

first year of data collection will be presented at the Canadian Cardiovascular Congress in October.

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**Telehealth revisited**

Regarding the recent discourse in *CMAJ* on telehealth,<sup>1</sup> recognizing that the ability to access information by phone is important to patients, I rarely find that what they describe fits with the model we use to make diagnoses and determine treatment. It would be useful to study the accuracy of this method of treatment. One of my most significant moments in practice was in attempting to make a diagnosis over the phone. In this case, I would easily have missed the diagnosis if I did not have so little faith in telephone consultation.

I had finished my first year of prac-

tice. At the end of a morning clinic I received a request for what type of lozenges would be best for a sore throat. This request came to me on a piece of paper with the caller waiting. The person calling had never been seen at our clinic nor had her son for whom she was calling. We had no medical information and she was more than 15 miles away. I spoke with her directly, as was my habit in all such instances.

She stated that her toddler had a sore throat. My response was based on rarely being able to get toddlers to say anything about their symptoms. How did she know it was sore? Her response was "It's obvious from his drooling." With much effort and encouragement I was able to talk the mother into bringing in the child and able to make the diagnoses of epiglottitis. He required intubation shortly after.

How can we expect a telephone response system bombarded with upper respiratory calls to separate out such isolated cases? What protocol can help a mother who does not think her child is significantly ill?

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**Disordered eating behaviours**

Jones and colleagues reported an alarmingly high prevalence of disordered eating behaviours in a community sample of adolescent girls.<sup>1</sup> This study is a valuable addition to the research literature on adolescent dieting. However, the language they used in describing their findings may be easily misinterpreted.

On the basis of the percentage of girls surveyed who scored above a cut-off score on the Eating Attitudes Test-

26 (EAT-26),<sup>2</sup> the authors stated that disordered eating attitudes and behaviours were present in over 27% of girls aged 12-18 years. Although the results provide information about the percentage of teenaged girls who show unhealthy dieting behaviours and are at increased risk of developing eating disorders, they do not provide information about the prevalence of disordered eating.

The authors of a recent review, one of whom was one of the authors of the EAT-26, concluded that the predictive validity of this instrument is poor because the prevalence of eating disorders is low (1 to 3%).<sup>3</sup> They recommended that the instrument not be used to establish the prevalence of disordered eating behaviours unless it serves as the first part of a 2-part diagnostic screen and the second part involves a clinical interview with high scorers.

I do not want to minimize the importance of the findings of Jones and colleagues, but they could have facilitated a more accurate interpretation of the results had they noted that the majority of girls who scored above the cut-off score of 19 on the EAT-26 may not actually have a disorder. The percentage of survey participants who score above the cut-off on a self-report screen cannot be equated with the prevalence estimate of a psychiatric disorder.

**Frank Elgar**

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**[Three of the authors respond:]**

We appreciate Frank Elgar's recent letter to the editor drawing attention to our study of disor-

dered eating attitudes and behaviours in a large school-based sample of teenaged girls in Ontario.<sup>1</sup> We agree that self-report screening measures should not be used to diagnose eating disorders, and we did not use them for this purpose in our study. In the presentation of our findings, we have not suggested that the percentage of girls who scored above the cut-off on a self-report measure, specifically the Eating Attitudes Test-26 (EAT-26),<sup>2</sup> be equated with the prevalence estimate of a psychiatric disorder in our sample. Nor did we use our other self-report screening measures (i.e., the Eating Disorder Inventory<sup>3</sup> or the Diagnostic Survey for Eating Disorders<sup>4</sup>) as diagnostic instruments.

As Elgar correctly notes, many girls who scored above cut-off on the EAT-26 in our sample would likely not meet the criteria for a clinical eating disorder, based on a diagnostic assessment.<sup>5</sup> However, self-report screening instruments can provide valuable information regarding the presence of disturbed attitudes and behaviours that may put some young women at increased risk for the development of clinical eating disorders.<sup>6,7</sup> The alarmingly high frequency of disordered attitudes about weight and food and of unhealthy weight loss behaviours (as reported in our sample) highlights the importance of routine screening and the need for primary and secondary preventive interventions.

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**Centralizing coronary artery bypass grafting surgery**

**I**n its 2001 annual report on Canada's health care system, the Canadian In-

stitute for Health Information discussed inverse relationships between the number of surgical procedures and the incidence of adverse post-operative events, for surgery in general and for coronary artery bypass grafting in particular.<sup>1</sup> The Institute's president was quoted as saying "we have too many centres undertaking ... heart surgery. The result may be unnecessary complications and ... death."<sup>2</sup> Similarly, the chair of the Montreal regional health board stated "it's proven beyond a reasonable doubt that patient outcomes are better" at high-volume centres.<sup>2</sup> A Quebec task force on tertiary cardiology recommended that centres each perform a minimum of 400 to 450 operations annually to maintain the quality of the service, without reference to supporting evidence.<sup>3</sup> The policy implication of these statements is clear.

Does the evidence warrant such a degree of certainty? The report from the Canadian Institute for Health In-

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