October 26, 2004



Implantable cardioverter defibrillators

Each year 45 000 Canadians die from sudden cardiac arrest. For survivors, implantable cardioverter defibrillators (ICDs) can reduce the risk of cardiac arrest recurring. However, as Parkash and colleagues show, only a minority of eligible patients in selected communities in Ontario received an implant. They suggest that the low implantation rate may be a consequence of a low referral rate, supply constraints, patient preference and a lag between reported effectiveness of the treatment and its implementation in practice. In an Analysis article, Davis and Tang explain how the new ICDs work, who should receive them and what a primary care physician can do for a patient with an implant that is delivering shocks.

See pages 1053 and 1037

Effect of educational letters on physician prescribing behaviour

Dormuth and colleagues measured the effect that a series of letters on evidence-based drug therapy, sent from a trusted source, had on physician prescribing behaviour. They found that, although no single letter produced an effect that was statistically significant on its own, the overall impact of 12 of the letters was highly significant: the probability of prescribing a drug recommended in a letter rather than another drug in the same class increased by 30% in the 3 months after that letter was mailed relative to the preceding 3 months.

See page 1057

Cutaneous nocardiosis in a patient with Crohn's disease

Patients receiving immunosuppressive therapy are at high risk of opportunistic infections. Singh and colleagues describe a case of skin infection caused by a *Nocardia* pathogen in a patient receiving infliximab infusions for Crohn's disease. The authors warn that *Nocardia* infections should be added to the list of potential complications associated with immunosuppression caused by infliximab.

See page 1063

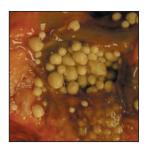
Adrenomyeloneuropathy

Adrenomyeloneuropathy should be considered as a possible diagnosis in men with neurological symptoms, especially progressive spastic paraparesis, and primary adrenal insufficiency. Using a case of a young man with this rare X-chromosomelinked disorder, Spurek and colleagues describe the genetics, pathophysiology and treatment available for these patients.

See page 1073

In Synopsis

What's your diagnosis? We invite you to submit your ideas about the cause of an unusual cyst adjacent to the pancreatic head that was found postmortem in an 87-year-old patient. See page 1048



In a 2-part series, members of the Canadian Cardiovascular Society Working Group show how to apply the new ST-segment elevation myocardial infarction (STEMI) guidelines in the selection of patients for reperfusion immediately after STEMI (page 1039) and in the management of arrhythmias after STEMI (page 1042). Singh and Alter comment on a study that examines the effect of routine, early invasive management on outcomes of elderly patients with non-ST-segment elevation acute coronary syndromes (page 1046).

Oberlander describes the proposals for health care reform offered by George W. Bush and John Kerry in the upcoming US presidential election and suggests that neither plan takes into account the real reasons for high costs in US health care (page 1035). In Public Health, Weir and Hatch review the safe handling and storage practices that keep vaccines from spoiling (page 1050).