



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.