

Evidence-based drug therapy in acute myocardial infarction

Prescriptions for evidence-based drug therapy are currently filled after discharge by nearly 80% of elderly patients with myocardial infarction. This is the finding by Austin and colleagues in 1 of their 2 articles in this issue. In the second article, they report that patients who received treatment from noncardiologists and physicians with 29 or more years of clinical experience had substantially lower use of evidence-based drug therapies compared with those treated by cardiologists and physicians with less experience. **See Research, pages 895 and 901**



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Learning from *Listeria*

Wilson and Keelan question the autonomy and independence of the Public Health Agency of Canada and its chief public health officer in the wake of the current listeriosis outbreak. **See Commentary, page 877**



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Tobacco smoking

Should tobacco smoking be approached as a disease of individuals or a collective behaviour of populations? Frohlich debates the issue. **See Commentary, page 880**

Myocardial infarction and indicators of quality of care

Revised indicators to measure the quality of care that patients with myocardial infarction receive in Canada are now available. New indicators include the acquisition of electrocardiograms before arrival at hospital, and the time from the call for emergency medical help to receiving appropriate treatment. **See Review, page 909**

Privatizing health care

Angell explains why Canada should stay away from partial privatization of its health care system. She says the claim that the system in the United States offers “more choice and better quality” is a myth. **See Analysis, page 916**

Diabetes and the risk of cardiovascular disease

The priorities for reducing the risk of cardiovascular disease in people with type 2 diabetes mellitus are control of blood pressure and cholesterol levels, say Bhattacharyya and colleagues. They describe the key elements of the 2008 Canadian Diabetes Association guidelines for managing cardiovascular disease. **See Practice, page 920**

Botulism

A 45-year-old man with acute onset of abdominal distension, small bowel obstruction and mild blurry vision turns out to have botulism. **See Practice, page 927**

Consider poliomyelitis

A public health alert advises physicians to consider poliomyelitis seriously in the differential diagnosis of acute flaccid paralysis when seeing immigrants or returned travellers from disease-endemic areas. **See Practice, page 930**

Sweet syndrome

Painful, pruritic skin lesions caused by Sweet syndrome appeared suddenly on the face of a 29-year-old pregnant woman. **See Clinical images, page 967**

Health hazards of asbestos

The chair of a Health Canada expert panel says that politics and economics have trumped science in a review of the health hazards of chrysotile asbestos. **See News, page 886**



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