

News Release Embargoed until Monday, July 22, 2019, 12:01 a.m. ET

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CMAJ headlines:

- More ED visits because of alcohol, 175% increase in 25- to 29-year-olds seeking care**
- Early introduction of peanuts in babies to reduce allergy risk**

More ED visits because of alcohol, 175% increase in 25- to 29-year-olds seeking care

Visual abstract pre-embargo link: <https://bit.ly/2xQ9IfD>

New research shows dramatically rising visits to emergency departments (ED) related to alcohol, especially for women, with a 175% increase in alcohol-related visits from young people aged 25 to 29. The article, published in *CMAJ (Canadian Medical Association Journal)* shows increases in ED visits related to alcohol that are occurring much faster than overall ED usage.

“These increases are consistent with data showing increasing average weekly alcohol consumption in Ontario and higher rates of binge drinking across Canada during the study period, particularly in women,” says lead author Dr. Daniel Myran, a family physician and public health resident at the University of Ottawa, Ottawa, Ontario.

The study included 765 346 ED visits by 480 611 people (32% from women) in Ontario, Canada’s largest province, because of alcohol between 2003 and 2016. Some findings:

- Women who visited the ED due to alcohol were more likely to be under the legal drinking age of 19 years (17%) than men (9%).
- The highest rates of alcohol-related visits were in women aged 15 to 24 and men aged 45 to 54.
- In people aged 25 to 29, alcohol-related visits increased 240% in women and 145% in men.
- ED visits for alcohol resulted in higher rates of hospital admission (13%) than general ED visits (10%).
- Neighbourhoods in the lowest income bracket had more than twice the number of ED visits for alcohol compared with those in the highest income bracket.

“Since 2007, the rates of emergency department visits due to alcohol by women under legal drinking age has surpassed that of underage men,” says Dr. Myran, who is also training at The Ottawa Hospital and Bruyère Research Institute in public health. “We

need a better understanding of youth- and gender-specific risk factors for alcohol harms to curb these increases.”

These findings are consistent with data showing increases in alcohol-related ED visits in the United States (47% between 2006 and 2014) and England (51% between 2002 and 2014). Data from the United States have also shown widening disparities in harms from alcohol between high- and low-income individuals. While data from this study also highlight the disproportionate health burden that alcohol causes on lower-income individuals, this disparity has not grown over time. The Canadian study differs in that there is less heavy drinking in lower-income groups in Canada than in the US, possibly because of policies that have prevented the sale of low-cost alcohol in Canada.

“There may be an increasing need for supports and services for people, especially young people, with high-risk alcohol consumption, particularly in light of recent changes to how alcohol is sold in Ontario, including making alcohol cheaper and easier to purchase,” says Dr. Myran.

The study was funded by Bruyère Research Institute through the Big Data Research Program and by ICES, which is funded by the Ontario Ministry of Health and Long-Term Care. The ICES uOttawa subunit is also supported by The Ottawa Hospital Foundation and the University of Ottawa.

To minimize harms “the federal and provincial governments should employ a public health approach to maximize benefits and minimize harms,” writes Dr. Sheryl Spithoff, Department of Family and Community Medicine, Women’s College Hospital, Toronto, in a related commentary. “Alcohol should be available for sale only within licensed and strictly monitored facilities with limited hours. Taxes and price minimums should be used to reduce alcohol-related harms. The increase in tax revenues could be used to fund essential provincial programs.”

“Rates of emergency department visits attributable to alcohol use in Ontario from 2003 to 2016: a retrospective population-level study” is published July 22, 2019.

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

Research: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.181575>

Commentary: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.190818>

Media contact for research: Jenn Ganton, Ottawa Hospital Research Institute, 613-614-5253, jganton@ohri.ca. The Ottawa Hospital’s media team will also take enquiries on July 22 at 613-737-8460.

Early introduction of peanuts in babies to reduce allergy risk

Podcast pre-embargo link: <https://soundcloud.com/cmajpodcasts/181613-five/s-MycS6>

Worried about peanut allergies in children? A practice article in *CMAJ (Canadian Medical Association Journal)* outlines five things to know about early introduction of peanuts in infants to reduce the risk of peanut allergy.

1. Infants who are fed peanut protein regularly have a lower risk of peanut allergy.
2. To prevent peanut allergy, peanut protein (such as peanut butter or powdered puff) may be introduced at home for most babies between 4 and 6 months as one of the first foods.
3. Babies with severe eczema are more likely to have peanut allergy, and those with no or only mild eczema are best-suited for peanut introduction in the home.
4. Infants with risk factors for peanut allergy, such as severe eczema, egg allergy or both, should be seen by a specialist before peanut introduction.
5. To reduce the risk of peanut allergy, 8 grams of peanut protein (1 heaped teaspoon of peanut butter) should be eaten at least twice a week.

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

Practice: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.181613>

Podcast post-embargo link: <https://soundcloud.com/cmajpodcasts/181613-five>

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