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CMAJ headlines:

- Canadian pediatric emergency department crowding not linked to death, serious adverse outcomes**
- Marijuana and fertility: 5 things to know**

Canadian pediatric emergency department crowding not linked to death, serious adverse outcomes

Visiting a crowded pediatric emergency department in Canada may increase the likelihood of being hospitalized but is not linked to delayed hospitalization or death in children, according to research in *CMAJ (Canadian Medical Association Journal)*.

Emergency department overcrowding is a problem in North America and has been associated with increased illness, death and lower patient and physician satisfaction.

“Although we found no significant association between overcrowding and hospital admission within 7 days or death within 14 days after discharge from hospital, we saw an increase in admissions among the sicker children and in return visits from kids who were less sick, with increasing degree of crowding” says Dr. Quynh Doan, BC Children’s Hospital, and research director, Pediatric Emergency Medicine, University of British Columbia, Vancouver, BC.

The multicentre study analyzed more than 1.9 million pediatric emergency department visits at 8 hospitals in British Columbia, Alberta, Manitoba and Ontario over 5 years between 2010 and 2014.

“Possible explanations include a delay in timely initiation of medical interventions that could lead to deterioration requiring hospital admission; alternatively, clinicians may respond to emergency department crowding with rising levels of caution in their disposition decision-making,” write the authors.

In a related commentary, Drs. Alexander Moylan and Ian Maconochie, Department of Emergency Medicine, Imperial College Healthcare NHS Trust, United Kingdom, write, “there is no evidence that the trend of increasing attendances at pediatric emergency departments is reversing.”

“Research into tools such as evidence-based early warning systems to support departments in providing safe care in the most demanding situations must support efforts to adapt to this challenge,” the commentary authors conclude.

“The impact of pediatric emergency department crowding on patient and health care system outcomes: a multicentre cohort study” is published June 10, 2019.

MEDIA NOTE: Please use the following public links after the embargo lift:

Research: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.181426>

Commentary: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.190610>

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Marijuana and fertility: 5 things to know

For patients who smoke marijuana and their physicians, “Five things to know about ... marijuana and fertility” provides useful information for people who may want to conceive. The practice article is published in *CMAJ (Canadian Medical Association Journal)*.

Five things to know about marijuana and fertility:

1. The active ingredient in marijuana, tetrahydrocannabinol (THC), acts on the receptors found in the hypothalamus, pituitary and internal reproductive organs in both males and females.
2. Marijuana use can decrease sperm count. Smoking marijuana more than once a week was associated with a 29% reduction in sperm count in one study.
3. Marijuana may delay or prevent ovulation. In a small study, ovulation was delayed in women who smoked marijuana more than 3 times in the 3 months before the study.
4. Marijuana may affect the ability to conceive in couples with subfertility or infertility but does not appear to affect couples without fertility issues.
5. More, and better quality, research is needed into the effects of marijuana on fertility.

MEDIA NOTE: Please use the following public links after the embargo lift:

Five things to know: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.181577>

Permanent podcast link: <https://soundcloud.com/cmajpodcasts/181577-five>

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