News Release Embargoed until Monday, September 9, 2019, 12:01 a.m. ET

Please credit CMAJ, not the Canadian Medical Association (CMA). CMAJ is an independent medical journal; views expressed do not necessarily reflect those of its owner, Joule Inc., a CMA company, or CMA

***CMAJ* headlines:**

- ☐ **Hospital infections declining in Canada**
- ☐ **New guideline on Parkinson disease aimed at physicians and people with Parkinson's**

Hospital infections declining in Canada

There is good news on the infection front: infections acquired by patients in Canadian hospitals are declining, with a 30% reduction between 2009 and 2017, according to new research in *CMAJ (Canadian Medical Association Journal)*. However, continued focus is necessary to identify and prevent emerging antimicrobial-resistant pathogens, and infections with medical devices, such as urinary or intravenous catheters.

Health care–associated infections are a substantial issue worldwide. In the United States, an estimated 5% of patients admitted to hospital in 2002 developed an infection, resulting in 1.7 million infections and 98 000 deaths.

A series of studies, conducted by a team of researchers with the Canadian Nosocomial Infection Surveillance Program (CNISP), included data from hospitals from 9 Canadian provinces in 2002 and 2009, and all 10 provinces in 2017. The proportion of patients with a hospital-acquired infection increased from 9.9% in 2002 to 11.3% in 2009, and decreased to 7.9% in 2017, a 30% decline. Urinary tract infections (32%) were the most common infection, followed by pneumonia (23%), surgical site infection (20%), bloodstream infection (15%) and *Clostridioides difficile* infection (9%). Infection rates in intensive care units declined 29%.

"There is no single reason for the overall decline in infection types, which suggests Canadian hospitals have used a variety of methods to prevent infection, such as better hand washing, antimicrobial stewardship to prevent *C. difficile* and other measures," says Dr. Geoffrey Taylor, University of Alberta Hospital, Edmonton, Alberta.

In a related commentary, Dr. Jennie Johnstone, Public Health Ontario and coauthors write, "[a]lthough these rates are low, there are some concerning trends. The proportion of health care–associated infections caused by antimicrobial-resistant organisms was stable or increasing for all pathogens, and carbapenamase-producing *Enterobacteriaceae*, which are emerging antimicrobial-resistant pathogens, were identified for the first time in the 2017 survey."

“Without ongoing efforts to improve and reduce health care–associated infections and antimicrobial resistance and without frequent measurement of our performance as a country, it is likely that the gains seen in this study will not be sustained and that Canada’s antimicrobial resistance problem may become unmanageable,” write the commentary authors.

“*Trends in health care–associated infections in acute care hospitals in Canada: an analysis of repeated point-prevalence surveys*” is published September 9, 2019.

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

Research: *http://www.cmaj.ca/lookup/doi/10.1503/cmaj.190361*
Commentary: *http://www.cmaj.ca/lookup/doi/10.1503/cmaj.190948*

Media contact for research: Ross Neitz, media relations, University of Alberta, tel: 780 492-5986, rneitz@ualberta.ca

New guideline on Parkinson disease aimed at physicians and people with Parkinson’s

Includes new section on palliative care, recent treatment advances

A comprehensive new Canadian guideline provides practical guidance for physicians, allied health professionals, patients and families on managing Parkinson disease, based on the latest evidence. The guideline is published in *CMAJ (Canadian Medical Association Journal)*, accompanied by an easy-to-reference infographic and podcast.

Parkinson disease is a debilitating, progressive neurological condition that affects quality of life for patients and their caregivers.

Since publication of the first Canadian guideline in 2012, there have been substantial advancements in the literature for Parkinson disease. The new guideline, funded by Parkinson Canada, is based on the latest evidence and advances in diagnosis, treatment and symptom management, and contains a new section on palliative care. Experts from various health disciplines from across Canada helped develop the guideline.

“We hope this guideline will help physicians and other health care professionals improve the care of people with Parkinson disease,” says Dr. David Grimes, a neurologist at The Ottawa Hospital and the University of Ottawa Brain and Mind Research Institute, Ottawa, Ontario.

The guideline is divided into 5 sections for ease of use. Highlights:

Communication

- ☐ People with Parkinson disease should be encouraged to participate in choices about their own care.

- ☐ Communication should be both verbal and written.
- ☐ Discussions should aim for balance between providing realistic information about prognosis and promoting optimism.
- ☐ Families and caregivers should be informed about the condition and available support services.

Diagnosis and progression

- ☐ Suspect Parkinson disease in anyone with tremor, stiffness, slowness, balance problems or gait disorders.
- ☐ CT or MRI brain scanning should not be routinely used to diagnose Parkinson disease.
- ☐ No therapies are effective for slowing or stopping brain degeneration in Parkinson disease.

Treatment

- ☐ A regular exercise regimen begun early has proven benefit.
- ☐ Patients with possible diagnosis of Parkinson disease may benefit from a trial of dopamine replacement therapy to help with diagnosis.
- ☐ Deep brain stimulation and gel infusion are now routinely used to manage motor symptoms.
- ☐ Rehabilitation therapists experienced with Parkinson disease can help newly diagnosed patients, and others through all stages.

Nonmotor features

- ☐ Botulinum toxin A helps control drooling.
- ☐ Management of depression should be tailored to the individual and their current therapy.
- ☐ Dementia should not exclude a diagnosis of Parkinson disease, even if present early.
- ☐ Rapid eye movement sleep behaviour disorder can predate the diagnosis of Parkinson disease.

Palliative care

- ☐ The palliative care needs of people with Parkinson disease should be considered throughout all phases of the disease.
- ☐ If the patient asks, the option of medical assistance in dying should be discussed.

In addition to its usefulness to health care professionals, the guideline may be used by policy-makers, charities and funders as well as people with Parkinson disease and their families.

“A limitation to implementing the guideline is the lack of access to health care providers experienced in caring for people with Parkinson disease,” says Dr. Grimes. “In addition to specialist physicians, we need more nurses, and speech, occupational and physical therapists with training in this area, as well as adequate palliative care for Parkinson patients.”

The guideline, which draws upon recommendations from Scotland, the United Kingdom, the European Union and the United States, is focused on recommendations relevant to the Canadian health care system.

"The guideline provides evidence-based recommendations to improve the overall standard of care of individuals with Parkinson disease in Canada, not only for health care professionals, but also for policy-makers, patients themselves and their caregivers," writes Dr. Veronica Bruno, Department of Clinical Neurosciences, Movement Disorders Program and Hotchkiss Brain Institute, University of Calgary, Calgary, Alberta, and coauthor in a related commentary. "Managing the complexity of Parkinson disease requires clear, standardized procedures that can be used by all actors involved."

The guideline "represents a great effort to streamline the management of Parkinson disease across Canada," they write.

Canadian Guideline for Parkinson Disease 2nd edition, is published September 9, 2019.

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

Guideline: *http://www.cmaj.ca/lookup/doi/10.1503/cmaj.181504*
Commentary: *http://www.cmaj.ca/lookup/doi/10.1503/cmaj.191089*

Podcast post-embargo link: https://soundcloud.com/cmajpodcasts/181504-guide

Media contacts for guideline:

Anne Marie Gabriel, Parkinson Canada, AnneMarie.Gabriel@parkinson.ca, tel: 800 565-3000, ext. 3396, direct: 416 227-3396

Amelia Buchanan, Senior Communications Specialist, Ottawa Hospital Research Institute, Office: 613 798-5555 ext. 73687, cell: 613 297-8315, ambuchanan@ohri.ca

General media contact: Kim Barnhardt, Communications, *CMAJ*, kim.barnhardt@cmaj.ca
@CMAJ