



## Action needed on premature births, SOGC says

Canada's obstetricians want physicians to take a lead role in trying to reduce Canada's premature-birth rate. The Society of Obstetricians and Gynecologists of Canada (SOGC) says the rate has remained unchanged for the last decade, accounting for roughly 26 000 births, or 6.5% of the total. The SOGC says 12% to 18% of premature babies experience developmental disabilities such as cerebral palsy, and the cost of treating them is about \$100 million a year.

Dr. Nan Schuurmans, the SOGC president, said physicians will have to help develop strategies to fight

premature births. These could include increased surveillance of high-risk women and greater awareness of the impact of tobacco, alcohol and drug use. Physicians also "need to be aware of the impact of poverty on all birth outcomes," Schuurmans said.

## Impressive growth for MD Management

MD Management, the CMA's wholly owned financial subsidiary, has been enjoying stellar growth in Canada's booming mutual fund market. In a July 25 article, the *Globe and Mail* reported that the company ranked fourth among 15 companies in terms of asset growth from May to June.

The company's mutual funds under management — the total does not include all the assets it manages — stood at \$6.711 billion at the end of June, up from \$6.462 billion in May. The impressive 1-month growth rate of 3.9% placed it well ahead of most other companies; 1 company experienced a decline of 1.7%. Total assets under management, including the MD Income Fund, surpassed \$9 billion this summer. The company reached the \$1-billion mark in 1985.

## Drug prices fall but overall spending rises

In 1996 manufacturers' prices for patented drug products declined for the third year in a row, but Health Canada estimates that total expenditures for drugs still increased faster than spending in other key sectors. Drugs now account for 14.4% of total health expenditures in Canada. The Patented Medicine Prices Review Board attributes the increased spending to factors such as increased use of prescription drugs and the impact of prescribing newer, more expensive drugs. Patented drugs now account for approximately 46% of all drug sales.

## Diabetes, protease-inhibitor link unproved: directorate

The Therapeutic Drugs Directorate at Health Canada says there is no conclusive evidence that protease inhibitors cause diabetes and hyperglycemia in HIV-infected patients but it recommends that physicians proceed cautiously until more information is available.

Although there have been reports that 8 Canadian patients, and 152 patients worldwide, have developed onset diabetes mellitus or exacerbated existing diabetes mellitus while receiving protease inhibitors, the directorate said "there is no conclusive evidence to establish a causal rela-

## Native student sets 2 marks at UBC

Dr. Nadine Caron achieved a double distinction this spring, becoming not only the top student in her class but also the first native woman to graduate from the University of British Columbia (UBC) medical school. Modestly, Caron calls her achievements "a tribute to the university," noting that there is another native female student a year behind her and "another behind her."

UBC Reports photo



Dr. Nadine Caron

travelled throughout the province with the Scientists in the Schools program, which encourages elementary students to further their education. Caron discussed pathology specimens with the students and ended her sessions with basketball lessons, since the sport was one of her high school passions. She also belongs to the Native Physicians Association in Canada.

Caron began her residency in general surgery July 1. Her choice was inspired by a summer of working with a surgeon in Tennessee as an undergraduate student in kinesiology. Relishing the challenge, she says that surgery "feels like the place I should be." — © Heather Kent

The 27-year-old daughter of an Ojibwa from Kamloops, BC, Caron worked with the British Columbia Medical Association's Committee on Aboriginal Health on a quota system for native medical students, which she hopes will be introduced shortly. She also



tionship.” In a letter sent to *CMAJ* in July, the directorate said many of the reports involved patients with confounding medical conditions, some of which required treatment with agents that have been associated with the development of diabetes mellitus or hyperglycemia. It says HIV-infected patients who are currently using protease inhibitors should not necessarily discontinue therapy but should consult their physician. Physicians are advised to weigh the severity of the diabetes and hyperglycemia against the known benefits of protease inhibitors.

## New guidelines for treatment of bipolar disorder

The Canadian Network for Mood and Anxiety Treatments (CANMAT) has published new guidelines concerning the treatment of patients with bipolar disorder. They emphasize early assessment and diagnosis and a combination of psychological and pharmacotherapeutic treatments. The guidelines, which are based on an extensive review of clinical research studies and a consensus of opinions of psychiatrists and general practitioners, incorporate new research on the limitations of using lithium in the treatment of bipolar disorder and recognize the role of new medications such as carbamazepine.

CANMAT, which represents Canadian clinicians, teachers and researchers interested in promoting education, evidence-based practice and research in depression and bipolar and anxiety disorders, will publish the guidelines in the Sept. 1 issue of the *Canadian Journal of Psychiatry*.

## Health professionals target reference-based pricing

A coalition of physicians, pharmacists and consumer-advocacy groups has

attacked the British Columbia government over its controversial reference-based-pricing (RBP) policy for prescription drugs. The BC Better Pharmacare Coalition wants the government to conduct a formal, independent review of the policy's impact on patient health and on overall health care costs. RBP groups together different drugs that treat the same illness; under it the government will only pay for 1 drug, usually the cheapest. Under RBP, groups of drugs are replaced by a few drugs that may not be chemically related.

The coalition launched a province-wide ad campaign in which it argued that RBP threatens the quality of care by putting needed medications out of reach of people who cannot afford to pay. It has also slammed the government for planning an advertising campaign promoting RBP, calling it an “irresponsible and blatant attempt to avoid dealing with a serious health issue.” The coalition represents national and provincial organizations such as the British Columbia Pharmacy Association, Canadian Association of Retired Persons, Internal Medicine Specialists of Nanaimo and the First Association of Nephrologists of BC.

## Research examines link between aging, memory loss

A research team headed by Dr. Cheryl Grady of Toronto's Baycrest Centre for Geriatric Care is studying the neurobiologic basis for memory reduction. Using positron emission tomography, the team is measuring “regional” blood flow in young and older subjects while they learn and recognize material presented visually.

The research concentrates on “episodic memory,” which involves remembering events of daily life such as names, appointments and recent conversations; older people often experience memory deficits in these ar-

reas. Grady hopes the research will show that providing seniors with an effective learning strategy will improve their memory and lead to activation of additional brain areas during learning and retrieval.

## Alberta campaign publicizes physicians' fees

The Alberta Medical Association (AMA) recently launched a campaign to educate patients about physicians' fees for specific services. Brochures sent to physicians provide examples of fees for services such as an examination by a family physician (\$21.54), “pinning” a broken wrist, which includes presurgical consultation and as many as 6 follow-up visits (\$165.52), and an appendectomy, with preoperative and postoperative care (\$233.06).

The examples are from the list of more than 2000 fees detailed in the province's schedule of medical benefits. In presenting the fees, the AMA noted that doctors must also pay office expenses and taxes out of their fee-for-service earnings.

## Manitoba deal addresses rural concerns

Manitoba's rural physicians have ratified an agreement that will pay them a fixed hourly rate or per diem payment for providing emergency services in rural areas. The agreement will add \$2.5 million of new money to pay rural physicians. The plan is modelled after a similar system operating in several rural Ontario communities and was proposed as a way to end emergency ward work stoppages by rural physicians. Approximately 60% of the nearly 300 eligible physicians voted on the agreement, with 80% voting to accept the proposal. Physicians in Brandon and Portage-la-Prairie rejected the deal, saying they are overworked and cannot provide 24-hour emergency coverage.