



The smoking-cessation movement moves to the bedside

There's nothing like using a captive audience to try out a new product. And that's one reason why some bed-bound smokers at 3 hospitals in Cambridge and Kitchener, Ont., are being given a chance to rid themselves of the addiction that may have helped land them in hospital in the first place.

Patricia Smith, a professor of health studies and gerontology at the nearby University of Waterloo, is enthusiastic about this opportunity to give heavy-duty smokers another chance to overpower their addiction. "Since smokers are more likely to be hospitalized than nonsmokers, we are taking the program to where we know the smokers are," she says.

Half the patients recruited for her randomized clinical trial will receive the test protocol, while the other half will receive care from their physicians. Physicians play a relatively low-key role in the program, which is funded by a \$400 000 grant from the National Cancer Institute of Canada.



Primary care physicians are being asked to give their patients a "1-minute unequivocal message to stop smoking," Smith says. "The idea is that it reduces the burdens on physicians to counsel."

A push is under way in both Canada and the US to have physicians counsel their patients on smoking cessation. But physicians don't get paid to provide this advice and they usually don't have adequate time to do it, Smith says. "Speed is of the essence when you are trying to get people through

the system and get them taken care of."

Smith also says doctors don't want to agitate patients. "If somebody comes in for a broken toe, they don't want to talk to them about smoking cessation because it might upset their patients."

(See page 770)

Canadians travelled "Viagra Highway" after drug's release delayed

Sildenafil (Viagra) will be available in Canada early next month. Its release was delayed for at least 5 months because of understaffing and the need to examine 170 reported deaths connected with the anti-impotence medication, Health Canada says.

The drug was initially expected to be available in Canada by late November. It has been sold in the US since April 1998, and it quickly became that country's best-selling prescription drug ever — 7 million prescriptions were written by mid-December. To date sildenafil has been approved for use in more than 50 countries.

Dr. Andre-Marie Leroux, medical officer at the Health Protection Branch, said the branch is examining

cases of adverse drug reactions involving about 170 sildenafil-related deaths reported by the drug's manufacturer, Pfizer, by the end of August 1998. Most of these men had cardiac conditions and were using nitrate or nitrate derivatives. Advertisements and the drug's label clearly state that sildenafil should not be used by men who are taking nitrates in any form, including nitroglycerin.

Leroux said approval is also being delayed because of a shortage of staff in Health Canada's chemistry and manufacturing group, which is also reviewing sildenafil. Although he couldn't attach a precise number to the shortfall, he pointed out that Canada receives the same number of

drug submissions as the US Food and Drug Administration but has a fraction of the staff. "The FDA has 8 times as many people," he said.

Another reason for the delay is that sildenafil was considered a priority drug in the US, but in Canada the high priority is assigned to drugs used to treat cancer, AIDS and other life-threatening diseases.

"People are frustrated when drugs are approved in the US but not available in Canada, but certain drugs just go through later," Leroux explained. A road connecting Canada with upper New York State has already been dubbed the "Viagra Highway" because of the number of Canadians crossing the border to buy the drug.