Enhancing the effectiveness of health care for Ontarians through research

ICES Institute for Clinical Evaluative Sciences

At A Glance

September 2004

Monthly highlights of ICES research findings for stakeholders

Access to specialists improves treatment for arthritis patients

Shipton D, Glazier R, Guan J, Badley E. Effects of use of specialty services on disease-modifying antirheumatic drug use in the treatment of rheumatoid arthritis in an insured elderly population. *Medical Care.* 2004; 42 (9): 907-913.

Issue Disease-modifying antirheumatic drugs (DMARDs) can significantly slow the progression of rheumatoid arthritis (RA). The extent to which Canadian RA patients are referred to specialists and prescribed DMARDs is not known.

Study Tracked individuals aged 65 years and older with RA in Ontario from 1997 to 2001 to examine the proportion seeing general practitioners and specialist physicians, and the number being prescribed DMARDs.

Key Findings Of the 13,698 people in the study group, those who saw a specialist were nearly twice as likely to receive DMARDs. There was considerable variation by county in both the proportion of those with RA visiting specialists (39 to 82 per 100 RA population), and receiving DMARDs (36% to 81%).

Implications Lack of access to specialists is associated with suboptimal treatment for RA patients. Methods to improve access to specialists could include improving FP/GPs' knowledge and behaviour about early referral for RA patients, and reducing geographic disparities in the provision of specialist care.

Colonoscopy does not detect all colon cancers

Bressler B, Paszat L, Vinden C, Li C, He J, Rabeneck L. Colonoscopic miss rates for right-sided colon cancer: a population-based analysis. *Gastroenterology.* 2004; 127 (2): 452-456.

Issue The marked increase in the use of colonoscopy to detect colorectal cancer (CRC), as well as the rise in the proportion of right-sided colon cancers, make it vital to document the accuracy of this procedure.

Study Identified all Ontario adults with a new diagnosis of right-sided CRC admitted to hospital for surgical resection of the colon between 1997 and 2001. Patients who had a colonoscopy within three years of diagnosis were divided into two groups: detected cancers (those who had a colonoscopy within six months of diagnosis), and missed cancers (those who had a colonoscopy six months to three years before diagnosis).

Key Findings Among the 4,920 patients with a new diagnosis of right-sided CRC, 54% had at least one colonoscopy within three years of hospital admission for surgical resection. In 96% of these patients, cancer was detected. The remaining 4% of cancers were missed during the colonoscopy.

Implications Miss rates could be caused by an inability to reach the lesion, inadequate bowel preparation, small cancerous lesions, or physician error in identifying the proper area of the colon to be inspected. It is important that patients undergoing colonoscopy be aware that a small proportion of cancers are not detected through the test.

Socioeconomic status affects common childhood surgeries

Croxford R, Frieberg J, Coyte P. Socioeconomic status and surgery in children: myringotomies and tonsillectomies in Ontario, Canada, 1996–2000. *Acta Paediatricia.* 2004; 93 (9): 1245-1250.

Issue The influence of socioeconomic status (SES) on treatment selection, once access to care has been obtained, has not been well studied, and there are few studies on the influence of SES on treatment choice for children.

Study Tracked all myringotomies and tonsillectomies performed on Ontario children from 1996 to 2000 to examine the probability of surgery (myringotomy or tonsillectomy), and the probability that surgery was accompanied by an adjuvant procedure.

Key Findings Lower SES was associated with increased likelihood that a child's initial surgery was a tonsillectomy rather than a myringotomy, and that those children having a myringotomy as their initial surgery would also undergo a tonsillectomy during the same hospitalization.

Implications SES is associated with differences in treatment decisions for the two most common pediatric surgical procedures. Further research is needed to determine whether these differences arise at the level of the primary care physician, the specialist, and/or are due to parental preference.

Study shows wide variation in cardiac arrest outcomes across Canada

Vaillancourt C, Stiell I. Cardiac arrest care and emergency medical services in Canada. *Can J Cardiol.* 2004; 20 (11): 1081-1090.

Issue There have been few comprehensive studies on the outcomes of out-of-hospital cardiac arrest and emergency services across Canada.

Study Conducted an analysis of cardiac arrest care and emergency medical services for the City of Edmonton Emergency Response Department, British Columbia Ambulance Service, Nova Scotia Emergency Health Services, the "Urgences-santé" corporation of the Montreal metropolitan region, and the Ontario Prehospital Advanced Life Support (OPALS) Study database.

Key Findings From 1995 to 2002, most of the more than 5,200 cardiac arrests occurred in men in their sixties and seventies (63%-70%), were witnessed 35% to 55% of the time, and had bystander CPR performed 15% to 46% of the time. Bystander CPR and first responder defibrillation were significantly associated with increased survival. Patients were often in asystole (36% to 51%), commonly arrested at home (56%), and rarely survived to hospital discharge (4% to 9%). Cardiac arrest incidence rates varied between 53 and 59 per 100,000 population.

Implications These findings highlight the need for a national cardiac arrest registry, better communication among cardiac arrest care partners across the country, and an evaluation of the feasibility of a national registry.

Atypical antipsychotic drugs not associated with increased risk of stroke in elderly

Herrmann N, Mamdani M, Lanctôt K. Atypical antipsychotics and risk of cerebrovascular accidents. *Am J Psychiatry.* 2004; 161 (6): 1113-1115.

Issue Previous research has shown patients treated with the atypical antipsychotic, risperidone, experienced more strokes than placebo-treated patients. However, because of small trial sizes it is unclear if this is a true association, and whether the reaction is specific to risperidone or is a risk factor for other atypical antipsychotics as well.

Study Tracked 1.4 million Ontarians aged 65 years and older, from 1997 to 2002, and identified a study group of 11,400 individuals who had never been prescribed an antipsychotic medication. Hospitalizations for stroke were compared between users of risperidone or olanzapine (atypical antipsychotics) with those dispensed any typical antipsychotic.

Key Findings Among the 11,400 patients who were started on antipsychotics during the study period, the stroke rate did not differ significantly among patients taking typical antipsychotics vs. those taking atypical antipsychotics (risperidone and olanzapine).

Implications Although there was no statistically significant increase in the risk of stroke associated with the use of risperidone or olanzapine compared with the use of typical antipsychotics in the elderly, further studies to assess the specific risks of atypical antipsychotic use in elderly dementia patients are required.

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