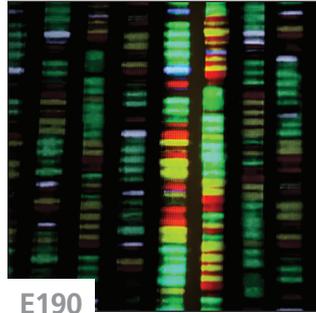




401



E190



411



429

Visit [soundcloud.com/cmajpodcasts](http://soundcloud.com/cmajpodcasts) for an audio summary of this issue.

### Reducing imaging for low-back pain

Inappropriate routine imaging for patients with low-back pain can be reduced by 20%–35% with the use of clinical decision support or targeted reminders. This systematic review did not show an effect for more general education approaches. Better-quality studies are needed to study potentially effective interventions. **See Research, page 401**

### Return of incidental genomic findings

Canadians can now learn, through clinical genomic sequencing, whether they have certain genetic mutations. Do they want to know about any and all abnormal genes, including those found incidentally? This discrete-choice experiment estimated that 66% of the Canadian public would want to know, if the risk of getting the disease were high and effective medical management were available. **See Research, page E190**

### Guidelines for childhood obesity

The Canadian Task Force on Preventive Health Care recommends structured behavioural interventions for obese and overweight children, but not medications or surgery. There is little evidence showing long-term effectiveness of interventions for obesity prevention. **See Guidelines, page 411**

Primary care physicians can play a critical role in tackling childhood obesity if they can become an integral part of a “whole-system” approach to managing the problem. For this to occur, they must be able to work in a wider health system in which effective behavioural interventions are made readily available, say Summerbell and Brown in their commentary. **See Commentary, page 389**

### Fair pricing for old orphan drugs

Current Canadian regulations for orphan drugs fail to distinguish between new drugs for rare diseases and older established orphan drugs, whose indications, safety and efficacy

are well-researched. Roberts and colleagues discuss an example of price inflation of an old drug that reduced its effective availability and put patients’ health at risk. **See Analysis, page 422**

### A returned traveller with possible Ebola

A 40-year-old man returns from a trip to Guinea with fever and myalgia. He is worried that he may have Ebola virus disease. Saltzman and colleagues discuss common causes of these symptoms in returned travellers and provide an approach to early management of a patient who may have come into contact with the Ebola virus. **See Decisions, page 429**

### Pott puffy tumour

A five-year-old girl presented with headache, fever and swelling of her forehead several weeks after an episode of acute sinusitis. The eventual diagnosis was Pott puffy tumour, which required neurosurgical intervention. Heale and colleagues tell us why this condition is too important to miss. **See Cases, page 433**

### Spasticity

Spasticity develops in many patients with upper motor neuron disorders, such as spinal cord injury, multiple sclerosis, cerebral palsy or stroke. Focal and generalized therapies are available. In patients with worsening spasticity, a cause for the change should be sought. **See Five things to know about ..., page 436**

### Loiasis in a returned traveller

After a stay in rural Cameroon, a 24-year-old woman had migratory swelling of her wrists, eosinophilia and a foreign-body sensation in her left eye. Infection with a migratory filarial nematode, loiasis, ties these three findings together. **See Clinical images, page 437**