

Job strain, health behaviours and heart disease

We read with interest the study by Kivimäki and colleagues,¹ which examines the longitudinal relationship between job strain and health behaviours on coronary heart disease. Their findings support previous Canadian research² that suggests psychosocial working conditions play an important role in the etiology of chronic health conditions. We were, however, surprised by the authors' conclusion that suggests that when a patient's job strain and lifestyle factors contribute to heart disease, clinicians should tell those patients to simply adopt a healthier lifestyle.¹

That low socioeconomic position is associated with both lower job control and poorer health behaviours is well established.³ That individualistic approaches to improving health behaviours do not improve — and can exacerbate — social inequalities in health is also well established.⁴ Although we agree with Kivimäki and colleagues¹ that changing the psychosocial work environment is challenging, it is possible with concerted efforts from management and employees.⁵ In addition, although primary prevention programs, such as physical activity, continue to have limited success at the population level, these programs still seem to be at the forefront of many approaches to improve the health of the population. Telling a patient who experiences a high level of job strain to lose weight is likely as effective as telling a patient who is overweight to find a better job, which based on this study, would confer some decreased risk.

We also question using obesity as a lifestyle factor. People don't start or stop being obese like they start smoking, drinking or being inactive. Obesity would be better conceptualized as a mediating factor between both health behaviours and job strain, and cardiovascular disease. This grouping would allow a more realistic estimate of the risks associated with lifestyle factors, noting that apart from smoking, the hazard ratios associated with job strain

were similar to those of alcohol and physical inactivity.¹

Work is an increasingly important part of the lives of many Canadians. Real progress on reducing the incidence of chronic diseases such as cardiovascular disease and obesity are likely to be made by better understanding the relationships between health behaviours and working conditions (including job strain) rather than treating them as separate approaches to primary prevention.

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Generic controlled-release oxycodone

We wish to respond to Miller's article in *CMAJ*.¹ The US Food and Drug Administration (FDA) approved abuse-deterrent labelling for reformulated OxyContin in the United States. The new labelling indicates that the product has physical and chemical properties that are expected to make abuse via injection difficult and to reduce abuse via the intranasal route (snorting). In addition, the FDA determined that the original OxyContin was withdrawn from sale for reasons of safety or effectiveness and,

accordingly, the agency will not accept or approve any abbreviated new drug applications (generics) that rely upon the approval of the original OxyContin.²

All available postmarketing assessments of the impact of reformulated OxyContin (OxyNEO in Canada) on abuse, as well as the FDA's draft *Guidance for Industry: Abuse-Deterrent Opioids — Evaluation and Labeling*,³ were available to former federal health minister Leona Aglukkaq.

We are not in the market for a revival of the "cross-border controlled-release oxycodone shopping" that was observed near the Detroit–Windsor Tunnel between August 2010 and October 2011, at a time when the original OxyContin remained available in Canada and the reformulated OxyContin had been introduced in the US.⁴

The FDA has now provided the evidence-based guidance former minister Aglukkaq alluded to in her March 2013 letter to the Commissioner of the FDA. The health minister now needs to protect the health and safety of all our communities and take concrete action to reduce risk by removing generic controlled-release oxycodone from the Canadian market.

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Competing interests: Erica Weinberg: Janssen, Lilly, Medical Futures Inc., Purdue Pharma, Valeant; Philip Baer: Janssen, Purdue Pharma; Joel Bordman: Janssen, Purdue Pharma, Pfizer, Nycomed, Paladin Labs, King Pharma Lilly, Bayer, Schering-Plough, Valeant, Boehringer Ingelheim

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