

## At A Glance

September 2007

### Monthly highlights of ICES research findings for stakeholders

#### Cataract surgery rates more than doubled in Ontario: demand still exceeds supply

Hatch W, Cernat G, Singer S, Bell C. A 10-year population-based cohort analysis of cataract surgery rates in Ontario. *Can J Ophthalmol.* 2007; 42 (4): 552-556.

<b>Issue</b>	Advances in surgical technique, a growing and aging population and changing lifestyle expectations have led to a greater demand for cataract surgery. An examination of the rates and distribution of cataract surgery in Ontario is needed to determine an appropriate target rate to decrease wait times.
<b>Study</b>	Identified Ontarians who had cataract surgery between April 1994 and March 2005. Provincial, regional, and age- and sex-specific rates of surgery were calculated.
<b>Key Findings</b>	<ul style="list-style-type: none"><li>• The total number of cataract surgeries in Ontario more than doubled between 1994/95 and 2004/05, from 54,365 to 111,396 procedures. Those aged 65 years and older accounted for 81% of all cataract surgeries in the province, doubling from 43,818 to 90,179 over the decade.</li><li>• Procedure rates per 100,000 Ontarians aged 65 years and older rose by 66%, from 3,408 in 1994/95 to 5,650 in 2004/05.</li><li>• Regional rates varied considerably across the province. In 2004/05, the region with the highest rate of cataract surgeries (6,563/100,000 residents aged 65 years and older) had more than 1.5 times the rate of cataract surgeries seen in the region with the lowest rate (4,727/100,000).</li></ul>
<b>Implications</b>	Cataract surgery rates are expected to continue to rise. These findings can be used to help policy makers and health planners determine appropriate target rates for cataract surgery. As well, they can serve as benchmarks for regional programs and for monitoring program expansion.

#### One in four elderly Ontarians with hypertension is prescribed unproven drug combinations

Campbell N, McAlister F, Duong-Hua M, Tu K. Polytherapy with two or more antihypertensive drugs to lower blood pressure in elderly Ontarians. Room for improvement. *Can J Cardiol.* 2007; 23 (10): 783-787.

<b>Issue</b>	Although guidelines recommend polytherapy (combination drug therapy) to achieve blood pressure targets, little is known about which antihypertensive drugs are combined in clinical practice.
<b>Study</b>	Identified Ontario residents aged 66 years and older who were newly treated for hypertension (high blood pressure) between 1994 and 2002, and who did not have diabetes or other relevant diseases. Patients were tracked for two years to determine which antihypertensive drugs were prescribed together.
<b>Key Findings</b>	Of the 166,000 patients, 1% were prescribed a combination therapy tablet as their initial treatment. Although the use of polytherapy to treat hypertension increased over the study period (from 21% in 1994 to 37% in 2002), over a quarter (27%) of polytherapy prescriptions were for drugs without proven benefits in reducing blood pressure when prescribed together.
<b>Implications</b>	Clinical guidelines and medical education programs should emphasize appropriate drug combinations to optimize blood pressure control and to reduce cardiovascular disease in elderly individuals.

#### Immigrant women not receiving adequate cervical cancer screening

Lofters A, Glazier R, Agha M, Creatore M, Moineddin R. Inadequacy of cervical cancer screening among urban recent immigrants: a population-based study of physician and laboratory claims in Toronto, Canada. *Prev Med.* 2007; 44 (6): 536-542.

<b>Issue</b>	Routine Pap smears can prevent up to 90% of invasive cervical cancers. There have been few direct measures of Pap smear use among immigrants or socioeconomically disadvantaged groups.
<b>Study</b>	Identified all women aged 18-66 years of age in Toronto who had a Pap smear between 2000 and 2002. Among this group, differences in Pap smear rates by socioeconomic and recent immigration status were examined. Recent registrants for health coverage, 80% of whom were expected to be recent immigrants, were defined as women first registering after January 1, 1993.
<b>Key Findings</b>	Among 724,584 women, 55% had Pap smears within three years. Recent immigration, visible minority, foreign language, low income and low education were all associated with significantly lower rates. Recent registrants had much lower rates than non-recent registrants (37% versus 61%).
<b>Implications</b>	Pap smear rates in Toronto fall below those recommended by evidence-based practice. Efforts to improve coverage need to emphasize recent immigrants and the socioeconomically disadvantaged.

## Inpatient smoking-cessation counseling is an underused intervention

Van Spall H, Chong A, Tu J. Inpatient smoking-cessation counseling and all-cause mortality in patients with acute myocardial infarction. *Am Heart J.* 2007; 154 (2): 213-220.

<b>Issue</b>	The rate of inpatient smoking-cessation counseling among hospitalized patients with acute myocardial infarction (AMI) and the associated mortality benefit are not well documented.
<b>Study</b>	Analyzed over 9,000 Ontario patients with AMI discharged from 83 teaching and community hospital corporations (103 sites) between April 1999 and March 2002. Associations between smoking-cessation counseling and one-year mortality were examined.
<b>Key Findings</b>	Only 52% of current smokers were offered smoking-cessation counseling. Predictors of counseling included a history of asthma and admission to a large hospital. Factors associated with no counseling included increasing patient age, a history of diabetes, and admission under the care of a cardiologist or internist. Inpatient smoking-cessation counseling was independently associated with a 37% reduction in mortality one-year after an AMI.
<b>Implications</b>	Post-AMI inpatient smoking-cessation counseling is an underused intervention. Given its minimal cost and potential benefit, inpatient counseling should receive greater emphasis as a routine part of post-AMI management as it is associated with a significant reduction in mortality.

## Better anticoagulation control needed for hospitalized patients

van Walraven C, Austin P, Oake N, Wells P, Mamdani M, Forster A. The effect of hospitalization on oral anticoagulation control: a population-based study. *Thromb Res.* 2007; 119 (6): 705-714.

<b>Issue</b>	Since adverse events such as bleeding and thromboembolic risk are common during oral anticoagulation therapy, maximizing patient time in the optimum therapeutic range is essential to improve outcomes. Previous studies examining oral anticoagulation control cannot be generalized to large populations, due to patient selection bias and other factors.
<b>Study</b>	Tracked over 7,000 Eastern Ontario residents aged 65 years and older, without valve replacement, who were treated with warfarin between 1999 and 2000 to assess anticoagulation control.
<b>Key Findings</b>	The study population was in the therapeutic range 59% of the time. Fifteen percent of these individuals were hospitalized during the study period. Hospitalized patients had a greater risk of poor anticoagulation control; the number of days in the therapeutic range decreased by 15% for people in hospital compared to those not hospitalized.
<b>Implications</b>	While oral anticoagulation control in Eastern Ontario compares favourably to that in other communities, there is room for improvement. Patients in randomized trials and anticoagulation clinics achieve a therapeutic range of 65%. Oral anticoagulation control of hospitalized patients should be reviewed to determine if and how it could be improved.

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