



Christine Kenney

Acute coronary syndromes

Percutaneous coronary interventions (PCIs) are frequently used for emergency revascularization and are an alternative to thrombolytic therapy. In the third article in the Clinical Basics series on managing acute coronary syndromes, Christopher Buller and Ronald Carere review the role of catheter-based procedures and advances in the use of stents and adjuvant platelet glycoprotein IIb/IIIa inhibitors. They present cases to demonstrate the appropriate use of PCIs, for patients with and those without ST-segment elevation acute coronary syndromes. An information sheet is provided for patients to help them make informed decisions about catheter-based procedures.

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Provincial drug benefits

Many physicians are unclear as to why some prescriptions they write for patients will be covered by their provincial drug benefit plan and others will not. Andreas Laupacis helps to demystify the process, giving an “insider’s view” of lessons he learned on the Therapeutics Committee for the province of Ontario. Laupacis reminds us that although the cost-conscious committee is concerned with a drug’s price, in determining “cost-effectiveness” it is equally concerned with the drug’s relative “effectiveness.” He reviews some of the reasons why a drug may not be covered for general use by the Ontario Drug Benefits Program and some of the pros and cons of restricting the prescribing and use of certain medications. He hopes that the process can be made more transparent but acknowledges that this may run counter to many drug manufacturers’ wishes to preserve the confidentiality of the process.

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Peer support for breast-feeding

Many new mothers initiate breast-feeding but stop within weeks of delivering. Cindy-Lee Dennis and colleagues conducted a randomized controlled trial to evaluate the effectiveness of peer support on prolonging the duration of breast-feeding. Recruited from semi-urban hospitals in Toronto, 256 new mothers who decided to breast-feed were randomly assigned to either regular care or to telephone-based peer support from volunteers with breast-feeding experience. Follow-up at 4, 8 and 12 weeks post partum showed consistently higher rates of breast-feeding in the peer support group than in the usual care group (92.4% v. 83.9% at 4 weeks, 84.8%



v. 75.0% at 8 weeks and 81.1% v. 66.9% at 12 weeks, all $p \leq 0.05$). Most (81.6%) of those who evaluated their peer support intervention were satisfied with the experience. Further study is needed to verify whether the differences would persist beyond 3 months post partum.

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Practice launch

Busy physicians have little time to read lengthy reviews and original research articles, yet they want clinically relevant information. To fill this need, we are launching Practice, a section that will include short and interesting reviews, a new Health and Drug Alerts page, and familiar features such as In the Literature (formerly Clinical Update) and Public Health. Also in this section is Clinical Vistas, a medical imaging page offering tidbits from the literature intended to both inform and entertain and, in this issue, describe the ups and downs of the meniscus.



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Access to information for MDs

The recent release of guidelines about the medicinal use of marijuana caught many physicians off guard. In *CMAJ*'s News section, Ken Rubin reports that if physicians learn how to make federal access-to-information requests, they may no longer be surprised by the sudden announcement of government plans that may affect them directly. Rubin, a well-known access-to-information expert, discusses how physicians can get important information from specific government departments. He gives examples of how to limit the cost and time it takes to have a request filled, and explains briefly how to navigate process pitfalls.

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