

## **News Release Embargoed until Monday, March 4, 2019, 12:01 a.m. ET**

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### **CMAJ headlines:**

- Steroid use during cardiac bypass surgery did not reduce risk of severe kidney injury**
- Caregivers of ageing Canadians need support – editorial**

### **Steroid use during cardiac bypass surgery did not reduce risk of severe kidney injury**

*Randomized controlled trial conducted in 18 countries*

Using steroids during cardiopulmonary bypass surgery did not reduce the risk of acute kidney injury in people at increased risk of death, according to a study conducted in 18 countries published in *CMAJ (Canadian Medical Association Journal)*.

The multisite randomized controlled trial, funded by the Canadian Institutes of Health Research, included patients in Canada, China, India, United States, Colombia, Australia, Italy, Iran, Czech Republic, Greece, Spain, Brazil, Austria, Belgium, Hong Kong, Argentina, Chile and Ireland, which broadens the reach of the study's findings.

About one-fifth of the millions of bypass surgeries performed around the world each year result in acute kidney injury, which in its most severe forms greatly increases the chance of death and the need for life-sustaining dialysis treatments. Bypass surgery can trigger widespread inflammation, which is thought to be a key culprit in the development of kidney injury. Prior studies suggested that steroids might help reduce inflammation and acute kidney injury.

“Administering steroids to prevent inflammation during surgery did not reduce the risk of acute kidney injury in people at moderate or high risk of adverse effects,” says author Dr. Amit Garg, a scientist at Lawson Health Research Institute and professor at Schulich School of Medicine & Dentistry, Western University, London, Ontario, Canada.

The study included 7286 patients, of whom about half (3647) were randomized to receive steroids and the remaining 3639 to placebo. The rate of acute kidney injury was similar in both groups.

“Given the broad range of countries and populations represented in the study, these findings further support a shift away from using steroids as an effective method of preventing the complications from inflammation during bypass surgery,” states Dr. Garg.

*“Effect of methylprednisolone on acute kidney injury in patients undergoing cardiac surgery with a cardiopulmonary bypass pump: a randomized controlled trial”* is published March 4, 2019.

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

***Research:*** <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.181644>

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## **Caregivers in Canada need more support**

*Editorial*

It’s time to strengthen support for the 28% of people who provide care for an ageing family member, friend or neighbour in Canada, argues an editorial in *CMAJ (Canadian Medical Association Journal)*.

“Our ability to support informal caregiving remains one of Canada’s most pressing health care and societal issues,” says Dr. Nathan Stall, associate editor, *CMAJ*.

The pool of caregivers in Canada is shrinking as the ageing population increases, while the need for caregiving will increase.

Caregiving has become increasingly demanding and stressful as many untrained people provide medical and nursing care, help with daily living and navigate the complexities of the health and long-term care system. Many caregivers are stressed, which negatively affects their mental and physical health and can lead to increased risk of death.

More than one-third (35%) of the population is both working and providing caregiver support, with more women juggling both roles.

As well, caregivers often provide financial support to their loved ones and may miss out on full-time employment, raises and other monetary benefits. We must support these people by protecting caregivers from financial and retirement insecurity.

While financial support exists, mainly through tax breaks, it is difficult to access and varies by province.

“Addressing this pressing health care and societal issue is undoubtedly complex, but innovative, effective and potentially scalable programs and policies already exist in pockets across the country. It’s time Canada cared more about its caregivers,” he concludes.

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***Editorial:*** <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.190204>

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