

Briefly

Sunglasses on dark days: Few Canadians realize they need to protect their eyes from ultraviolet (UV) damage on cloudy days, warns the CNIB, a Canadian charity for the blind and partially sighted. “The sun’s UV rays are still present on cloudy and overcast days thereby increasing your risk of developing cataracts, age-related macular degeneration and other serious eye conditions,” Dr. Keith Gordon, CNIB’s vice-president of research, said in a news release. “The best line of defense is prevention — and wearing quality, UV-protective sunglasses is vital in safeguarding your eyes from future damage.” The habit of wearing sunglasses in all weather is particularly important to instill in children, because “the lenses in young people’s eyes are less capable of filtering UV compared to adult eyes,” Gordon urged. In addition to wearing sunglasses with at least 99% protection from UVA and UVB rays year-round, CNIB recommends Canadians wear wide-brimmed hats when outside and stay out of direct sunlight in the middle of the day. — Lauren Vogel, *CMAJ*

Menthol cigarettes a public health risk: Menthol cigarettes are a greater public health risk than nonmenthol cigarettes, the US Food and Drug Administration (FDA) said in a study published on its website July 23. People who smoke menthol cigarettes are more nicotine-dependent and, when they try to quit, are less likely to succeed than nonmenthol cigarette smokers, the study found. Menthol cigarettes aren’t more toxic than regular cigarettes, but because they are marketed as a smoother smoke, people seem to be smoking them more and at a younger age. Menthol’s “cooling and anesthetic properties” make cigarette smoke seem less harsh, the study states. It found that this makes menthol cigarettes more appealing to young people. In 2009, the FDA banned all fruity or sweet

additives in cigarettes, except menthol. In the US, about 30% of adults who smoke and more than 40% of smoking youth report that they use menthol cigarettes. The FDA has not yet made any regulatory decision about menthol cigarettes but is seeking more information. — Catherine Cross, *CMAJ*

Study finds genetic mutation behind allergies: Researchers at Johns Hopkins Children’s Center and Johns Hopkins McKusick–Nathans Institute of Genetic Medicine believe they may have found a genetic mutation at the root of a range of allergic disorders. A new study in *Science Translational Medicine* shows that patients with Loeys–Dietz syndrome — a rare condition in which communication between cells is disrupted because of mutations in the genes encoding receptor subunits for the protein transforming growth factor-beta (TGF-beta) — were strongly prone to develop allergic disease, including asthma, food allergies, eczema, allergic rhinitis and eosinophilic gastrointestinal disease. The study’s authors say the link demonstrates that altered TGF-beta signalling can predispose the body’s response to environmental threats to the immune system and suggests the potential of inhibiting such signalling to prevent allergic disease. Scientists have long known that allergies are caused by a combination of genetic and environmental factors but until now have been unable to identify the genes involved. — Lauren Vogel, *CMAJ*

Polio eradication efforts meet hostility (Pakistan): United States foreign policy has created a hostile environment for polio eradication in Pakistan, threatening global polio eradication, according to a July 21 *New York Times* feature. The CIA staged a fake hepatitis vaccination campaign to get children’s DNA so they could compare it to Osama Bin Laden’s, *The Guardian* revealed in 2011. This, combined with

US drone strikes and rumours that polio vaccines contain pork, birth control hormones or HIV, have made many Pakistanis view the vaccine as an American scheme. Several Taliban commanders have banned the vaccine in their areas, and polio health workers in some areas receive danger pay due to the violence they face. India eliminated polio two years ago, and Pakistan’s government is eager to do the same. The Global Polio Eradication Initiative aims to eliminate polio by 2018, and says it will take about \$5.5 billion to meet this goal. Polio has never been eliminated in Pakistan, Afghanistan or Nigeria. — Catherine Cross, *CMAJ*

Food insecurity: A growing number of Canadians have unreliable access to adequate food. More than 12% of households — 1.6 million families — experienced food insecurity in 2011, a landmark report reveals. Some 3.9 million Canadians, including 1.1 million children, were affected by food insecurity in 2011 — 450 000 more than in 2008, according to the *Households Food Insecurity in Canada Report* by PROOF, funded by the Canadian Institutes of Health Research. “The seriousness of this situation...cannot be overstated,” Valerie Tarasuk, lead author and PROOF principal investigator, said in a news release. “The problem is not under control and more effective responses are urgently needed from all levels of government.” Ontario, Quebec, Alberta and British Columbia accounted for the largest share (85%) of food insecure households, while prevalence of food insecurity was highest in Canada’s North and the Maritimes. Nunavut fared the worst in 2011, with 36.4% of households experiencing unreliable access to sufficient food, 16.6% of which faced extreme deprivation. Nunavut, Prince Edward Island and New Brunswick also had the highest proportion of children living in food insecure families, at 57%, 27%

and 25% respectively. Across the country, food insecurity remained at or above levels experienced in prior years, with record-breaking rates in Nova Scotia (17.1%), New Brunswick (16.5%), Quebec (12.5%), Saskatchewan (11.8%) and Alberta (12.3%). Only Newfoundland and Labrador saw improvement, with just 10.6% of households facing unreliable access to food in 2011, down from 15.7% in 2007. — Lauren Vogel, *CMAJ*

Plain language drug labels: Health Canada is taking steps to ensure that drug labels are written in plain, understandable language and that drug names cannot be confused with another medication. Health Canada is conducting a 75-day stakeholder consulting period before implementing the changes. The rules will apply first to prescription, then to nonprescription drugs. In addition to plain labelling, nonprescription drug labels will have a standardized format to make it easier for users to find information. Drug manufacturers will need to provide mock-ups of their drug labels and packages to Health Canada for approval. Companies will also be required to put their contact information on the labels so that users can report any problems or adverse drug reactions. Health Canada requires that drug manufacturers submit any adverse reaction reports they receive. Therefore, making it easier for patients to contact manufacturers may improve adverse drug reaction reporting rates. — Catherine Cross, *CMAJ*

Mentally ill hard hit by recession: Unemployment rates for people with mental illness rose twice as much as they did for other people in the European Union, according to a study published in *PLoS ONE* July 26. Researchers from King's College London's Institute of Psychiatry found that between 2006 and 2010, unemployment among the mentally ill rose from 12.7% to 18.3%. For others, it increased from 7.1% to 9.8%. The researchers used data from 20 000 people across 27 members of the European Union. The recession especially damaged job prospects for men with mental illness. Their unemployment rate rose from 13.7% in 2006

to 21.7% in 2010. The researchers suggest that economic hardship worsens social and economic exclusion for many people with mental illness and that interventions are more important during such times. — Catherine Cross, *CMAJ*

BC uses provincial heart e-health records: British Columbia is replacing its 20-year-old BC Cardiac Registry with the Heart Information System (HEARTis), which will provide faster point-of-care access to patients' heart records. HEARTis tracks patients' heart procedures and follow-ups, allowing health professionals at five hospital cardiac centres to access information at point of care. HEARTis also substantially reduces the time to enter a cardiac surgery report, send clinical reports to physicians and enter finalized clinical reports. — Catherine Cross, *CMAJ*

Formula marketing: Fewer than one in five countries fully implement a code to restrict aggressive marketing of infant formula over breast milk, according to a new World Health Organization (WHO) report. Only 37 countries — 19% of those reporting — have passed laws reflecting all the recommendations of the International Code of Marketing of Breast-milk Substitutes. Canada and the United States are among the nations that have taken little or no action since the code's creation in 1981. “Nearly all mothers are physically able to breast-feed and will do so if they have accurate information and support,” Dr. Carmen Casanovas, a breastfeeding expert with WHO's Department of Nutrition for Health and Development, said in a news release. “But in many cases, women are discouraged from doing so, and are misled to believe that they are giving their children a better start in life by buying commercial substitutes.” Although breast milk is the best source of nourishment for infants and one of the most effective ways to ensure child health and survival, according to the WHO only 38% of children worldwide are exclusively breastfed for the first six months of life. Of the 199 countries reporting to the WHO, 42% require labels on breast milk substitutes to state that breast milk is superior, 35% prohibit advertising of breast-

milk substitutes and 31% prohibit free samples. — Lauren Vogel, *CMAJ*

LGBT health: The United States took “significant strides” to improve the health of lesbian, gay, bisexual and transgender (LGBT) people in 2012, a US Department of Health and Human Services committee report shows. The report highlights a range of investments made to reduce health disparities and ensure equality for LGBT Americans, including clarification of protections in the Affordable Care Act, guidance on visitation rights in nursing homes, inclusion of sexual orientation questions on the National Health Interview Survey and contributions to pilot studies on how to reduce obesity in lesbian and bisexual women. These and other investments represent an “unprecedented commitment,” Secretary of Health and Human Services Kathleen Sebelius said in a news release. “I look forward to helping strengthen that commitment.” Starting this year, the department will investigate factors contributing to poor health insurance coverage in the LGBT population. — Lauren Vogel, *CMAJ*

Sex after a cardiovascular event: Doctors need to take an active role in providing sexual counselling to patients with cardiovascular disease, according to a scientific consensus statement from the American Heart Association and the European Society of Cardiology. Health care professionals should discuss when and how patients should resume sex after a cardiovascular event and address any concerns patients or their partners have. They should provide counselling regardless of the patient's age, sex or sexual orientation, and tailor their recommendations to the patient's specific needs and medical conditions. Information and support about sex after a cardiovascular event is not always readily available to patients, so doctors need to broach the issue, the authors write. Doctors should be able to advise patients on when to resume sex, suitable positions and environments for sex, how to regain confidence that may have been lost and whether it is safe to use sexual performance-enhancing medications. The authors suggest that

many patients who can climb two flights of stairs briskly should be ready to resume sex, but they recommend that patients avoid unfamiliar partners and positions at first. — Catherine Cross, *CMAJ*

Drug-resistant TB in North Korea:

Multidrug-resistant tuberculosis is a growing problem in North Korea, nongovernmental organization EugeneBell Foundation states in a paper published in *PLoS Medicine* July 30. The Global Drug Facility, a World Health Organization-led program, provides North Korea with standard treatments and retreatment drug kits, but the medications are largely ineffective on multidrug-resistant tuberculosis. In 2011, North Korea identified 85 564 new cases of tuberculosis and 13 507 patients who needed retreatment. There is little information about drug resistance on a national scale, but in its work with patients who have tuberculosis, EugeneBell has observed an increasing number of patients who are not responding to treatment with standard regimens and has identified several strains of multidrug-resistant tuberculosis. EugeneBell cautions that its data about resistance are from a sample of high-risk patients in a clinical treatment program, but, in the absence of more comprehensive information, are nonetheless “disturbing.” The organization emphasizes the need for second-line tuberculosis drugs, suggesting that providing every tuberculosis patient with a standard regimen will only help create more strains of multidrug-resistant tuberculosis. EugeneBell suggests that donors, nongovernmental organizations and governments should take the threat seriously. — Catherine Cross, *CMAJ*

Contact lens holiday: People who wear contact lenses should take a break during holidays to cut their risk of sight-threatening infections, warns a United Kingdom eye expert. The summer months often mark an uptake in contact lens-related infections as a result of poor lens hygiene and people over-wearing lenses on vacation, ophthalmologist Parwez Hossain explained in a news release. “We almost always see an increase in infections when

people return from holiday, particularly if they have been to very hot countries,” he said, citing an average 15% increase in infections during August and September. Often, patients have washed their contact lens cases with tap water, or have gone swimming or showered with their lenses in. Others have left lens cleaning solution in direct sunlight — weakening its power to disinfect — or develop ulcers from sand trapped under their lenses following trips to the beach or a dusty country. “If people aren’t able to adhere to the strict safety standards required when wearing lenses, or don’t want to be concerned about their eye health when relaxing on holiday, their best and safest option is to take a break and stick to prescription glasses,” Hossain said. He also warned that those who do suffer an infection while abroad should take extensive notes about the tests and treatments they receive to prevent complications when they return home. “There are occasions when we’re unable to find out if the treatment we start counteracts with what they’ve taken or, in the worst cases, exacerbates their condition before it makes it better.” — Lauren Vogel, *CMAJ*

Mental health care after trauma: The World Health Organization is expanding its Mental Health Global Action Programme to include care for post-traumatic stress disorder, acute stress and bereavement. Under a new clinical protocol, primary health care workers can now offer basic psychosocial support, including psychological first aid and stress management, to refugees and others exposed to trauma or loss. The new protocol also warns against using benzodiazepines, a common anti-anxiety treatment, to reduce sleep problems or acute stress symptoms in the first month after a potentially traumatic event, because many patients become tolerant to the drugs and dependent on them. “We have received numerous requests for guidance for mental health care after trauma and loss,” Dr. Oleg Chestnov, WHO assistant director-general for non-communicable diseases and mental health, said in a news release. “Primary health care providers will now be able to offer basic support consistent with

the best available evidence.” The new guidance also calls for more training and supervision to make advanced treatments, such as cognitive-behavioural therapy and a new technique called eye movement desensitization and reprocessing, available to help patients reduce vivid and unwanted recollections of traumatic events. In a previous WHO study involving 21 countries, more than 21% of respondents reported witnessing violence, more than 18% experienced violence firsthand, more than 17% were exposed to war, and more than 12% experienced trauma to a loved one. — Lauren Vogel, *CMAJ*

Public health atlas: Public health workers have a new tool to share the ways their projects are addressing social determinants of health. The Canadian Public Health Association has launched the newest feature of their Frontline Health program, designed to help Canadian public health workers share knowledge and experiences. An interactive atlas pinpoints places where public health projects are happening (atlas.cpha.ca). Written stories, shared resources, photos and audio interviews accompany these pinpoints. For example, a bike sharing and repair program in Joliette, Quebec, shares its success with both teaching students new skills and getting the community more active. A Toronto public health program shares its experiences with guiding homeless women through pregnancy, working with hospitals and shelters to accommodate their needs, and being available to answer their clients’ questions by text message. Currently, the map features nine projects. Public health workers can submit their projects through a form on the project’s website. — Catherine Cross, *CMAJ*

Share the Health: Partners in Health (PIH) Canada is challenging physicians to honour their mentors by supporting health care worker training in developing nations. The nonprofit organization will launch a Share the Health initiative in October to raise funds for professional training and mentorship projects in Rwanda and Haiti. Lack of continuing medical education opportunities remains a leading

cause of “health professional brain drain” in developing countries, PIH Canada Director Mark Brender stated in an email. “It’s not enough just to provide high quality care or build new public health centers or hospitals or improve supply chains. We also need to build local capacity to train and retain many, many more Haitian and Rwandan doctors and nurses and pharmacists and community health workers.” In Haiti, only a third of medical school graduates have access to specialty training, and there is only 1 nurse for every 10 000 patients. Rwanda has 1 doctor for every 14 300 patients, and until recently didn’t have a single oncologist for a country of 11-million people. Often specialized training takes place over a weekend “in the capital city, far away from the context in which most doctors and nurses and community health workers are working,” Brender

said. “It’s quite another thing to build in mentoring structures within the day-to-day work.” Funds raised through Share the Health will support existing PIH projects, such as the new Hôpital Universitaire de Mirebalais teaching hospital in rural Haiti, which provides specialist residency programs. Donors will have the option to notify mentors of a contribution in their honour and write a short tribute on the Share the Health website. “Providing the opportunity for colleagues in other countries to experience the same kind of development is a great way to pass it forward,” Brender said. “It’s solidarity for health professionals.” — Lauren Vogel, *CMAJ*

MSF leaves Somalia: Médecins Sans Frontières (MSF) is leaving Somalia after 22 years because of “extreme attacks” against its staff, the organization announced Aug. 14. Sixteen MSF

staff have been killed, and others have been abducted or faced other forms of violence. MSF says it cannot continue to operate “in an environment where armed groups and civilian leaders increasingly support, tolerate, or condone the killings, assaulting, and abducting of humanitarian aid workers.” The decision is “painful,” MSF International President Dr. Unni Karunakara wrote in Kenyan newspaper *The Standard*. “Many will struggle to find the care that they need from now on. For an organization of doctors, that is a heavy responsibility,” he wrote. The nonprofit organization has provided health care to millions in Somalia, and its departure leaves significant gaps, especially in maternal care and vaccination programs. — Catherine Cross, *CMAJ*

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