

Briefly

Dementia testing and friends: Physicians in the United Kingdom will be asked to administer memory tests to all patients over the age of 65 as a part of a bid to more quickly identify Brits with dementia. “Half of all dementia sufferers in this country are unaware that they have the condition, meaning that they cannot get the help that they and their families need. So I am determined that we will go further and faster on dementia — making life better for people with dementia and their carers, and supporting the research that will ultimately help us slow, stop and even prevent the condition,” Prime Minister David Cameron stated in the new strategy, *Prime Minister’s challenge on dementia — Delivering major improvements in dementia care and research by 2015* (www.dh.gov.uk/prod_consum_dh/groups/dh_digital_assets/@dh/@en/documents/digitalasset/dh_133176.pdf). The wide-ranging strategy also includes plans to designate up to 20 cities, towns and villages as “dementia-friendly communities” by 2015, a doubling of funding for dementia research to over £66m by 2015, and the creation of a £2.4 million “Dementia Friends” scheme that aims to sign up one million people, instruct them about the disease and how they can help in their community, for which they will receive a “forget-me-not badge, to show that they know about dementia.” Roughly 670 000 people have been diagnosed with dementia in England. — Wayne Kondro, *CMAJ*

Best of 2013: Bariatric surgery for the control of diabetes and an almond-sized implantable neurostimulator to treat cluster and migraine headaches top the Cleveland Clinic’s annual list of the best medical innovations. “Many diabetes experts now believe that weight-loss surgery should be offered much earlier as a reasonable treatment option for patients with poorly controlled diabetes — and not as a last resort,” the nonprofit academic medical centre,

which is located in Ohio, states in a news release (http://my.clevelandclinic.org/media_relations/library/2012/2012-10-31-cleveland-clinic-names-top-10-medical-innovations-for-2013.aspx). In addition to the neuromodulation device to stimulate the sphenoplatine ganglion nerve bundle as a treatment for headache pain, the clinic identified the remaining top 10 innovations as: the use of new mass spectrometry equipment to identify bacteria; five new drugs to treat advanced prostate cancer; a handheld optical device to identify skin lesions; the use of femtosecond lasers to remove cataracts; the use of a “lung washing” procedure to reduce the likelihood that donated lungs are unsuitable for transplantation; the use of a “fenestrated stent graft system” to treat complex aneurysms; the use of new 3D mammography to diagnose breast cancer; and the passage of the Medicare Better Health Rewards Program Act of 2012 “to improve healthcare and control costs for Medicare participants.” — Wayne Kondro, *CMAJ*

Routine HIV screening: All Americans aged 15 to 64 should be required to be tested for HIV at least once, the United States Preventive Services Task Force urges. Estimating that roughly one in five Americans are unaware of their HIV status and that there are 20 000 annual cases of HIV transmission involving people who are unaware that they are infected, the task force states in a “draft recommendation statement” that universal screening would yield enormous health and social benefits, while helping to reduce the long-term incidence of AIDS (www.uspreventiveservicestaskforce.org/draftrec.htm). As to the interval of testing, “one reasonable approach would be one-time screening of adolescent and adult patients to identify persons who are already HIV-positive, with repeat screening of persons who are known to be at risk for HIV infec-

tion, those who are actively engaged in risky behaviours, or those living in a high-prevalence setting. Patient populations that would be more likely to benefit from more frequent testing include persons who are known to be at higher risk for HIV infection, those who are actively engaged in risky behaviours, or those living in a high-prevalence setting. As such, a reasonable approach may be to rescreen groups at very high risk for new HIV infection at least annually, and individuals at increased risk at somewhat longer intervals (such as every 3 to 5 years). Routine rescreening may not be necessary for individuals who have not been at increased risk since they were found to be HIV-negative. Women screened during a previous pregnancy should be rescreened in subsequent pregnancies.” The draft recommendations are open for public comment through Dec. 17. — Wayne Kondro, *CMAJ*

Transplant cost-effectiveness: The total cost of a kidney transplant is roughly \$530 000 less over a decade than the cost of dialysis, according to a study undertaken for the Kidney Foundation of Canada — Quebec Branch. And given that there’s such an enormous cost savings, the government of Quebec should reimburse donors for salary and benefits during the typical two-month leave of absence that’s required to donate a kidney, states the study, *The Economics of Kidney Failure* (www.kidney.ca/document.doc?id=3653). “From an economic standpoint, it’s obvious that kidney transplantation lessens the financial burden on our healthcare system. We should also remember that the strictly monetary costs associated with dialysis — those related to transportation, medication and loss of revenue — exact a heavy social toll as well: kidney patients have to undergo dialysis treatments three times a week just to survive and are often forced to withdraw from the workforce,” author

Yves Rabeau, professor of economics at Université du Québec à Montréal, stated in a press release (www.kidney.ca/page.aspx?pid=500#etude). — Wayne Kondro, *CMAJ*

Cases falling, treatment lagging:

While substantial progress is being made toward the 2015 global AIDS goals targets, more than 2.5 million people were infected with HIV in 2011 and just 1.4 million of those received antiretroviral therapy, according to UNAIDS. There have been sharp declines in new HIV infections in sub-Saharan Africa and Caribbean nations, which has resulted in the world inching closer to the targets, that aim to reduce sexual transmission of HIV and new HIV infections among people who inject drugs by 50%, eliminate new HIV infections among children, provide antiretroviral treatment to 15 million people and reduce TB-related AIDS deaths by 50%, states the *UNAIDS World AIDS Day Report | 2012: Results* (www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2434_WorldAIDSday_results_en.pdf). However, “in the Middle East and North Africa, the number of people newly infected with HIV increased by 35% between 2001 and 2011, and the rate of new HIV infections continues to rise in Eastern Europe and Central Asia. In Georgia, Kazakhstan, Kyrgyzstan and the Republic of Moldova the rate of new HIV infections rose by more than 25%. In the Russian Federation the annual number of new infections has dramatically increased in recent years, as reflected in an increase in reported cases of new HIV diagnoses, from less than 40 000 in 2006 to over 60 000 in 2011.” The report indicated that there were 34 million people living with HIV in 2011, and 1.7 million AIDS-related deaths. — Wayne Kondro, *CMAJ*

Soaring deductibles: More and more Americans are obliged to live with a deductible in their health insurance plans and those deductibles are rising at astronomical rates, according to the Kaiser Family Foundation. “The percent of covered workers enrolled in a

plan with a general annual deductible has increased significantly over time. In 2006, just over half (52%) of covered workers had a deductible for single coverage, compared with almost three-quarters (72%) in 2012,” the foundation states in a snapshot study, *The Prevalence and Cost of Deductibles in Employer Sponsored Insurance: A View from the 2012 Employer Health Benefit Survey* (www.kff.org/insurance/snapshot/chcm110212oth.cfm). “Overall, the average general annual deductible is [US]\$1,097 for covered workers enrolled in a single coverage plan requiring a deductible; an increase of 88% since 2006, with significant annual increases in four of the last five years,” the study noted. Over the past decade, as deductibles in American health insurance plans kept rising, so too did the profits of health insurance companies. Their profits rose 250% between 2000 and 2009, according to a report from the US Department of Health & Human Services, *Insurance Companies Prosper, Families Suffer: Our Broken Health Insurance System* (www.healthreform.gov/reports/insuranceprosper/index.html). — Wayne Kondro, *CMAJ*

Mental health miasma: Improved training for prescribers of antipsychotic drugs and measures to reduce jail terms for people with psychosis are among 42 recommendations urged to overhaul care of Brits with schizophrenia and psychosis. “Prescribing modern antipsychotic drugs, especially in combination and in dosages that can be off-licence, is a specialist skill and as such should only be undertaken where the prescriber has the knowledge, experience and competence to do so,” the Schizophrenia Commission states in a report, *The Abandoned Illness*, that severely criticizes how people with mental illness in Britain are treated (www.rethink.org/document.rm?id=14927). “The biggest challenge is the attitude of some professionals. ... We recommend that all organisations providing mental health services should review systems for the recruitment and reward of staff to ensure they better reflect the attributes valued by service users and carers,” the report states. It estimates that there are 220 000 people

in England living with schizophrenia, of which 4% are in prison; 2% in secure hospitals, 14% in acute care units, 49% “under the care of secondary mental health services” and 31% under the care of a primary care team. “There are very significant economic consequences for many parts of society, especially individuals themselves and their families. In England the cost to society is estimated at £11.8 billion (£60,000 per individual with schizophrenia) per year and the public sector cost £7.2 billion (£36,000 per individual with schizophrenia) per year.” — Wayne Kondro, *CMAJ*

Psychoactive substances: A record 49 new psychoactive substances were detected on the European market in 2011. Marijuana, cocaine, ecstasy and amphetamines top the list of the most widely used stimulants in Europe. The use of methamphetamine is rapidly growing in northern nations such as Sweden, Norway, Finland and Latvia. Such are among the trends identified by the European Monitoring Centre for Drugs and Drug Addiction in its annual report, *The State of the Drugs Problem in Europe* (www.emcdda.europa.eu/attachements.cfm/att_190854_EN_TD AC12001ENC_.pdf). The growth of new substances has been exponential over the past decade, the report notes. “Between 2005 and 2011, 164 new psychoactive substances were formally notified through the early warning system. In 2011, for the third consecutive year, a record number of substances (49) were detected for the first time in Europe, up from 41 substances in 2010 and 24 in 2009.” Many of the new psychoactive substances are entering Europe from abroad, the report adds. “Most new psychoactive substances appearing on the European illicit drugs market are reported to be synthesised outside Europe, with China and, to a lesser extent, India being identified as the primary source countries.” The report estimates that 6.8% of European adults (about 23 million people) used marijuana in fiscal 2010/11, while four million (1.2%) used cocaine and two million apiece (0.6%) used ecstasy or amphetamines. As for opioids, the report estimated there were about 1.4

million European users, while “about 710 000 opioid users received substitution treatment in 2010.” Opioids were also the “principal drug in about 50% of all drug treatment requests,” while “drug-induced deaths accounted for 4% of all deaths of Europeans aged 15–39, with opioids being found in about three quarters of cases.” — Wayne Kondro, *CMAJ*

New Age medicine: There’s a discrepancy between what Canadians value in health care, and how health system performance is measured and funded, the International Centre for Health Innovation claims. Canadians have begun to value a more “personalized” approach to medicine, one that is less paternalistic and allows for a more active and collaborative engagement between health care providers and patients, states the study, *Measuring What Matters: The Cost vs. Values of Health Care* (<http://sites.ivey.ca/healthinnovation/files/2012/11/White-Paper-Measuring-What-Matters.pdf>). Instead, the system’s cost and performance is evaluated based on operational inputs, such as the breadth of services delivered, and quality measures, such as medication errors, hospital-acquired infections and mortality rates, added authors from the centre, based at the Richard Ivey School of Business at the University of Western Ontario in London. “We must transform the current, traditional, highly ‘prescriptive’ approach to health care into one that places consumers at the centre of service delivery models,” Dr. Anne Snowden, chair of the centre stated in a press release (www.newswire.ca/en/story/1078405/new-research-finds-clear-misalignment-between-what-canadians-value-and-health-system-performance-measurement-and-funding). “This means redesigning health service environments to create consumer choice, and engaging consumers directly in the choice of providers to select health services that meet their personal health and wellness goals.” — Paul Kudlow, *CMAJ*

Modest meals: Bucking an American crackdown on industry handouts and gifts to physicians, the Massachusetts Public Health Council has eased 2008 regulations to allow pharmaceutical and medical devices firms to provide free

food and drinks to docs during educational sessions about the benefits, risks and appropriate uses of their products. The new regulations even allow for firms to fete doctors at restaurants, not just in offices or health facilities. But the meals and drinks must be “similar to what a health care practitioner might purchase when dining at his or her own expense” (www.mass.gov/eohhs/docs/dph/legal/pharma-final-regulations.doc). The new regulations, though, prohibit the promotion of off-label uses of drugs and medical devices during said educational sessions. — Wayne Kondro, *CMAJ*

Testing urged: Nearly 60% of HIV-infected American youths aged 13 to 24 have not been tested for the virus, according to the United States Centers for Disease Control and Prevention. “More effort is needed to provide effective school- and community-based interventions to ensure all youths, particularly MSM [men who have sex with men], have the knowledge, skills, resources, and support necessary to avoid HIV infection. Health-care providers and public health agencies should ensure that youths are tested for HIV and have access to sexual health services, and that HIV-positive youths receive ongoing health-care and prevention services,” CDC states in a study, *Vital Signs: HIV Infection, Testing, and Risk Behaviors Among Youths* — *United States* (www.cdc.gov/mmwr/preview/mmwrhtml/mm61e1127a1.htm?s_cid=mm61e1127a1_w). HIV-testing levels were lowest among high school students (12.9%) and were “34.5% among those aged 18–24 years; it was lower among males than females, and lower among whites and Hispanics/Latinos than blacks/African Americans.” — Wayne Kondro, *CMAJ*

No cheap booze: Canada should increase prices on alcohol to curb “risky drinking” in over a quarter of the population, according to the Canadian Centre on Substance Abuse (CCSA). The cost of risky drinking, an estimated \$14.6 billion per year, should be offset through high liquor pricing pro-rated to alcohol content and inflation, argues the report, *Alcohol Pricing Policies: Reducing Harms to Canadians* (www.ccsa.ca

[/2012%20CCSA%20Documents/CCSA-Alcohol-Price-Policy-Brief-Canada-2012-en.pdf](http://2012%20CCSA%20Documents/CCSA-Alcohol-Price-Policy-Brief-Canada-2012-en.pdf)). “Addressing alcohol-related harm in Canada requires a targeted approach aimed at the heaviest drinkers, as well as a population-wide approach to address the large number of people who sometimes drink in ways that increase their risk of harm, especially as this latter group accounts for a substantial proportion of total alcohol-related harm,” Gerald Thomas, CSSA senior research and policy analyst stated in a press release (www.ccsa.ca/2012%20CCSA%20Documents/CCSA-Alcohol-pricing-news-release-2012-en.pdf). “Cheap, high-strength alcohol is often favoured by heavy drinkers and young adults. ... Establishing minimum pricing will deter risky drinking. Light to moderate drinkers will be less affected, particularly those who choose low- to regular-strength alcohol products,” he added. — Paul Kudlow, *CMAJ*

Charitable trends: Uncertainties shroud trends in charitable donations by Canadians, including a flattening of the growth rate in donations to health-related charities, a new study states. Overall, fewer Canadians are making charitable donations, whether wealthy, middle-class or poor. But the very wealthy who are donating appear to be making ever larger donations, typically to foundations, while the number of middle-class and poor people who make donations is relatively unchanged, states the study, *Changing Landscapes for Charities in Canada: Where Should We Go?*, published by the School of Public Policy at the University of Calgary in Alberta (www.policyschool.ucalgary.ca/sites/default/files/research/charitable-giving-canada.pdf). “The reasons for these unusual trends are unclear — though there is some evidence that the more ethnically diverse our country has become, the less inclined we are to donate. And whether we should even be concerned about these uneven patterns — the wealthiest Canadians giving bigger cheques to the country’s biggest charities and foundations — is also an open question.” With the federal government contemplating changes in tax credits for charitable

donations, the study adds that there is a need to resolve the “uncertainty about what these trends mean, why they’re happening, and whether they’re even a problem. ... Until we make the effort to learn considerably more, any policy changes aimed at altering the landscape for Canadian charities are at risk of being politically driven, rather than evidence-based, and they could very well end up creating more problems than they solve.” — Paul Kudlow, *CMAJ*

Mixed grades: While the globe’s pharmaceutical giants are doing a slightly better job of providing cheaper drugs to people in developing nations, they’re also not conducting trials within those countries in a safe and ethical fashion, according to *The Access to Medicine Index 2012*. “Many companies have increased investment in relevant research and development, and some now devote as much as 20% of their pipeline to developing new products and adapting existing ones to address the needs of the poor. Meanwhile, more companies are using tiered pricing schemes, and applying them to a broader range of products and in more countries, but it is unclear whether the price reductions are enough to meaningfully increase affordability,” states the index (www.accesstomedicine.org/sites/www.accesstomedicine.org/files/general/full_report_2012_access_to_medicine_index.pdf). “Finally, current industry performance in the area of accountability for the behaviour of Contract Research Organisations they hire is far from meeting Index expectations for clinical trial participant well-being in developing countries. Few companies report having robust measures to ensure clinical trials conducted by contractors are safe and ethical, with the majority providing no evidence of exerting real influence over the way their contractors conduct trials.” — Wayne Kondro, *CMAJ*

Beyond premiums: The number of drugs and cost-sharing amounts (between insurance plans and patients)

will substantially vary from state to state once United States President Barack Obama’s health reforms are in place, according to the market analysis firm Avalere Health LLC. The firm’s analysis also indicates that there’ll be a variation in whether insurers will use preferred pharmacies. The number of drugs will vary from a low of 485–820 drugs in 11 states to more than 1058 drugs in 12 states (www.avalerehealth.net/news/spotlight/Avalere_Benchmark_Formulary_Breadth.pdf). “Beneficiaries continue to have a wide range of choices for Part D coverage in 2013,” Bonnie Washington, senior vice president of Avalere Health stated in a press release (www.avalerehealth.net/wm/show.php?c=&id=909). “However, many beneficiaries with serious illnesses may see higher cost sharing. In assessing Part D plans, Medicare beneficiaries need to look beyond premiums to really understand which drugs are covered and what their cost will be at the pharmacy counter.” — Wayne Kondro, *CMAJ*

Perceptual corruption: Residents of the city of Montréal, Quebec might be a bit skeptical of the findings, given the headlines emerging from the province’s ongoing corruption inquiry, but Canada is perceived to be among the ten least corrupt nations in the world, according to Transparency International’s latest annual rankings. Canada tied the Netherlands as the ninth least corrupt of 176 countries, while trailing Denmark, Finland, New Zealand, Sweden, Singapore, Switzerland, Australia and Norway, states the *Corruption Perceptions Index 2012* (www.transparency.org/cpi2012/results). The most corrupt nation? Somalia, followed by North Korea, Afghanistan, Sudan, Myanmar, Uzbekistan, Turkmenistan and Iraq. Venezuela, Haiti, Chad and Burundi tied for the tenth most corrupt nation on the planet. “Governments need to integrate anti-corruption actions into all public decision-making. Priorities include better rules on lobbying and political financing, making public

spending and contracting more transparent and making public bodies more accountable to people,” Huguette Labelle, chair of Transparency International, stated in a press release (www.transparency.org/cpi2012/press). “After a year of focus on corruption, we expect governments to take a tougher stance against the abuse of power. The Corruption Perceptions Index 2012 results demonstrate that societies continue to pay the high cost of corruption.” — Wayne Kondro, *CMAJ*

Funding gap: There is a growing gap between medicare’s obligations to Canadians and the funding necessary to meet them, according to the Fraser Institute, an independent research and educational organization. This so-called “unfunded liability” — “a shortfall between the expected future stream of funding and future benefit obligations” — increased 2.1%, from \$526.7 billion to \$537.7 billion between 2006 and 2010, states the report, *The Unfunded Liability of Canada’s Health Care System* (www.fraserinstitute.org/uploaded/Files/fraser-ca/Content/research-news/research/publications/unfunded-liability-of-canadas-health-care-system.pdf). In 2010, that worked out to a liability of \$15 756 for every Canadian. (All liability estimates come from a model developed by the Fraser Institute.) The gap between obligations and funding has arisen because assumptions made at medicare’s inception about consistency in population demographics, economic growth and wage increases have proven false, suggests the report. Instead, birth and mortality rates have declined and income growth has slowed. Unless changes are made, the report suggests, general tax rates will need to increase or services will need to be reduced because “Canada’s provincial and federal governments have neither assets nor specific funding sources reserved to pay for its promised benefits.” — Bonnie O’Sullivan, Ottawa, Ont.

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