

## Briefly

Published at [www.cmaj.ca](http://www.cmaj.ca) between May 18 and June 14

**Genetic test delayed:** The United States drugstore chain Walgreens is delaying plans to sell a personal genetic test after concerns were raised by the Food and Drug Administration (FDA). The test, made by Pathway Genomics, would have been the first of its kind sold in US drugstores, though similar tests have been available on the Internet for two years. The FDA is exploring the legality of direct-to-consumer genetic tests, and wrote a letter to Pathway Genomics suggesting it attain regulatory approval before selling its test. The test was developed to provide information about the risk of getting particular diseases (including diabetes, breast cancer, obesity, Alzheimer disease and prostate cancer), about reactions to certain drugs and about the presence of genetic mutations that would be passed onto offspring. — Roger Collier, *CMAJ*

**Working longer:** Improvements in general and occupational health are making it possible for people to work later into life, according to a report by an alliance of Irish organizations dedicated to combating ageism ([www.cardi.ie/userfiles/Ageing%20Work%20%20The%20Demographic%20Dividend.pdf](http://www.cardi.ie/userfiles/Ageing%20Work%20%20The%20Demographic%20Dividend.pdf)). The report, *Ageing, the Demographic Dividend and Work*, claims that societal conditions, including “a lessening of age-related disability, and a reduction in the relative proportion of younger workers,” has led to an “intense debate on issues of work and retirement in an ageing world.” Moreover, the report states, it is now widely recognized that age does not impair the ability to acquire new technological skills. According to the report, “it is increasingly clear that older workers represent an important resource for industry, public services and the economy, but that the framework for developing work places and policies supportive of working later life in Ireland leaves

much room for improvement.” — Emily Panetta, Ottawa, Ont.

**Stressful reviews:** About 45% of workers in the United States report being satisfied with their jobs, down from 61% in 1987, which has prompted some researchers to call for the abolishment of stress-inducing annual performance reviews. Some clinical psychologists claim that annual performance reviews are highly subjective and offer little practical value, yet can induce high levels of stress in employees. Some employees have reported that unfair reviews have ruined their work lives and caused severe anxiety. Samuel Culbert, a clinical psychologist in California, has a new book on the topic, *Get Rid of the Performance Review!*, in which he claims the stress surrounding annual reviews makes both bosses and subordinates less effective at work. Research has shown that stress in the workplace can increase the risk of ailments such as heart problems and depression. — Roger Collier, *CMAJ*

**Allergy confusion:** There is a lack of consensus on the prevalence of food allergies, as well as on the best way to diagnose and manage food allergies, according to a recent review by California health researchers. After analyzing various studies, published from 1988–2009, researchers found a lack of consistency in determining what defines a food allergy. Despite the inconsistencies, the study proposed that “food allergy affects more than 1% to 2% but less than 10% of the population” (<http://jama.ama-assn.org/cgi/content/abstract/303/18/1848>). But whether this proportion is increasing remains unclear. An analysis of diagnostic measures — comparing skin prick tests to “food challenge” tests — showed no test to be statistically superior to another. While elimination diets remain the most common method for dealing with food allergies, “evidence for the prevalence and management of food

allergy is greatly limited by a lack of uniformity for criteria for making a diagnosis.” — Emily Panetta, Ottawa, Ont.

**Bad ads:** Doctors in the United States are being encouraged to report misleading drug advertisements to the Food and Drug Administration (FDA). The FDA’s “Bad Ad” program is designed to educate health care providers so they can help ensure prescription drug advertising is truthful and not misleading. Downplaying a drug’s risk, overstating its effectiveness, promoting off-label uses and using misleading drug comparisons all stand in violation of the FDA’s standards for appropriate advertising. While the FDA conducts its own review of promotional activities, its ability to monitor in certain settings — such as doctors’ offices, local dinner programs and promotional speaker programs — is limited. “That’s why we’re asking health care professionals to partner with us in our efforts to stop misleading prescription drug promotion,” Robert Dean, a leader in the FDA’s division of drug marketing, advertising and communications, said in a news release ([www.fda.gov/ForConsumers/ConsumerUpdates/ucm211791.htm](http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm211791.htm)). — Emily Panetta, Ottawa, Ont.

**Cancer home care:** The Canadian Cancer Society is campaigning for more government funding to go toward home care for people with cancer. According to the society’s latest statistics, 55% of deaths occur in the hospital, though most terminally ill people prefer to die at home. Because cancer remains the leading cause of death — accounting for 29% of all deaths in Canada and for 32% of all costs related to death — the society “is urging the federal government to establish a Canadian family caregiver strategy to better support the people who are the invisible backbone of our healthcare system” ([www.cancer.ca/Canada-wide/About%](http://www.cancer.ca/Canada-wide/About%20)

20us/Media%20centre/CW-Media%20releases/CW-2010/End-of-life%20Care%20and%20the%20Canadian%20Cancer%20Society.aspx?sc\_lang=en).

According to the report, released May 19, it is the family of a person with cancer who assumes most of the costs associated with home care. "While some financial support currently exists for caregivers, much more needs to be done," Aaron Levo, the Canadian Cancer Society's acting director for public issues, said in a news release. "Caregivers often suffer financial difficulties and career setbacks while caring for their loved one." — Emily Panetta, Ottawa, Ont.

**Fertility tax credit:** Manitoba's government will soon be offering a tax credit for people seeking fertility treatment. The 40% tax credit, which comes into effect Oct. 1, applies to costs of treatments associated with infertility — including in vitro fertilization, drug therapies to encourage ovulation, and insemination procedures. Eligible expenses up to \$20 000 a year — for a maximum credit of \$8 000 — must be paid out to a recognized clinic or health care provider in Manitoba. This credit can be added to the existing 10.8% provincial medical expenses tax credit — for a total provincial tax credit of 50.8%. In combination with the existing federal medical expense credit of 15%, Manitobans could see up to 66% of their fertility treatment expenses reimbursed through income tax, which either partner can claim. "This tax credit is an important step for Manitoba families and we are proud to be the first province in western Canada to offer this support," Health Minister Theresa Oswald said in a news release (<http://news.gov.mb.ca/news/index.html?archive=&item=8520>). The province estimates the fertility credit will cost \$800 000 annually. — Emily Panetta, Ottawa, Ont.

**Open your wallets:** Ending universal drug benefits for seniors, a dedicated health care benefit tax and reform of payment models for doctors to oblige them to consider the cost-effectiveness of their recommended treatments are among 10 proposals to constrain costs

in Ontario's health care system, according to a report from TD Economics ([www.td.com/economics/special/db0510\\_health\\_care.pdf](http://www.td.com/economics/special/db0510_health_care.pdf)). The report, *Charting a Path to Sustainable Health Care in Ontario*, urges the creation of a Canada Pension Plan-style system of "pre-funding" for drug coverage under which "working age individuals would pay an income scaled premium to partially or fully pre-fund prescription coverage when old." TD Economics also suggests that a health benefit tax could be pegged at 40% of the cost of health services used by an individual over the course of a year. — Wayne Kondro, CMAJ

**Practice ban:** Dr. Andrew Wakefield, who published faulty research linking autism to the childhood vaccine for measles, mumps and rubella (MMR), has been banned from practising medicine in his native Britain. The discredited doctor was struck from the medical register in May by Britain's General Medical Council for serious professional misconduct, including carrying out unnecessary and invasive tests on children without permission. Wakefield's 1998 study is infamous for turning tens of thousands of parents around the world against the MMR vaccine. In the United Kingdom, the Health Protection Agency attributed a large measles outbreak in 2008 and 2009 to a drop in the number of children receiving the MMR vaccine as a result of the study. Pockets of measles, which can be fatal, have also cropped up in Canada and the United States as the result of parents' refusal to vaccinate (CMAJ 2010. DOI:10.1503/cmaj.109-3179). The ban comes on the heels of news that measles is making a rapid global comeback, according to the World Health Organization. WHO fears gains made against the disease in the last 18 years may be completely wiped out by 2012. — Lauren Vogel, CMAJ

**Depression among seniors:** Nearly 45% of seniors living in residential care facilities, including long-term care and nursing homes, have either been diagnosed with depression or suffer from its symptoms, according to a Canadian

Institute of Health Information study. About one in five people above the age of 65 living in care facilities have undiagnosed symptoms of depression, says the study, *Depression Among Seniors in Residential Care*. The symptoms, which include aggressive and unsocial behaviour, loss of sleep and anxiety, could result in an increased demand for medical services among the aging population. The study also found that while the rate of symptoms of depression among seniors increases as they age, the rate of diagnosis decreases. Seniors living in residential care are much more likely to show signs of depression than those living within their community. The study also warns that depression among seniors can remain undiagnosed because "seniors themselves may accept depression as a normal part of aging, as may their caregivers" ([http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=download\\_form\\_e&cw\\_sku=DASRCPDF&cw\\_ctt=1&cw\\_dform=N](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=download_form_e&cw_sku=DASRCPDF&cw_ctt=1&cw_dform=N)). — Elyse Skura, Ottawa, Ont.

**All the lonely people:** The Internet and other forms of technological progress and urbanization are among facets of modern life that are creating an Eleanor Rigby generation more prone to drug and alcohol abuse, overeating and other behaviours damaging to health, according to the United Kingdom-based charity, the Mental Health Foundation. Recommended loneliness interventions include "programmes to map all available local opportunities that may combat loneliness and isolation, such as sports clubs, book groups in libraries, social network groups, transport links and volunteering organizations. This information can then be provided to local services such as GP practices, mental health services, occupational therapists, schools, colleges and youth workers, so that they can direct people to appropriate opportunities as required," states the report, *The Lonely Society?* ([www.mentalhealth.org.uk/campaigns/loneliness-and-mental-health/](http://www.mentalhealth.org.uk/campaigns/loneliness-and-mental-health/)). — Wayne Kondro, CMAJ

**Isotope production alternatives:** The federal government has issued a call for proposals on means of producing med-

ical isotopes using linear accelerator and cyclotron technologies. Selected projects will be funded from a \$35-million pot set aside in last February's federal budget to find means of producing technetium-99 other than using a nuclear reactor. "We are investing in Canadian innovation to ensure that we remain a global technological leader," said Minister of Natural Resources Christian Paradis, in a press release. The call for proposals is in response to recommendations from the Expert Review Panel on Medical Isotope Production on how to meet medical isotope needs in the face of ongoing woes surrounding operation of the National Research Universal reactor (*CMAJ* 2010. DOI:10.1503/cmaj.109-3127). — Elyse Skura, Ottawa, Ont.

**The grey glee club:** There appears to be a correlation between happiness and the number of candles on your birthday cake, according to the authors of a study on the age distribution of psychological well-being (*PNAS* 2010;107 [22]: 9985-90). The survey of 340 847 Americans indicated that levels of stress decline after age 22, worry after age 50 and anger after age 18. Levels of sadness rise until age 50 but then decline until age 73. The authors were unable to determine whether biological, environmental or psychological factors accounted for the findings. — Wayne Kondro, *CMAJ*

**Understanding immunity:** From understanding why the boss never catches the flu going around the office to creating more-effective vaccines against infections, the new Centre for Human Immunology in London, Ontario, is hoping to unlock the secrets of the human immune system. "The objective is to become a world-class leader in defining a healthy immune system," said Dr. Bhagirath Singh, the centre's director, in a news release ([http://communications.uwo.ca/com/media\\_newsroom/media\\_newsroom\\_stories/western\\_announcements\\_new\\_centre\\_for\\_human\\_immunology\\_20100602446435/](http://communications.uwo.ca/com/media_newsroom/media_newsroom_stories/western_announcements_new_centre_for_human_immunology_20100602446435/)). Led by the University of Western Ontario's Schulich School of Medicine & Dentistry and the Lawson Health Research Institute, the multidisciplinary centre will begin with

17 researchers. One of its main research areas will be autoimmune diseases, including childhood diabetes, multiple sclerosis, arthritis and lupus. It will also work to inform public health policies dealing with infections, vaccines and safe food and drinking water. — Elyse Skura, Ottawa, Ont.

**No studying for this test:** Along with the usual information about college amenities, incoming students at the University of California, Berkeley's College of Letters and Science will receive a cotton swab in their welcome kits this year. If they choose, students will use the swab to collect a DNA sample from the inside of their cheek and return it to the university along with a consent form. It's part of an annual program meant to give students a conversation starter. Usually this entails reading a book or watching a film; this time, according to the school's website, "the program will unveil information about three non-threatening genetic factors affecting our health: the ability to absorb folic acid, to tolerate alcohol, and to metabolize lactose." If any of the tests come back positive, students can easily control the problem and they can discuss the experience with other first-year students. The program has gained national attention and criticism, particularly with regard to privacy. According to the school, each of the samples will anonymously be given a barcode and only the student will find out the results of their test. But, some groups, including the Council for Responsible Genetics, an American public interest group, have asked the school to drop the program. In an open letter published on the school's website, Dean Mark Schlissel says the university considered sending out articles or a book for students, but decided the genetic tests would be a "deeper learning experience." He added that the school will only perform the three tests advertised to students and after that the samples will be destroyed. — Elyse Skura, Ottawa, Ont.

**More influence:** The Australian government has set aside A\$58 million to create "lead clinician groups," at both the local and national level, which will

provide doctors, nurses and other health professionals with more say in the operations of public hospitals. Doctors felt "locked out from decision making" at public hospitals, said Prime Minister Kevin Rudd in announcing the national fund at the Australian Medical Association's 2010 national conference. "Locally, Lead Clinicians Groups will guide Local Hospital Networks on: how national best practice is best delivered locally; how we can best improve quality and safety; service planning and the most efficient allocation of clinical services within the Network, and developing innovative solutions that best address the needs of local communities," Rudd said ([www.pm.gov.au/node/6791](http://www.pm.gov.au/node/6791)). — Wayne Kondro, *CMAJ*

**Stroke costs:** Health care costs for treating stroke patients for six months after their cerebrovascular accidents now top \$2.5 billion per year, according to a Canadian Stroke Network study. Presented at the Canadian Stroke Congress in Québec City, Québec, the study indicates that "the direct and indirect health-care costs for new stroke patients tally an average \$50,000 in the six-month period following a new stroke" ([www.strokecongress.ca/wp-content/uploads/2010/06/Sharma\\_CSC\\_formatted.pdf](http://www.strokecongress.ca/wp-content/uploads/2010/06/Sharma_CSC_formatted.pdf)). Researchers assessed the health care costs of 232 hospitalized stroke patients, calculating the direct costs of hospitalization, medication, physician services, diagnostic imaging, home care and rehabilitation, as well as such indirect costs as "disability leave, lost wages, assisted devices, caregivers, and out-of-pocket expenses for families such as personal assistance products or changes to homes to accommodate disabilities." Dr. Mike Sharma, lead author and director of the regional stroke program at the Ottawa Hospital in Ontario stated that "the cost of stroke is far more than we expected — at least double previous estimates." — Wayne Kondro, *CMAJ*

**Mandatory recall:** Health Minister Leona Aglukkaq has introduced revised product safety legislation to prohibit "the manufacture, importation, advertisement or sale of any consumer prod-

ucts that pose an unreasonable danger to human health or safety,” while authorizing Health Canada to order recalls of unsafe products from the marketplace. The proposed *Canada Consumer Product Safety Act* replaces controversial Bill C-6, which died on the order paper in 2009 after industry lobbyists contended it violated such legal precepts as due process and the presumption of innocence. Health Canada argues that the new bill addresses those concerns by including amendments such as one that makes the Minister of Health, not a product safety inspector, accountable for ordering product recalls ([www.hc-sc](http://www.hc-sc)

[.gc.ca/ahc-asc/media/nr-cp/\\_2010/2010\\_97bk-eng.php](http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2010/2010_97bk-eng.php)). — Wayne Kondro, *CMAJ*

**Prescription charge exemptions:** The list of long-term illnesses for which free prescriptions are provided in the United Kingdom should be expanded to include all health conditions that persist for at least six months and require “continuing management” measures such as drugs for prevention or treatment, psychological therapies, periodic monitoring and review, recommends a government-commissioned review conducted by Dr. Ian Gilmore, president of

the Royal College of Physicians ([www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh\\_116367.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_116367.pdf)). The *Prescription Charges Review* recommendations would result in free medicines being provided to about six million more British people, including sufferers of asthma and arthritis. But the recently minted Conservative government indicated it will not decide whether to act on the recommendations until it completes a spending review this fall. — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.109-3286