



News Release Embargoed until Monday, November 16, 2020, 12:01 a.m. ET

CMAJ headlines:

- New ALS guideline establishes national standard for managing the neurodegenerative disease
- About 20% of emergency surgery patients have delayed discharge from hospital

New ALS guideline establishes national standard for managing the neurodegenerative disease

Best practice recommendations the first in Canada

The first Canadian guideline for the care and management of patients with amyotrophic lateral sclerosis (ALS) — Lou Gehrig's disease — recommends a patient-focused approach, with attention to holistic and emotional aspects of well-being.

The guideline, published in *CMAJ (Canadian Medical Association Journal)*, is intended for ALS clinicians, allied health professionals and primary care providers, and contains an easy-to-reference table with comprehensive recommendations. As new evidence may change management, the guideline will be updated every 5 years. [VIEW ARTICLE](#).

"These best practice recommendations are an important step forward in improving the lives of people living with ALS across the country and supporting their caregivers by addressing important issues," says Dr. Christen Shoemith, neurologist and Motor Neuron Diseases Clinic director at London Health Sciences Centre in London, Ontario, and chair of the ALS guideline working group. "The emphasis on expert consensus relative to evidence-

based recommendations highlights the need for more research in ALS management and underscores the challenges ALS clinicians face in managing patients with this complex and devastating disease."

About 3000 Canadians live with ALS, a debilitating degenerative disease affecting the brain and spinal cord that ultimately results in paralysis. ALS has no cure, and four out of five people with ALS will die within five years of being diagnosed.

The guideline is based on the best available evidence as well as expert consensus when evidence is lacking. It is intended to guide Canadian clinicians through issues unique to Canada and to update previous guidelines published in the United States and Europe.

- **Communications** — tailor the initial discussion about diagnosis to the patient's needs; information about ALS prognosis does not need to be provided at the time of diagnosis
- **Disease-modifying therapies** — have an open discussion with patients about the potential risks and benefits of both approved and unapproved therapies
- **Multidisciplinary care** — refer patients to specialized ALS multidisciplinary clinics for optimized health care delivery
- **Caregivers** — be attentive to the needs of caregivers and involve them in care planning

The guideline provides detailed recommendations for managing symptoms including pain, cramps, sleep disturbances, depression and anxiety as well as recommendations for respiratory management, nutrition, exercise, medication alignment, palliative care and more.

The authors emphasize the need for more research into ALS treatment and the challenges in caring for people with this disease.

Funding for the guideline was provided by the ALS Society of Canada and the Canadian ALS Research Network (CALNS).

"This guideline will enable ALS clinics across Canada to meet a common national standard, and to adapt as this standard continues to evolve over time. In doing so, ALS clinicians can offer the best possible care to their patients and help them to navigate this exceedingly complex and devastating disease," conclude the authors.

"Canadian best practice recommendations for the management of amyotrophic lateral sclerosis" is published November 16, 2020.

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

Guideline: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.191721>

Podcast permanent link: <https://soundcloud.com/cmajpodcasts/191721-guide>

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About 20% of emergency surgery patients have delayed discharge from hospital

About 20% of patients who undergo emergency surgery experience delayed discharge from hospital compared with only 3% of those having elective surgery, which significantly affects other patients' access to acute care hospital beds and quality of care, according to research published in *CMAJ (Canadian Medical Association Journal)* . [VIEW ARTICLE](#).

Alternate level of care is a health care code applied to in-patients who occupy an acute care hospital bed but no longer need acute care services or resources. Most patients classified as alternate level of care are medically fit for discharge but remain in acute care hospital beds waiting for continuing community care services, such as home care or transfer to a skilled nursing facility, to be arranged.

"Delay of discharge after a patient is designated medically fit to leave hospital is a major problem for health care systems, affecting wait times and costs and leading to delivery of health care in unsafe locations (i.e., "hallway medicine")," writes Dr. Angela Jerath, Sunnybrook Health Sciences Centre and the University of Toronto, with coauthors.

The study looked at data on more than 750,000 patients, including 595,782 who had elective surgery and 180,478 who had emergency surgery at 95 Ontario hospitals between 2006 and 2016. Delayed discharge accounted for 635,607 hospital days, of which 82% were related to

admissions for emergency surgery. The proportion of days attributed to delayed discharge out of the total hospital stay was greatest among patients with joint replacement, peripheral arterial disease, hip fixation and spine procedures for those having emergency surgery, and among patients with peripheral arterial disease, neurosurgery and spine procedures for those having elective surgery.

Factors associated with delayed discharge included larger hospitals and urban residence, older age, female sex and multiple illnesses.

Most patients in the study whose discharge was delayed needed home care or to be in an assisted living facility.

"Timely access to continuing care facilities is essential to reduce delayed discharge but is challenged by rising demand and longer wait lists for long-term care homes, as well as by the limited availability of home care," write the authors.

They suggest optimizing discharge planning and improving local access to community care services are some solutions to helping address the issue.

"Delayed discharge after major surgical procedures in Ontario, Canada: a population-based cohort study" is published November 16, 2020.

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

Research: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.200068>

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