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CMAJ headlines:

- Tool identifies which patients with COPD are at risk of death, serious complications
- High-strength opioid formulations: the case for the health minister to recall them
- Acute flaccid myelitis: five things to know

Tool identifies which patients with COPD are at risk of death, serious complications

A new decision tool to help emergency physicians identify patients with chronic obstructive pulmonary disease (COPD) who are at high risk of serious complications, including death, performs better than current practice, according to a validation study of the Ottawa COPD Risk Scale in *CMAJ (Canadian Medical Association Journal)*.

“Before this tool, there was no way to know if a patient who came to the emergency department with a COPD flare-up was going to have dangerous complications,” says Dr. [Ian Stiell](#), distinguished professor of emergency medicine at the University of Ottawa and a senior scientist at The Ottawa Hospital. “This new information can help doctors decide whether to admit a patient or send them home.”

Chronic obstructive pulmonary disease, mainly caused by smoking, is a common condition that affects breathing and worsens over time.

The study was conducted at six hospitals in Ontario and Alberta with 1415 patients aged 50 years and older who presented at emergency departments with COPD flare-ups. Using the 10-point Ottawa COPD Risk Scale, researchers tested whether they could accurately predict short-term serious complications in these patients. The tool correctly predicted that 135 patients (9.5%) would have serious complications, although 65 (8.3%) of serious outcomes occurred in the 779 participants who were not admitted to hospital.

“As this risk scale has been clinically validated, it can now be used to estimate medical risk and help with decisions about patient discharge or admission,” says Dr. Stiell. “This should help decrease unnecessary admissions as well as unsafe discharges of patients with COPD who should be admitted.”

The Ottawa COPD Risk Scale can be used by respirologists, general internists and family doctors who care for patients with COPD, in addition to emergency physicians.

Dr. Stiell is world-renowned for creating decision rules that improve patient care, including the [Ottawa Ankle Rules](#) and the [Canadian C-Spine Rule](#), now available on a [mobile app](#).

“Clinical validation of a risk scale for serious outcomes among patients with chronic obstructive pulmonary disease managed in the emergency department” is published December 3, 2018.

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

Research: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.180232>

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High-strength opioid formulations: the case for the federal minister of health to recall them

Podcast pre-embargo link: <https://soundcloud.com/cmajpodcasts/181289-com/s-B5M3m>

One regulatory tool that has yet to be deployed to curb the ongoing opioid epidemic is the power of the federal minister of health to recall high-strength opioid formulations from the market. These opioid formulations can harm patients with chronic pain in multiple ways and the minister could recall them, argues a commentary in *CMAJ (Canadian Medical Association Journal)*.

“In 2016, the federal minister of health stated that ‘all tools are on the table’ to address the opioid crisis,” write Matthew Herder, Dalhousie University, Halifax, Nova Scotia, and Dr. David Juurlink, University of Toronto, Toronto, Ontario. “There is little sign that the crisis is abating in Canada.”

And while most deaths occur in people with addiction, the harms that befall patients with chronic pain by virtue of overprescribing of opioids are often lost in this larger discussion.

“Ministerial recall of the most hazardous opioid formulations is a powerful regulatory tool that should be deployed to address one aspect of the crisis: the excessive prescribing of opioids for chronic pain.”

Ministerial recall is allowed in Canada’s legal system under the Protecting Canadians from Unsafe Drugs Act, known as Vanessa’s Law. This new power, which was enacted by Parliament in 2014, has yet to be used; however, Herder and Juurlink argue that the harms associated with high-strength opioids warrant invoking this new recall power.

High-dose opioid formulations are widely prescribed in Canada for chronic pain, with more than 30 million dispensed annually despite a [new guideline](#) recommending against the practice.

“Put simply, high-dose opioids constitute a self-perpetuating therapy, with patients left vulnerable by the need for ongoing treatment to avoid withdrawal, itself a pernicious drug-related harm,” write the authors.

“[C]oupling new prescribing guidelines that help regulate the profession with a federal recall of high-strength formulations would go a long way to alter dangerous prescribing practices that have helped to fuel this crisis.”

“*High-strength opioid formulations: the case for a ministerial recall*” is published December 3, 2018.

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Acute flaccid myelitis: five things to know

Podcast pre-embargo link: <https://soundcloud.com/cmajpodcasts/181442-five/s-ejyaB>

Acute flaccid myelitis, a syndrome with rapid muscle weakness in children, has been seen in hospitals in the United States and Canada this fall. A practice article in *CMAJ (Canadian Medical Association Journal)* outlines five things to know about this health issue:

1. Acute flaccid myelitis is characterized by rapid-onset muscle weakness, with patients presenting with weak limbs, pain and absent reflexes
2. Enteroviruses are the main cause of the disease in children
3. Urgent testing should be performed, including infectious workup and neuroimaging, and suspected cases should be reported to the Public Health Agency of Canada
4. Acute flaccid myelitis can progress rapidly and should be managed as a medical emergency
5. It often results in persistent health deficits 4–6 months after detection, with less than one-fifth of children making a full recovery, and 8%–14% needing assistive devices to walk or being completely dependent on caregivers.

Podcast permanent link: <https://soundcloud.com/cmajpodcasts/181442-five>

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