

Briefly

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Generosity survey: Canadians trail only Australians and New Zealanders in charitable behaviour, according to a world generosity index developed by the British-based Charities Aid Foundation. The foundation's *World Giving Index* measures, over a one-month period, the proportion of people within a country donating money to charity, time to those in need or helping a stranger. Australia and New Zealand topped the index at 57%. Canada and Ireland were tied at 56%. Among countries near the bottom of the 153-nation index were three of the most populous countries in the world: India (134th), Russia (138th) and China (147th). "The level of satisfaction or happiness of the population is emerging as a key driver for increasing the giving of money. The survey also suggests there could be a positive cycle of giving. Happier people are more likely to give than wealthy people as satisfaction proves a stronger influence than wealth. Those who donate are likely to help improve the happiness of others, who in turn may be more likely to give to charity and so on," states the study (www.cafonline.org/PDF/World_Giving_Index_2010_A4.pdf).

Evidence-based clinical practice: Inappropriate prescribing of drugs, over-use of diagnostic imaging tests and inadequate use of electronic health records have become the norm in Canada, reports the Health Council of Canada. "We need to be mindful of these patterns and how they can be prevented. Health technology assessments, performance standards, and clinical decision-support tools, including evidence-based clinical practice guidelines, need to be made commonplace, and providers and payers held accountable for their decisions in the interest of good medicine and cost-effective care," says the report, *Decisions, Decisions: Family Doctors*

as Gatekeepers to Prescription Drugs and Diagnostic Imaging in Canada, (http://healthcouncilcanada.ca/docs/rpts/2010/HSU/DecisionsHSU_Sept2010.pdf). "We found room for improvement in the development and use of clinical practice guidelines in the ordering of prescription drugs and diagnostic tests, among other areas of physician decision making. To achieve this, family physicians will need greater access to decision-support tools, including electronic medical-record systems."

Rosiglitazone restrictions: The European Medicines Agency and United States Food and Drug Administration (FDA) have simultaneously moved to place limitations on use of rosiglitazone for the treatment of type 2 diabetes because of elevated risk of cardiovascular events such as heart attack and stroke. The European Medicines Agency suspended market authorizations for all sales in Europe, saying the benefits of rosiglitazone-containing medicines "no longer outweigh the risk," (www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2010/09/news_detail_001119.jsp&murl=menus/news_and_events/news_and_events.jsp&mid=WC0b01ac058004d5c1). The FDA took a slightly less restrictive stance, saying that access to rosiglitazone would be limited "to new patients only if they are unable to achieve glucose control on other medications and are unable to take Actos (pioglitazone), the only other drug in this class. Current users of Avandia who are benefiting from the drug will be able to continue using the medication if they choose to do so" (www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm226975.htm).

Multiple sclerosis drug: The United States Food and Drug Administration (FDA) has approved the first oral drug for the treatment of relapsing forms of multiple sclerosis (MS). Fingolimod, developed by Switzerland-based Novartis, "is the first oral drug that can slow the progression of disability and reduce

the frequency and severity of symptoms in MS, offering patients an alternative to currently available injectable therapies," Dr. Russell Katz, director of the division of neurology products in the FDA's Center for Drug Evaluation and Research, said in a press release (www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm226755.htm). The drug is thought to work by retaining lymphocytes in the lymph nodes, thus reducing the immune system's attack on the central nervous system. Adverse effects can include a decrease in heart rate, more infections and macular edema, as well as "headache, influenza, diarrhea, back pain, elevation of certain liver enzymes and cough."

Oil sands advisory panel: In the face of concerns that people living downstream of Alberta's oil sands projects are suffering from higher incidence of diseases like cancer as a result of industrial pollution, the federal government has appointed a six-member scientific panel to provide recommendations "on the scientific research and monitoring of the environmental effects associated with the development of the oil sands." To be chaired by Elizabeth Dowdeswell, president of the Council of Canadian Academies, the panel is expected to report within 60 days. "We are determined to develop Canada's oil sands in a manner that is sustainable and environmentally-sensitive," said Environment Minister Jim Prentice in a press release (www.ec.gc.ca/default.asp?lang=En&n=714D9AAE-1&news=981D86D0-D3DB-4D71-8957-8EF52F85A05E). "This independent review by some of Canada's most respected scientists is a critical step in ensuring that environmental issues are balanced with economic considerations."

Supermarket Viagra: The world's third largest supermarket chain, Tesco, has announced that 300 of its stores in the United Kingdom will start competing with the British pharmacy chain

Boots for the over-the-counter erectile dysfunction drug market by selling Viagra to men between the ages of 40 and 65. Buyers must first agree to screening for blood pressure, diabetes and high cholesterol by pharmacists before they will be entitled to purchase eight pills for £52. Boots has been selling Viagra to men for over a year, charging them £55 for a health screening and four blue pills. Subsequent packs of four pills will cost £26.59. It is believed that many men are more comfortable simply purchasing the pills over the counter than they are asking their doctors for a prescription.

High-altitude suicide: Metabolic stress resulting from inadequate oxygen intake may play a role in suicide as researchers say they've discovered a link between suicide rates and high-altitude life in nine American states: Montana, Idaho, Wyoming, Utah, Colorado, Nevada, New Mexico, Arizona, and Oregon. "When altitude, gun ownership, and population density are considered as predictor variables for suicide rates on a state basis, altitude appears to be a significant independent risk factor. This association may be related to the effects of metabolic stress associated with mild hypoxia in individuals with mood disorders," conclude the authors (*Am J Psychiatry* 2010; doi:10.1176/appi.ajp.2010.10020289).

Perkins winners: The College of Family Physicians of Canada has named its

recipients of the 2010 Reg L. Perkin awards, which honour a family physician from each province for "their exceptional care for patients, meaningful contributions to the health and well being of communities, and dedication to research and teaching (www.cfpc.ca/local/files/Communications/News_Releases/2010/FPOY%202010%20News%20Release%20-%20ENGLISH.pdf). The 2010 recipients are: Dr. Catherine Penney (St. Anthony, Newfoundland and Labrador); Dr. Charles Dewar (O'Leary, Prince Edward Island); Dr. David MacNeil (Bedford, Nova Scotia); Dr. Jennifer Hall (Saint John, New Brunswick); Dr. Ruth Vander Stelt (Gatineau, Quebec); Dr. Catherine Faulds (London, Ontario); Dr. Anne Durcan (Winnipeg, Manitoba); Dr. Carla Eisenhauer (Saskatoon, Saskatchewan); Dr. Karen Lundgard (Peace River, Alberta); and Dr. Ronald Wilson (Vancouver, British Columbia).

Shorter rookie shifts: The United States Accreditation Council for Graduate Medical Education has approved new rules for first-year interns being trained at American hospitals, reducing their work shift limit to 16 hours from 24 hours. But the maximum shift length for second-year residents remains at 24 hours. Work weeks will continue to be limited to 80 hours (or 88, if a hospital can provide a "sound educational rationale"). The new rules also oblige hospitals to strengthen supervision of residents and "adopt

fatigue mitigation processes," including the provision of beds for residents to have a nap or a ride home (http://acgme-2010standards.org/pdf/Common_Program_Requirements_07012011.pdf). The Association of Faculties of Medicine of Canada is now conducting a review of postgraduate medical training in Canada, including limits on residents' hours (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3211). At issue in the debate over resident hours is whether too few hours dilutes clinical experience and whether too many puts patients at risk (www.cmaj.ca/cgi/doi/10.1503/cmaj.090772).

Pick six: The United States Centers for Disease Control and Prevention (CDC) has identified six "winnable battles" in public health that the agency would like the federal government to focus new resources on in coming years: "healthcare associated infections; HIV; motor vehicle injuries; obesity, nutrition, physical activity and food safety; teen pregnancy; and tobacco" (www.cdc.gov/about/winnable_battles.htm#six). Dr. Thomas Frieden, who became director of the CDC last June, became renowned as the former New York City, New York, health commissioner for leading similar campaigns on cutting salt in processed foods, banning trans fats in restaurants and smoking in the workplace. — Wayne Kondro, *CMAJ*

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