it is “highly fragmented, with limited public health and primary care resources and a large uninsured population. Compared with people in other countries, Americans are more likely to find care inaccessible or unaffordable and to report lapses in the quality and

safety of care outside of hospitals.” — Wayne Kondro, *CMAJ*

Inequitable access: With public funding for dental care on the decline and just 45.1% of community water supply in Canada being fluoridated, children — particularly within marginalized populations — are being set up for chronic tooth decay, “lost sleep, poor growth, behavioural problems and poor learning,” as well as other health problems, according to the Canadian Paediatric Society. Dental care “should be held to the same standards of accessibility, universality and comprehensiveness as other responsibilities under the Canadian Health Act,” the society argues in a position statement, *Oral health care for children — a call for action* (www.cps.ca/en/documents/position/oral-health-care-for-children). Among recommendations are ones to: “Ensure that all children in their respective jurisdictions be afforded equal access to basic treatment and preventive oral care, regardless of where they live or their family’s socioeconomic status; Ensure that every child has a dental home by one year of age (Grade B); Support the Canadian Paediatric Society and the Canadian Dental Association recommendations on fluoride supplementation (Grade A); Create leadership positions to represent the specific interests of children and youth on oral health issues; [and] Develop an ongoing surveillance system to capture key data and to reflect the state of paediatric oral health.” — Wayne Kondro, *CMAJ*

Concussions among youth: The explosion of public concern over the long-term impact of concussions in sport has prompted the United States government to launch a major review of the health effects of concussions suffered in youth “from elementary school through young adulthood.” To be led by the US Institute of Medicine, the study will assess the neurological effects of concussions, the efficacy of protective devices and the suitability of current treatment protocols, the institute stated in its project outline (<http://www8.nationalacademies.org/cp/projectview.aspx?key=IOM-BCYF-11-03>). “Spe-

cific topics of interest include: the acute, subacute, and chronic effects of single and repetitive concussive and non-concussive head impacts on the brain; risk factors for sports concussion, post-concussive syndrome, and chronic traumatic encephalopathy; the spectrum of cognitive, affective, and behavioral alterations that can occur during acute, subacute, and chronic posttraumatic phases; physical and biological triggers and thresholds for injury; the effectiveness of equipment and sports regulations for prevention of injury; hospital and non-hospital based diagnostic tools; and treatments for sports concussion.” The study is projected to be completed within 15 months. — Wayne Kondro, *CMAJ*

Limiting prescriptions: With more than two million prescriptions being written for residents of New York City annually and 173 accidental overdose deaths involving painkillers in 2010, Mayor Michael R. Bloomberg announced a major crackdown on supply and use of opioids in the city’s 11 public hospitals. The city will restrict hospitals from having more than a three-day supply of narcotic painkillers such as “Vicodin and Percocet,” while entirely prohibiting them from dispensing long-acting painkillers such as “OxyContin or Fentanyl patches and methadone.” The regulations for “Preventing Misuse of Prescription Opioid Drugs” state that in cases where physicians are dealing with a patient suffering from acute pain, “if opioids are warranted, prescribe only short-acting agents” (www.nyc.gov/html/doh/downloads/pdf/chi/chi30-4.pdf). “For chronic noncancer pain: Avoid prescribing opioids unless other approaches to analgesia have been demonstrated to be ineffective; [and] Avoid whenever possible prescribing opioids in patients taking benzodiazepines because of the risk of fatal respiratory depression.” — Wayne Kondro, *CMAJ*

Raising the safety bar: Arguing that the public has no faith that government health inspectors are ensuring that hospitals and health care facilities are measuring up to patient safety stands, the British Parliament’s Health Select

Committee is urging the revamping of governance at the Care Quality Commission (CQC) and application of “existing standards consistently and effectively.” The committee also urged more cooperation between regulators, noting that “without joined up working the regulatory landscape will be burdensome and dysfunctional, but there is also an acute danger that ‘when everyone is responsible, no-one is responsible’.” There is an urgent requirement to define the role and responsibility of the CQC; within that definition of its role the CQC must operate autonomously of the other health and social care regulators and be accountable to Ministers and Parliament for its actions” (www.publications.parliament.uk/pa/cm201213/cmselect/cmhealth/592/59211.htm). Committee Chair and Member of Parliament Stephen Dorrell stated in a press release that “the CQC’s primary focus should be to ensure that the public has confidence that its inspections provide an assurance of acceptable standards in care and patient safety. We do not believe that the CQC has yet succeeded in this objective” (www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news/13-01-03-cqcpublication/). — Wayne Kondro, *CMAJ*

The office is closed: Canadian physicians are increasing users of electronic medical records and more likely to be prescribing electronically but continue to lag behind their international counterparts in other developed nations in those categories, along with most measures of providing rapid access to care, such as same- or next-day appointments, according to the Health Council of Canada. The results of the 2012 *Commonwealth Fund International Health Policy Survey* also indicate that Canadian physicians trail in such categories as practice improvement and coordination of care. For example, “compared to physicians in nine other countries, Canadian primary care physicians are the least likely to routinely provide same-day or next-day appointments (47%). They are also among the least likely to make home visits (58%) or have after-hours arrangements so that patients can see a

doctor or nurse without going to a hospital emergency department (46%). In each of these areas, several provinces perform above the Canadian average but still well below the top-performing countries” (healthcouncilcanada.ca/tree/HCC_Bulletin7_ENG_WEB.pdf). — Wayne Kondro, *CMAJ*

Price points: Canadian provinces and territories say they’ll save roughly \$100 million annually by paying less for six generic drugs commencing Apr. 1 by shelling out no more than 18% of the price of each generic’s brand-name equivalent. The new price points will apply to six drugs that represent about 20% of public spending on generic drugs in Canada, the Council of the Federation’s Health Care Innovation Working Group stated in a press release ([www.councilofthefederation.ca/pdfs/NR-CoF-Generic%20drugs%20\(Final\)-Jan%2018.pdf](http://www.councilofthefederation.ca/pdfs/NR-CoF-Generic%20drugs%20(Final)-Jan%2018.pdf)). The six generic drugs are: “Atorvastatin — used to treat high cholesterol; Ramipril — used to treat blood pressure and other cardiovascular

conditions; Venlafaxine — used to treat depression and other mental health conditions; Amlodipine — used to treat high blood pressure and angina; Omeprazole — used to treat a variety of gastrointestinal conditions; [and] Rabeprazole — used to treat a variety of gastrointestinal conditions.” Saskatchewan Premier Brad Wall, cochair of the working group, added in the release that “we heard that a diverse and stable drug supply are key priorities for provinces and territories, as well as generic drug manufacturers. We are optimistic that the generic drug manufacturers will view price setting as a reasonable and fair approach to obtaining lower generic drug prices for Canadians.” — Wayne Kondro, *CMAJ*

Measles progress: The number of measles deaths globally declined by 71% between 2001 and 2011 but about 20 million children did not receive even one measles vaccination in 2011, including about 10 million children in India, Nigeria, Ethiopia and Pakistan

and the Democratic Republic of the Congo, according to the World Health Organization (WHO). The number of measles deaths dropped from 542 000 in 2000 to 158 000 in 2011, while the number of new cases over that time period dropped from 853 500 to 355 000, WHO states in its Jan. 18 *Weekly Epidemiological Record* (www.who.int/wer/2013/wer8803.pdf). “Estimated global coverage with a first dose of vaccine increased from 72% in 2000 to 84% in 2011. The number of countries providing the second dose through routine services increased from 97 in 2000 to 141 in 2011. Since 2000, with support from the Measles & Rubella Initiative, more than 1 billion children have been reached through mass vaccination campaigns, about 225 million of them in 2011,” WHO added in a press release (www.who.int/mediacentre/news/notes/2013/measles_20130117/en/index.html). — Wayne Kondro, *CMAJ*

CMAJ 2013. DOI:10.1503/cmaj.109-4398