

## **News Release Embargoed until Monday, May 14, 2018, 12:01 a.m. ET**

*Please credit CMAJ, not the Canadian Medical Association (CMA). CMAJ is an independent medical journal; views expressed do not necessarily reflect those of its owner, Joule, a CMA company.*

*CMAJ headlines:*

- Gout not associated with increased risk of fracture, study finds**
- Genetic Non-Discrimination Act challenge from Quebec may open doors to genetic discrimination if successful**
- Screening for impaired vision in older adults: new Canadian guideline**

### **Gout not associated with increased risk of fracture, study finds**

Gout, a painful inflammatory arthritis, is not associated with an increased risk of fracture, according to a large study led by Keele University, and published in *CMAJ (Canadian Medical Association Journal)*.

These results contrast with those of previous studies, which found higher risk of fracture in people with gout.

Gout is the most common form of inflammatory arthritis, caused by the buildup of urate crystals in a joint. It can result in severe pain and swelling in joints, most often the base of the big toe but also in other joints. In the United Kingdom, 2.4% of adults are afflicted.

There is some evidence that chronic inflammation may increase the risk of fracture.

Researchers from Keele University conducted a study in the UK using a large primary care database. They included 31 781 patients with gout who were matched to 122 961 controls and followed them for between 6.8 and 13.6 years until the first diagnosis of a fracture. The rate of fracture was similar in people with and without gout. In addition, medication to lower urate levels in people with gout did not appear to benefit or adversely affect the long-term risk of fractures.

“Our use of a nationally representative cohort should enable our study findings to be generalizable not only to the UK but also to other countries with similar health care systems,” writes Dr. Zoe Paskins, Arthritis Research UK Primary Care Centre, Keele University, Staffordshire, UK.

The study was funded by the National Institute for Health Research (NIHR) School for Primary Care Research in the UK.

*“Risk of fragility fracture among patients with gout and the effect of urate-lowering therapy” is published May 14, 2018.*

***MEDIA NOTE: Please use the following public links after the embargo lift:***

**Research:** <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.170806>

**Media contact for research:**

Sam Lesniak, PR & Communications Manager, Keele University, UK

T: 01782 733857

M: 07825 609437

[s.lesniak@keele.ac.uk](mailto:s.lesniak@keele.ac.uk)

## **Genetic Non-Discrimination Act challenge from Quebec may open doors to genetic discrimination if successful**

If Canada's Genetic Non-Discrimination Act (GNA) is overturned by a challenge from the Province of Quebec, it will open the doors to genetic discrimination, argue authors in a commentary in *CMAJ (Canadian Medical Association Journal)*.

"The GNA is a critical law affording comprehensive protection prohibiting genetic discrimination by any individual or sector," writes Dr. Yvonne Bombard, scientist at the Li Ka Shing Knowledge Institute of St. Michael's Hospital, with Bev Heim-Myers, chair of the Canadian Coalition for Genetic Fairness and CEO of the Huntington Society of Canada.

The act protects genetic test information from being required in a contract negotiation or by any person or service provider such as an insurer, employer, school or adoption agency. It became law in Canada in May 2017.

Although advances in genomics are helping prevent, treat and diagnose diseases, people may decline useful genomic testing as they are afraid that personal genomic information could be used to deny them insurance coverage by third parties or compromise employment opportunities. This fear can also prevent patients from participating in medical research.

"Such fear creates barriers to accessing important information that can end costly, burdensome diagnostic odysseys, guide medical management and improve a patient's quality of life," write Bombard and Heim-Myers.

The GNA makes it a criminal offence to require a person to take, or reveal results of, a genetic test. However, health care professionals are exempt if they are treating that person.

Quebec has challenged the law, arguing it is not constitutional.

"For now, the genetic test information of all people living in Canada, no matter where they live, is protected by law," state the authors. "And it is important that the GNA remains intact."

*“The Genetic Non-Discrimination Act: critical for promoting health and science in Canada”* is published May 14, 2018.

**MEDIA NOTE: Please use the following public links after the embargo lift:**

**Commentary:** <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.180298>

**Media contact:** Ana Gajic, Senior Communications Advisor, St. Michael’s Hospital, [GajicA@smh.ca](mailto:GajicA@smh.ca), 416-864-5960

## **Screening for impaired vision in older adults: new Canadian guideline**

A new Canadian guideline for impaired vision in older adults recommends against primary care screening of older adults not reporting concerns about their vision. The guideline, published in English and French in *CMAJ (Canadian Medical Association Journal)* by the Canadian Task Force on Preventive Health Care (CTFPHC), is aimed at primary care practitioners.

Visual impairment describes less than 20/40 vision, which usually cannot be corrected with glasses, contact lenses or vision-related procedures. This level of difficulty with vision can affect quality of life, as well as participation in work, social and leisure activities, and increases the likelihood of injuries from falls and other accidents.

The task force considered the benefits of screening for visual impairment in primary health care and referring patients to optometrists for formal vision testing.

“We found no evidence of benefit to patients aged 65 years or older from being screened for impaired vision as a way to prevent limitations on daily living or other consequences,” said Dr. Brenda Wilson, Task Force Impaired Vision Working Group Chair. “The task force therefore recommends against screening for impaired vision in primary care settings for people living independently in the community.”

Currently, people must make their own appointments for regular vision screening or if they suspect visual problems. Most provinces in Canada cover comprehensive eye examinations for adults aged 65 years and older by eye care professionals.

The new guideline updates a previous guideline from 1995, which recommended screening for visual impairment in elderly patients with diabetes of at least 5 years’ duration. The 2018 guideline is based on the latest and highest-quality evidence on screening, which includes 15 randomized controlled trials involving participants aged 65 years or older. It is consistent with the recommendation on vision screening for older adults from the United States Preventive Services Task Force.

“Although screening does not appear to be effective, we need to look for ways to effectively support older Canadians who do experience visual impairment so that they

get the services they need from optometrists or other eye care professionals” said Dr. Brett Thombs, chair of the CTFPHC .

For the complete report and accompanying patient and clinician knowledge translation tools, please visit [www.canadiantaskforce.ca](http://www.canadiantaskforce.ca).

### **About the Task Force**

The Canadian Task Force on Preventive Health Care (CTFPHC) was established to develop clinical practice guidelines that support primary care providers in delivering preventive health care. The mandate of CTFPHC is to develop and disseminate clinical practice guidelines for primary and preventive care, based on systematic analysis of scientific evidence.

*“Guideline: Screening for impaired vision in community-dwelling adults aged 65 years and older in primary care settings” is published May 14, 2018.*

***MEDIA NOTE: Please use the following public links after the embargo lift:***

***Guideline:*** <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.171430>

*Podcast permanent link:* <https://soundcloud.com/cmajpodcasts/171430-guide>

**Media contact:** Jennifer Field, H+K Strategies, 613-786-9956,  
[jennifer.field@hkstrategies.ca](mailto:jennifer.field@hkstrategies.ca)

**General media contact:** Kim Barnhardt, Communications, CMAJ,  
[kim.barnhardt@cmaj.ca](mailto:kim.barnhardt@cmaj.ca)

[@CMAJ](#)

© 2018 Joule Inc. or its licensors | 1031 Bank St., Ottawa, ON, K1S 3W7, 866-971-9171

To modify or cancel your subscription to these email alerts, email

[kim.barnhardt@cmaj.ca](mailto:kim.barnhardt@cmaj.ca)