

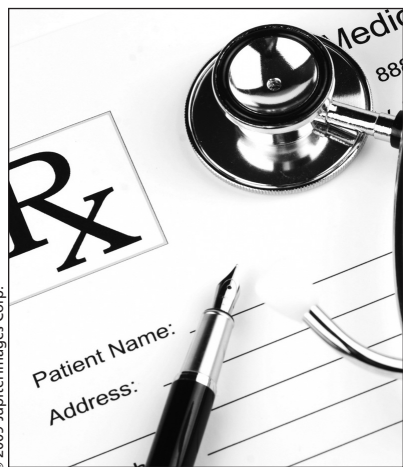
## Opioid analgesics and related mortality

A significant portion of the increase in opioid-related deaths in Ontario since 1991 was associated with the addition of long-acting oxycodone to the provincial drug formulary, say Dhalla and colleagues. They also found a 5-fold rise in oxycodone-related

deaths during this period, most of which were unintentional and involved patients taking other central nervous system depressants. **See Research, page 891**

Interventions to prevent morbidity and mortality related to the use of prescription opioids should involve a reduction of their use in areas that do

not compromise effective care for severe or chronic pain, say Fischer and Rehm. **See Commentary, page 881**



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## Secondary prevention in coronary artery disease

Faxed statements of evidence sent to primary care physicians, even when signed by opinion leaders, are insufficient on their own to optimize the quality of care for patients with chronic coronary artery disease. McAlister and colleagues come to this conclusion from their cluster randomized controlled trial that enrolled 480 patients from 252 practices and had 3 study arms. **See Research, page 897**



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## Reducing cardiovascular risk

A nurse-led intervention, which involved patients in making decisions, was no more effective than usual care in changing the patients' lifestyles to reduce cardiovascular risk. This is the finding from a cluster randomized controlled trial in 25 practices that involved 615 patients. The intervention included risk communication, a decision aid and motivational interviewing. The self-reported outcome measures were smoking, alcohol use, diet and physical activity. **See Research, page E267**



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## Managing asthma in adults

Low-dose inhaled corticosteroids are preferred as initial anti-inflammatory medication in the treatment of asthma, say Balter and colleagues. They review the management of asthma in adults in our continuing series about the condition. **See Reviews, page 915**

## Allergic contact dermatitis

A severe rash developed on the forearm of a 40-year-old man after he applied diclofenac cream for tendonitis. Patch testing showed that he was not allergic to diclofenac but rather to its vehicle, propylene glycol. **See Practice, page 925**

