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CMAJ headlines:

- Trazadone associated with similar risk of falls and major fractures as antipsychotics in seniors with dementia**
- How to pay for national pharmacare**

Trazadone associated with similar risk of falls and major fractures as antipsychotics in seniors with dementia

As physicians attempt to decrease antipsychotic use in seniors with dementia, they need to be aware that trazadone, frequently used as an alternative, is associated with a similar risk of falls and major fractures as atypical antipsychotics, according to new research in *CMAJ (Canadian Medical Association Journal)*.

“As clinicians move to decrease antipsychotic use, we should not consider trazadone as a uniformly safer alternative to atypical antipsychotics, because trazadone use was associated with a comparable risk of falls and major osteoporotic fractures to atypical antipsychotics — drugs associated with these adverse outcomes in our patient population,” writes Dr. Jennifer Watt, St. Michael’s Hospital, Toronto, Ontario, with coauthors.

The rate of dementia in Canada is 7%, but it approaches almost 25% in people older than age 85. In long-term care facilities, 62% of residents have dementia, and many exhibit aggressive behaviour. Although evidence is limited on efficacy, antipsychotics and trazadone, an antidepressant also used for sleep issues, are commonly prescribed for patients with dementia.

Using linked data from ICES, researchers looked at data on 6588 seniors newly dispensed trazadone and 2875 newly dispensed an atypical antipsychotic. They found that patients dispensed trazadone had a rate of falls and major fractures, including hip fractures, similar to that of the group receiving atypical antipsychotics. However, trazadone was associated with a lower risk of death in these patients.

“We hope this information can be used to inform conversations that patients and caregivers are having with clinicians about the benefits and risks of different treatment options,” says Dr. Watt.

“Watt and colleagues also underscore the importance of prioritizing nonpharmacological approaches for the management of behavioural and psychological symptoms of

dementia, writes Dr. Elia Abi-Jaoude, The Hospital for Sick Children (SickKids) and University Health Network, Toronto, Ontario, with coauthors in a related commentary. “Nonpharmacological approaches comprise a variety of behavioural, environmental and caregiver-supportive interventions, and existing evidence suggests that these show greater effect than many psychotropic drug therapies.”

“Comparative risk of harm associated with trazodone or atypical antipsychotic use in older adults with dementia: a retrospective cohort study” is published November 26, 2018.

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

Research: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.180551>

Commentary: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.181486>

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How to pay for national pharmacare

Podcast pre-embargo link: <https://soundcloud.com/cmajpodcasts/180897-ana/s-0a1TC>

A new analysis in *CMAJ (Canadian Medical Association Journal)* outlines the potential government cost of a national Canadian pharmacare program and sets out approaches to shifting the funding for drugs in Canada to realize billions in savings.

“We believe there is a compelling argument for the federal government to raise the incremental revenues needed to implement this long-recommended expansion of Canadian medicare,” write Drs. Michael Wolfson, Faculties of Medicine and Law, University of Ottawa, and Steven Morgan, School of Population and Public Health, University of British Columbia.

Implementing a national pharmacare program in 2020 would require \$9.7 billion in public funding and result in \$13.5 billion in savings to the private sector because of lower costs of private insurance, according to estimates from the Parliamentary Budget Officer.

The authors suggest using a mix of federal revenue sources, including relatively small increases in personal income taxes (0.5 percentage points), corporate tax rates (1 percentage point) and GST (0.25 percentage points).

For policy-makers, advanced modelling tools can help inform the different approaches to funding a national pharmacare program.

“Without national pharmacare by 2020, Canadians could be paying \$4.2 billion more for medicines than they would need to under a universal, comprehensive public pharmacare plan,” the authors write. “The question, therefore, isn't whether Canada can

afford national pharmacare; rather, it is how government should raise the needed public revenues and, correspondingly, who should benefit from the billions of dollars in net savings as a result.”

“*How to pay for national pharmacare*” is published November 26, 2018.

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Analysis: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.180897>

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