

At A Glance

September 2003

Monthly highlights of ICES research findings for stakeholders

Waiting times for cardiac procedures pose significant hazards for heart attack patients

Alter D, Tu J, Austin P, Naylor D. Waiting times, revascularization modality and outcomes after acute myocardial infarction at hospitals with and without on-site revascularization facilities in Canada. *Journal of the American College of Cardiology*. 2003; 42 (3): 410-419.

Issue	Evidence suggests that delays in revascularization (bypass surgery and angioplasty) may lead to poorer outcomes for heart attack patients.
Study	Examined over 15,000 heart attack patients who underwent revascularization to determine whether admission to a regional cardiac centre affected revascularization choice, timing, and outcome when compared to admission to a non-regional cardiac centre. The period of study was from 1994–1998.
Key Findings	Patients admitted to regional cardiac centres: <ul style="list-style-type: none">• Waited 12 days for revascularization, while those admitted to non-cardiac centres waited 48 days• Were more likely to receive angioplasty, compared to those initially admitted to non-cardiac centers, who were more likely to receive bypass surgery• Showed a 66% reduction in adverse outcomes when revascularization was performed during the initial hospital admission for heart attack, compared to procedures performed after discharge• Had a 36% reduction in hospital readmission and spent fewer days in hospital
Implications	Policymakers should address capacity issues within regional cardiac centres to ensure timely access, and therefore improved outcomes, for patients awaiting revascularization after a heart attack.

Survival improving dramatically for Hodgkin's disease patients

Hodgson D, Zhang-Salomons J, Rothwell D, Paszat L, Tsang R, Crump M, Mackillop W. Evolution of treatment for Hodgkin's Disease: a population-based study of radiation therapy use and outcome. *Clinical Oncology*. 2003; 15: 255-263.

Issue	While the increased use of chemotherapy in combination with radiation therapy (RT) has resulted in significant advancements in the treatment of Hodgkin's Disease (HD), few reports have documented how these advances have changed the management and outcome of HD.
Study	Adult patients being treated for HD between 1982 and 1996 were examined for RT use, cause-specific survival (CSS) and overall survival (OS).
Key Findings	Over three study periods, the proportion of patients receiving RT within 11 weeks of diagnosis declined (25%, 16%, 12%), as did the proportion receiving RT within 45 weeks (57%, 51%, 48%). There was a significant increase in five-year CSS (81%, 87%, 89%) and OS (72%, 77%, 82%).
Implications	Clinical advances developed and tested in clinical trials are being translated into the general population of HD patients. Ongoing studies will be important to further refine the treatment of HD and produce continued improvement in outcomes.

Ontario First Nations people receiving inadequate primary care

Shah B, Gunraj N, Hux J. Markers of access to and quality of primary care for aboriginal people in Ontario. *American Journal of Public Health*. 2003; 93 (5): 798-802.

Issue	First Nations (FN) communities in northern Ontario have several of the risk factors identified for inadequate primary care access, namely: poverty, rural isolation and minority ethnicity.
Study	55 FN communities were matched with similar non-FN northern communities to examine rates of avoidable hospitalizations and the use of specialty services.
Key Findings	FN communities had much higher rates of avoidable hospitalizations (34/1,000) than non-FN communities (20/1,000), as well as lower utilization rates for specialty procedures (FN=8/1,000 vs. non-FN=12/1,000).
Implications	Systemic barriers, such as the maldistribution of primary care physicians, may be impacting aboriginal primary care as much as geographic isolation and low socioeconomic status.

Treatment advice varies between medical directors and their respective poison centres

Juurlink D, Szalai J, McGuigan M. Discrepant advice from poison centres and their Medical Directors. *Canadian Journal of Clinical Pharmacology*. 2002; 9 (7): 101-105.

Issue	Previous reports have documented significant variation in the treatment advice given by poison information specialists and that jointly published by the American Association of Poison Control Centres, and the European Association of Poison Control Centres and Clinical Toxicologists.
Study	Medical directors in 67 poison control centres across North America were asked to provide treatment advice for a hypothetical, but common, situation in which an adult male had overdosed on coated aspirin. The treatment recommended by each medical director was compared to that issued by their respective poison centre, in an earlier survey.
Key Findings	<ul style="list-style-type: none"> • The 67 medical directors provided 30 different recommendations • Only 27% of the medical directors felt their recommendations were in full agreement with those of their own poison centre • 23% perceived discrepancies in advice to be of major importance, and 50% characterized these as minor.
Implications	As experts, medical directors within poison centres have a responsibility to ensure the internal uniformity of their centre's treatment advice. Quality control measures, such as periodic reviews of adherence to treatment recommendations, should be undertaken and inconsistencies corrected.

Impact of chronic conditions on quality of life varies by age and gender

Schultz S, Kopec J. Impact of Chronic Conditions. Statistics Canada: *Health Reports*. 2003; 14 (4) Catalogue 82-003-XP

Issue	With life expectancy increasing steadily, preventing or reducing disability from chronic conditions has become a priority. As such, there is a need to develop valid and reliable methods for assessing the relative impact of chronic conditions on health status.
Study	Assessed the impact of 21 self-reported chronic conditions on health-related quality of life. Data was drawn from the household component of the health file of the 1996/97 National Population Health Survey, completed by over 73,000 Canadians.
Key Findings	<p>58% of Canadians 12 years of age and older reported having at least one chronic condition. The impact of such conditions on health-related quality of life (HRQL) varied by age and gender.</p> <p>By age, the following conditions had a severe impact on HRQL:</p> <ul style="list-style-type: none"> • Urinary incontinence in 12–24 year olds • Arthritis and urinary incontinence in 25–44 year olds • Alzheimer's disease, urinary incontinence, the effects of stroke, bowel disorders, chronic bronchitis/emphysema in people aged 45 and older • Cataracts in the 45-64 age group • Epilepsy in the 65+ population <p>By gender, the following was noted:</p> <ul style="list-style-type: none"> • Bowel disorders had a significant impact on HRQL for females • HRQL for males was significantly impacted by arthritis, cataracts, bronchitis and epilepsy
Implications	Methods to assess the relative impact of chronic conditions on HRQL should take into account the fact that disease impact varies according to age and gender. Recognition of these variations in impact will allow for funding to be prioritized to specific prevention programs and messaging to be tailored to target audiences.

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