HIGHLIGHTS

Screening for cervical cancer in women with disability and multimorbidity

Are women with disability and multimorbidity being appropriately screened for cervical cancer? In this cohort study of women eligible for screening in Ontario, the authors used multiple linked databases to examine the association between appropriate cervical cancer screening and level of disability and multimorbidity.

Of the 22 824 women included in the study, 7600 reported some level of disability. Those with disability were more than four times as likely to have at least two chronic conditions (36.2% had at least two conditions v. 8.4% of women without disability). Screening rates were found to be significantly lower for women with disability, especially for those with multimorbidities, than for those without disability (Figure opposite). This association was consistent across sociodemographic groups. Women with no disability and no chronic conditions were more frequently screened appropriately than those with severe disability and two or more chronic conditions (64.5% v. 39.8%). Physicians and policymakers should be aware of this potential inequality in access to cervical cancer screening and work to increase screening rates in this vulnerable population. ***CMAJ Open* 2014;2:E240-E247**

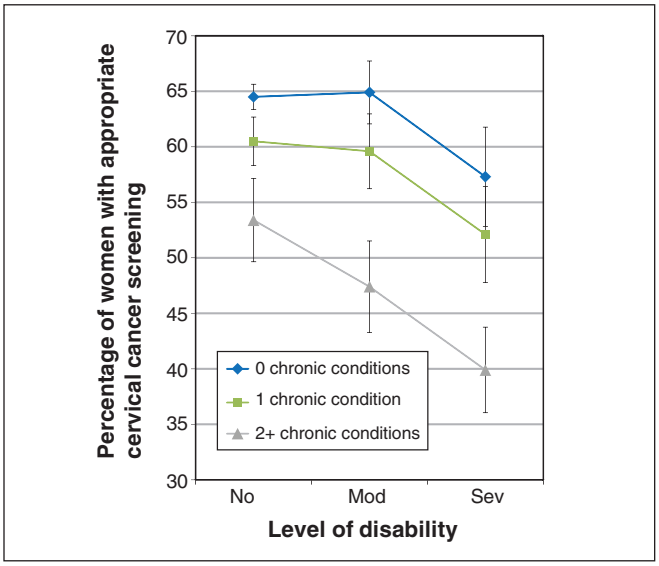

Figure: Appropriate screening for cervical cancer by level of disability and number of chronic conditions among participants (*n* = 22 824) in Ontario.

Trends in hospital admissions for chronic hepatitis C infection and liver disease

In Canada, substantial increases in hospital admissions and mortality rates related to liver disease have been attributed to chronic hepatitis C infection. In the United States, the baby boomer generation accounts for most cases of hepatitis C infection. Is this the same in Canada?

Using the Canadian Discharge Abstract Database, the authors looked at the hospital records of 17 344 inpatients with chronic hepatitis C and liver disease from April 2004 to March 2011. Hospital admissions associated with hepatitis C and liver disease increased an average of 6.0% a year (95% confidence interval [CI] 4.4%–7.7%) over the study period. Analyzing by birth cohort, the authors found that hospital admissions associated with chronic hepatitis C and liver disease were significantly higher for the 1950–1954 and 1955–1959 birth cohorts than for most other birth cohorts (17.6, 95% CI 13.2–23.5 and 13.7, 95% CI 10.3–18.2 times the rate for the 1970–1974 birth cohort, respectively). They caution that the disease burden for these cohorts will continue to be noticeably elevated over many years without additional intervention (Figure opposite). ***CMAJ Open* 2014;2:E139-E144**

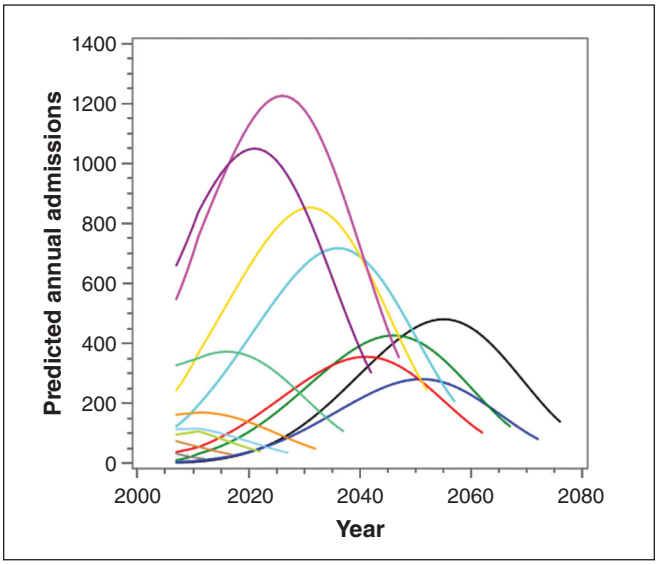

Figure: Projection of annual hospital admissions associated with chronic hepatitis C and liver disease against calendar year, based on current trends.

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