



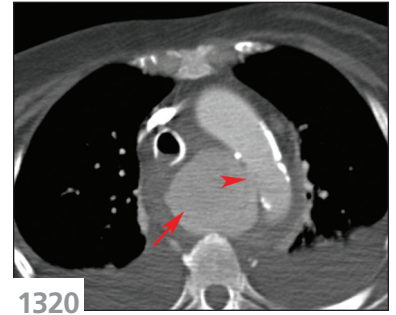
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Treating obesity

Our current approach to obesity relies on the assumption that people have choices, fail to make the right ones and should be educated to make better choices. Given the continued rise in obesity prevalence, this view is simplistic and clearly absurd, say Fletcher and Patrick. Obesity will only be curbed by population-level measures supported by legislation. **See Editorial, page 1275**

Collaborative obstetric care in Canada

Numbers of obstetrician–gynecologists and family physicians trained in obstetrics are declining in Canada. Is training more midwives the answer to meeting obstetric needs? Morgan and colleagues argue that a midwife-led model of care may not be the best approach for Canada. They call for organized collaboration among specialists, family physicians, midwives and others. **See Commentary, page 1279**

Milk alternatives and vitamin D

Young children who drink goat's milk or plant-based milk alternatives instead of cow's milk are at moderately increased risk of having an inadequate serum 25-hydroxyvitamin D level (< 50 nmol/L) compared with children who drink only cow's milk. This finding comes from a large cross-sectional study involving 2831 healthy Canadian children 1–6 years old attending well-child visits. The authors point out that fortification of milk product alternatives is voluntary in North America and that parents should check the nutrition labels for the vitamin D content. **See Research, page 1287**

Targeted vitamin D supplementation may be necessary for Canadian children who drink alternatives to cow's milk, say the authors. **See Commentary, page 1277**

Mediterranean diet and metabolic syndrome

Patients at high risk of cardiovascular disease can reverse the metabolic syndrome and some of its components by eating a Mediterranean diet supplemented with extra-virgin olive oil or nuts compared with a regular low-fat diet. Other interventions such as calorie restriction or exercise were not employed in this trial, suggesting a specific and beneficial effect from diet composition alone. **See Research, page E649**

2014 C-CHANGE guidelines update

The C-CHANGE Collaborative has updated its 2011 guideline to reflect recent changes in recommendations. The main areas of change are in lifestyle management, risk-factor screening and risk stratification, and treatment targets for dyslipidemia, particularly for high-risk individuals. **See Guidelines, page 1299**

Osteoarthritis

A 67-year-old woman presents with a year-long history of worsening knee pain. Part of the Choosing Wisely Canada series, this article highlights how to diagnose knee osteoarthritis, and what works and what doesn't work in managing this common condition. **See Decisions, page 1311**

Hallucinations and hearing loss

A 54-year-old man who had recently immigrated to Canada from Cameroon presented with hallucinations, afraid that "spirits" possessed him. Schizophrenia? Delusional disorder? Or perhaps psychosis secondary to a medical condition? Steriade and colleagues tell us more. **See What is your call?, page 1315**

Nutrition in dementia

As part of the Choosing Wisely Canada series, this article looks at the complex issue of nutrition in dementia. Feeding tubes should not be recommended for patients with advanced dementia, say Lam and Lam. Once a feeding tube is inserted, deciding on its removal can be difficult for a substitute decision-maker. **See Five things to know about ..., page 1319**

Ruptured infected pseudoaneurysm

While receiving treatment for *Staphylococcus aureus* discitis, an 86-year-old woman developed dyspnea, bilateral arm swelling and dysphagia. The findings on imaging, combined with the patient's history, helped make the diagnosis of ruptured infected pseudoaneurysm of the thoracic aorta. **See Clinical images, page 1320**