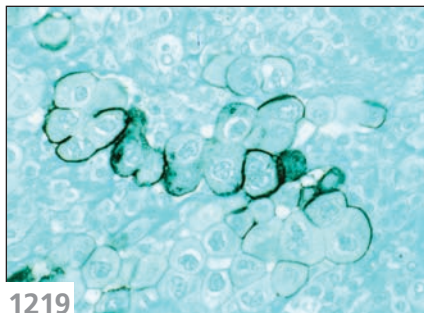




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Patients who leave early may die early

One percent of hospital admissions resulted in patients leaving “against medical advice,” more than doubling the odds of death or readmission to hospital. These findings are based on an analysis of administrative data collected on more than 2 million admissions to hospital in Manitoba over a 20-year period. Because the risk was apparent over a long time after discharge, the authors suggest that interventions to reduce this risk should extend beyond strategies targeted at trying to convince patients to stay. **See Research, page 1207**

Opportunities to improve dementia care

The health care experience of people with dementia and their caregivers progresses through several phases, each with unique challenges and opportunities for health care providers. This review of 46 qualitative studies identified 5 major themes that conceptualized the progress through care. Through understanding and better health care experiences, the authors hope that quality of life will improve for people with dementia. **See Research, page E669**

Physician continuity after discharge

Early follow-up and higher continuity of physician care for patients following an admission to hospital with heart failure were associated with a decreased risk of death or urgent re-admission. Using linked data from 4 health administrative databases, the authors followed nearly 25 000 patients admitted with heart failure and recorded the care they received and their health outcomes over time. Their findings support early follow-up and physician continuity after discharge as quality-of-care indicators. **See Research, page E681**

Pancreatic cancer

A family physician can expect to encounter 1 to 2 patients with pancreatic cancer each year. One of the most fatal diseases, pancreatic cancer has an overall 5-year survival rate of only 6%. Yet there have been substantial advances in the treatment of this condition, particularly in the areas of adjuvant and neoadjuvant therapy, say Kanji and Gallinger. **See Review, page 1219**

Pharmacists’ expanding practice

Recent legislation has given pharmacists greater abilities, varying by province, to initiate, adjust or alter medication prescriptions; order and interpret tests; and administer injections and vaccines. Tannenbaum and Tsuyuki review evidence showing that increased clinical participation of this nature by pharmacists in patients’ care improves clinical and physiological outcomes. They also discuss benefits arising from greater physician–pharmacist collaboration, and highlight possible ethical, legal, financial and professional issues for physicians arising from these changes. **See Analysis, page 1228**

Iron deficiency in early childhood

An 18-month-old girl is a fussy eater who has never eaten solid foods well and has poor meat and vegetable intake. Is she at risk of iron deficiency? What investigations, if any, should be ordered? Does she need a mineral supplement? As well as addressing these questions, Parkin and Maguire emphasize that children with iron deficiency are at risk for poor cognitive development. **See Practice, page 1237**

Managing polypharmacy

A 77-year-old woman was taking 32 pills per day and experiencing problems with mobility, falls, pain, cognition and constipation. Placement in a long-term care facility was being considered. After a 12-week admission to a geriatric day hospital, her daily pill count was down to 17, her symptoms had improved, and she was able to resume many of her normal activities. In this article, Farrell and colleagues describe a practical approach to managing polypharmacy in older people. **See Practice, page 1240**

Breast cancer in men

Although more men die each year from breast cancer than from testicular cancer, breast cancer is often thought to be a woman’s disease. Men with breast cancer experience symptoms for around 6 months before the diagnosis is made. Who is at increased risk? How should they be screened? Block and Muradali address these common questions for clinicians. **See Practice, page 1247**