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CMAJ headlines:

- Anticonvulsant drugs are ineffective for chronic low back pain and can cause harm, despite increased prescribing**
- Caring for seniors with dementia and their caregivers: a guide for physicians**

Anticonvulsant drugs are ineffective for chronic low back pain and can cause harm, despite increased prescribing

Anticonvulsant drugs are increasingly being used to treat low back pain, but a new study in *CMAJ (Canadian Medical Association Journal)* finds they are ineffective and can have adverse effects.

“Clinically, the prescription of anticonvulsants for back and neck pain, including radicular pain in primary care, has increased by 535% in the last 10 years,” writes Dr. Oliver Enke, University of Sydney, Sydney Medical School Nepean, Kingswood, Australia, with coauthors, citing data from a recent study on prescribing trends for back pain.

Low back pain affects millions of people and is the number one cause of disability. Clinical practice guidelines usually recommend nonpharmacologic treatments and nonopioid pain relievers rather than stronger analgesics such as anticonvulsants.

The study findings are based on high and moderate-quality evidence from 9 placebo-controlled randomized trials that found a lack of evidence of benefit from anticonvulsants and more adverse events from some of these drugs.

“We have shown, with mostly high- and moderate-quality evidence, that common anticonvulsants are ineffective for chronic low back pain and lumbar radicular pain, and are accompanied by increased risk of adverse events,” write the authors.

These findings support recent guidelines from the United States and the United Kingdom that do not recommend the use of anticonvulsants.

“*Anticonvulsants in the treatment of low back pain and lumbar radicular pain: a systematic review and meta-analysis*” is published July 3, 2018.

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

Research <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.171333>

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Caring for seniors with dementia and their caregivers: a guide for physicians

■ VULNERABLE POPULATIONS

Community-based health care providers, such as physicians, nurse practitioners and others, should be aware of services and resources to help people living at home with dementia as well as their caregivers. A review in *CMAJ (Canadian Medical Association Journal)* aims to provide guidance to health care providers as well as government and health system planners, based on recent evidence.

“All health care providers should be aware of their local resources for dementia and which services may be most beneficial for their patients and caregivers,” writes Dr. Dallas Seitz, Queen’s University, Kingston, Ontario, with coauthors. “Health system planners and policy-makers should be aware of services that have been shown to be beneficial for people and plan to meet the increasing demand for these services in the future.”

In Canada, about 500 000 people are affected by dementia, and the health system spends \$15 billion annually caring for this population.

Highlights of the review:

- Early detection** of dementia is an important first step for accessing services by proactively identifying people at risk (case finding) rather than through broad population screening programs. Identifying dementia early can relieve stress and uncertainty for patients and their caregivers and facilitate early connection to supports.
- Evaluation** for dementia should include patient history of cognitive and functional changes, medication review, cognitive screening tests, blood work and neuroimaging in some situations.
- Community-based supports**, such as in-home support services, caregiver education and training, respite programs and more, have been shown to delay admission to long-term care facilities.
- Caregiver education programs** and coordination of care have been effective at delaying placement in homes and are cost-effective.
- Reducing caregiver stress** is important for keeping people at home as long as possible.
- Referral to dementia specialists** may need to be selective, given the limited number of specialists and the increasing number of people with dementia. Referrals should be made when there is diagnostic uncertainty, marked change

in a person's behaviour, challenges with medication and other complicating problems.

Some parts of Canada may currently have limited access to supports mentioned in the review.

"The identification and care of community-dwelling people with dementia and their caregivers is complex and will often involve multiple supports and services to optimize outcomes. Existing guideline recommendations for dementia and high-quality evidence underscore that community-level multicomponent supports, including caregiver education and training programs, some forms of respite programs and case management approaches for dementia, are effective in delaying admission to long-term care settings for older adults with dementia and reducing caregiver stress," the authors conclude.

"*Care of community-dwelling older adults with dementia and their caregivers*" is published July 3, 2018.

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Review <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.171333>

Podcast permanent link: <https://soundcloud.com/cmajpodcasts/170920-view>

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