

At A Glance

September 2005

Monthly highlights of ICES research findings for stakeholders

ICES report outlines latest trends in Ontario primary care services

Chan B, Schultz S. *Supply and Utilization of General Practitioner and Family Physician Services in Ontario. ICES Investigative Report*. Toronto: Institute for Clinical Evaluative Sciences; 2005.

Issue	With a recognized shortage of primary care providers in Ontario, it is important to remain abreast of changes in the supply and utilization of these services.
Study	Examined data from physician registries and Ontario Health Insurance Plan (OHIP) records between 1993/1994 and 2001/2002 to investigate how Ontarians are accessing primary care services and how the supply of general practitioners and family physicians has evolved.
Key Findings	The face of family medicine changed substantially over the study period. Physician supply has decreased, the workforce is aging, there are more female doctors, the comprehensiveness of care continues to decline, and there has been some geographic redistribution of the family physician workforce in Ontario, with Northern Ontario experiencing the only increase.
Implications	Health human resource planners need to regularly review and monitor the impact of their policies, as well as evolving social trends, to maintain an efficient system that responds to patient needs.

Antipsychotics increase risk of non-parkinsonism movement disorders in dementia patients

Lee, P, Sykora K, Gill S, Mamdani M, Marras C, Anderson G, Shulman K, Stukel T, Normand S-L, Rochon P. Antipsychotic medications and drug-induced movement disorders other than parkinsonism: a population-based cohort study in older adults. *J Am Geriatr Soc*. 2005; 53 (8): 1374-1379.

Issue	Newer <i>atypical</i> antipsychotics are thought to be less likely than older <i>typical</i> antipsychotics to produce parkinsonism. However, previous clinical trials evaluating the use of atypical antipsychotics for elderly dementia patients may not provide adequate data on the risk of tardive dyskinesia (TD) and other non-parkinsonism movement disorders from these drugs over the long-term.
Study	Tracked Ontarians aged 66 years and older with dementia that began antipsychotic therapy between 1997 and 2001 to examine the risk of developing a drug-induced movement disorder, other than parkinsonism, within one year of follow-up after starting antipsychotic therapy.
Key Findings	The risk of developing TD or another drug-induced movement disorder, other than parkinsonism, while being treated with <i>atypical</i> antipsychotics was not statistically different from the risk observed when treated with <i>typical</i> antipsychotics. However, older adults with dementia who were treated with either type of antipsychotic were at greater risk of developing TD or other non-parkinsonism movement disorders, relative to those who were not treated with the drugs.
Implications	Clinicians who prescribe antipsychotic medications should consider the risks and benefits of these drugs before starting therapy and should closely monitor patients for side-effects throughout the course of treatment.

Various statins are equally effective for preventing recurrent heart attacks or death in the elderly

Zhou Z, Rahme E, Abrahamowicz M, Tu J, Eisenberg M, Humphries K, Austin P, Pilote L. Effectiveness of statins for secondary prevention in elderly patients after acute myocardial infarction: an evaluation of a class effect. *CMAJ*. 2005; 172 (9): 1187-1194.

Issue	Previous research is not clear in terms of whether different statins exert a similar effect in reducing the incidence of recurrent heart attacks or death in elderly heart attack patients.
Study	Between 1997 and 2002, tracked elderly heart attack patients aged 65 years and older in Quebec, Ontario and British Columbia who began one of five common statin therapies (atorvastatin, pravastatin, simvastatin, lovastatin, or fluvastatin) to examine the relative effectiveness of the different statins in preventing future heart attacks or death.
Key Findings	When compared with atorvastatin (the reference drug), each statin had a similar effect in reducing the incidence of recurrent heart attacks or death among elderly heart attack patients.
Implications	These results can help inform health care decision-making and reduce preferential prescribing of individual statins for secondary prevention in elderly heart attack patients.

Study demonstrates which groups are more likely to get colorectal cancer screening

Ramji F, Cotterchio M, Manno M, Rabeneck L, Gallinger S. Association between subject factors and colorectal cancer screening participation in Ontario, Canada. *Cancer Detect Prev.* 2005; 29 (3): 221-226.

Issue	It is important to determine what factors may be associated with participation in colorectal cancer screening to help target appropriate subgroups and increase screening rates.
Study	A population-based sample of 1,944 Ontario residents 20 to 74 years of age, who had never had colorectal cancer, completed a questionnaire that collected information on sociodemographics, medical history, lifestyle, reproductive factors, diet, and health behaviours. This information was used to evaluate the association between these factors and colorectal cancer screening participation.
Key Findings	Between 1998 and 2000, only 23% of persons older than 50 years of age (the target group for colorectal cancer screening) reported having been screened for colorectal cancer at any time. Family history of colorectal cancer, increased age, higher household income, and use of hormone replacement therapy (among women) were all significantly associated with ever having been screened for colorectal cancer.
Implications	The low prevalence of colorectal cancer screening among the target population suggests there is a need to create broad public health initiatives to increase awareness and further target specific groups underrepresented within the screening population. Consideration also needs to be given to ensuring that the necessary health human resources are available to support increased screening.

Obese people at greater risk for GERD (gastroesophageal reflux disease)

El-Serag H, Graham D, Satia J, Rabeneck L. Obesity is an independent risk factor for GERD symptoms and erosive esophagitis. *Am J Gastroenterol.* 2005; 100 (6): 1243-1250.

Issue	There have been inconsistent study results concerning the association between obesity and gastroesophageal reflux disease (GERD).
Study	To examine the prevalence and determinants of GERD, 453 employees of the Houston Veterans' Affairs Medical Center were surveyed regarding the onset, frequency and severity of their GERD symptoms over the prior year, as well as their height, weight, smoking status, and family history of GERD.
Key Findings	Compared to participants without weekly GERD symptoms (heartburn and regurgitation), a significantly larger proportion of those with weekly symptoms were either overweight [35% vs. 32%, Body Mass Index (BMI) 25-30] or obese (39% vs. 26%, BMI >30). Obese participants were 2.5 times more likely than those with a normal BMI (<25) to have reflux symptoms or esophageal erosions. These associations persisted even after adjusting for factors such as age, race, and dietary intake.
Implications	Previous studies have focused on diet or demographic features as risk factors for GERD. This study demonstrates that even when these factors are taken into account, obesity is a significant independent risk factor for GERD.

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