



Fatal Fridays?

Do patients discharged on some days of the week fare worse than those discharged on other days? Carl van Walraven and Chaim Bell looked for associations between discharge day and rates of death or readmission within 30 days after discharge among adults discharged from Ontario hospitals between Mar. 1, 1990, and Mar. 1, 2000. They controlled for potential confounders including age, sex, comorbidities, prior nonelective admissions, length of stay, whether a procedure was performed and whether a complication occurred in hospital. Among the more than 2.4 million eligible patients, Friday was the most common discharge day. In addition, patients discharged on Fridays were more likely than those

in the reference group (those discharged on Wednesdays) to die or be readmitted to hospital (hazard ratio 1.04, 95% confidence interval 1.02–1.05). The authors speculate that the modest increase in risk of death or readmission associated with Friday discharges may have been due to delays in implementing social services or to the provision of incomplete discharge information to patients owing to end-of-week demands on hospital staff.

See page 1672

Pediatric liver transplantation

Many pediatric liver diseases lead to liver transplantation. Since 1984 more than 100 pediatric liver transplants have been performed at the London Health Sciences Centre. Paul Atkison and colleagues studied all pediatric patients who received liver transplants between April 1984 and December 1999, looking at outcomes including patient survival, retransplantation rates and overall growth and development. The procedures were divided into 3 periods: April 1984 to July 1988 (period 1), August 1988 to December 1993 (period 2) and January 1994 to December 1999 (period 3). Twenty-three transplantations involved children less than 1 year of age. The proportion of recipients surviving for a year after transplantation increased over time: 69% in period 1, 87% in period 2 and 93% in period 3. Retransplantation rates were 31%, 13% and 17% in the 3 periods. For patients requiring retransplantation, the 1-year survival rate increased over time, from 33% in period 1 to 83% and 100% in periods 2 and 3 respectively. Growth and development was considered to be normal across the study period. The authors attribute the improvements over time to improvements in surgical techniques, perioperative care and immunosuppressive therapy.

See page 1663

The safety of COX-2 inhibitors

Anti-inflammatory agents cause significant morbidity and mortality. Selective COX-2 inhibitors were designed to be less toxic to the gastrointestinal system. The results of clinical trials involving 2 of these agents, celecoxib and rofecoxib, were published in the last 2 years and have led many to question whether the gastrointestinal and cardiovascular safety profiles of these agents are as favourable as they were initially hoped to be. In a letter to the editor, James McCormack and Robert Rangno provide additional safety data from the trials that they extracted from US Food and Drug Administration regulatory reviews. In this issue's Health and Drug Alerts column, Eric Wooltorton summarizes 2 recent Canadian Dear Healthcare Professional letters on COX-2 inhibitors and some of the controversies concerning the safety of these drugs.

See pages 1649 and 1692

Carbon monoxide poisoning

Carbon monoxide is an indoor air pollutant that can cause troublesome and even fatal adverse effects, including headaches, dizziness, nausea, weakness, difficulties concentrating, and respiratory and cardiovascular problems. In the sixth article in our series on identifying and managing adverse environmental health effects, Alan Abelsohn and colleagues describe an approach to identifying and managing common sources of carbon monoxide, including tobacco smoke, motor vehicle exhaust, woodstoves, fireplaces, and gas- and oil-burning furnaces.

See page 1685

