## 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

**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**
- 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

**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

**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

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.

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.

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.

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

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.

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.

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.

By age, the following conditions had a severe impact on HRQL:

- 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

By gender, the following was noted:

- Bowel disorders had a significant impact on HRQL for females
- HRQL for males was significantly impacted by arthritis, cataracts, bronchitis and epilepsy

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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