

## At A Glance

May 2006

### Monthly highlights of ICES research findings for stakeholders

#### **SSRI antidepressants associated with increased risk of suicide in first month of therapy**

Juurlink D, Mamdani M, Kopp A, Redelmeier D. The risk of suicide with selective serotonin reuptake inhibitors in the elderly. *Am J Psychiatry*. 2006; 163 (5): 813-821.

- Issue** Several anecdotal reports describe the emergence of intense suicidality during the initial period of selective serotonin reuptake inhibitor (SSRI) therapy, but it has been difficult to separate the role of depression from a possible adverse effect of treatment, and no reports have specifically addressed the risk of SSRIs in older adults.
- Study** Linked coroner's records with patient prescription data, physician billing claims, and hospitalization data for Ontarians aged 66 years and older between 1992 and 2000 to examine suicide in people prescribed SSRIs compared to those prescribed a non-SSRI antidepressant.
- Key Findings** The majority of the 1,142 patients who committed suicide were not treated with an antidepressant. Among those who were, the risk with SSRIs was almost five times higher than with non-SSRIs during the first month of treatment. After the first month of therapy, no heightened risk of suicide with SSRI antidepressants was evident.
- Implications** Patients who are responding well to SSRI antidepressants should not discontinue therapy, and individuals with depression must not be deterred from seeking appropriate treatment based on these findings. However, clinicians should reserve SSRI antidepressants for patients with established uses, monitor them closely after commencing treatment, and inform patients and their families of the possible emergence of suicidal behaviours during the initial weeks of therapy.

#### **Women with diabetes may have increased risk of breast cancer**

Lipscombe L, Goodwin P, Zinman B, McLaughlin J, Hux J. Diabetes mellitus and breast cancer: a retrospective population-based cohort study. *Breast Cancer Res Treat*. 2006 Mar 16; [Epub ahead of print].

- Issue** Evidence suggests that women with type 2 diabetes may be at increased risk of breast cancer; however, previous studies have yielded mixed results.
- Study** Compared breast cancer incidence in postmenopausal Ontario women aged 55-79 years with newly diagnosed diabetes to women without diabetes.
- Key Findings** After 2.2 million person-years of follow-up from 1994 to 2002, breast cancer incidence was 2.97/1,000 person-years in the diabetes group and 2.75/1,000 person-years in the non-diabetes group. This shows a small but significant increase in breast cancer among women with diabetes.
- Implications** These results support the possibility that insulin resistance or some other aspect of type 2 diabetes may promote breast cancer, which may further direct treatment and prevention strategies.

#### **Ontario's universal influenza program is having a positive impact on vaccination rates**

Kwong J, Sambell C, Johansen H, Stukel T, Manuel D. The effect of universal influenza immunization on vaccination rates in Ontario. *Health Rep*. 2006; 17 (2): 31-40.

- Issue** There is a need to evaluate whether the introduction of Ontario's universal influenza immunization program (UIIP) in July 2000 has resulted in a greater increase in vaccination rates in Ontario, relative to other provinces.
- Study** Used Statistics Canada's 1997 National Population Health Survey and Canadian Community Health Survey from 2001 and 2003 to estimate vaccination rates for all Canadians aged 12 or older, for groups especially vulnerable to the effects of influenza, and by selected sociodemographic variables.
- Key Findings** Between 1997 and 2001, the increase in overall vaccination rates in Ontario was 10% greater than the increase in other provinces combined. Increases in Ontario were particularly pronounced among those younger than 65, who were more educated, and who had a higher household income.
- Implications** The introduction of the Ontario UIIP has had a positive impact, especially among groups not typically covered by vaccination programs. It is not known as yet, however, whether it was the availability of free flu shots for everyone, greater ease of getting vaccinated, extensive advertising by provincial and local public health bodies, or some other cause, that led to the increase in Ontario's rates.

## ICES report shows Ontario's health information is in need of urgent upgrades

Iron K. Moving toward a better health data system for Ontario. ICES Investigative Report. Toronto: Institute for Clinical Evaluative Sciences; 2006.

<b>Issue</b>	There is growing concern that the scope, level of detail, and quality of health data in Ontario are insufficient for ongoing health system evaluation, particularly at the local level.
<b>Study</b>	Demonstrated how the current organization, availability, and quality of health data in Ontario affect the province's ability to evaluate different aspects of the health care system. Several generic "real world" scenarios are provided to demonstrate how the current system of producing and sharing health care data in Ontario is and is not working.
<b>Key Findings</b>	Immediate attention to five major areas of concern would greatly enhance the ability to evaluate health system performance: update and validate demographic information; provide timely access to up-to-date Vital Statistics; develop a comprehensive database for primary care, laboratory data and prescription drug data.
<b>Implications</b>	The first and most important priority is to develop an electronic system to track all uses of Ontario's health care system. A new, centralized and dedicated health information agency to manage existing health data is a necessary first step toward a fully electronic health data system that will allow real-time health service and clinical information for all Ontarians to be captured.

## Prescribing of Alzheimer's drugs varies among Canadian family physicians despite guidelines

Hillmer M, Krahn M, Hillmer M, Pariser P, Naglie G. Prescribing patterns for Alzheimer's disease: survey of Canadian family physicians. *Can Fam Physician*. 2006; 52 (February): 208-209.

<b>Issue</b>	Family physicians (FPs) are generally the first contact for patients needing treatment for Alzheimer's disease (AD). However, there has been little formal research into the prescribing practices of Canadian FPs for the treatment of AD.
<b>Study</b>	Surveyed a random sample of 1,000 Canadian FPs across four regions including British Columbia, the Prairie Provinces, Ontario, and the Atlantic Provinces about their prescribing practices regarding cholinesterase inhibitors (ChIs), which have been recommended in recent guidelines for patients with mild to moderate AD.
<b>Key Findings</b>	The survey response rate was 36%. About 27% of respondents reported that ChIs were prescribed for less than 10% of their AD patients, while almost 13% reported that ChIs were prescribed for more than 90% of their AD patients. More physicians prescribed ChIs in the two regions with provincial formulary coverage (Prairie Provinces and Ontario) than in the two regions without provincial formulary coverage (British Columbia and Atlantic Provinces). Women physicians, those concerned with the effectiveness of the drugs, and those with less knowledge of ChIs prescribed these less frequently.
<b>Implications</b>	Given the increasing prevalence of AD in Canada, it is important to establish up-to-date evidence-based guidelines for optimal prescribing of ChIs for AD patients and to find ways to encourage physicians to follow these guidelines.

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