SARS poses challenges for MDs treating pediatric patients

When health officials unveiled a case definition for severe acute respiratory syndrome (SARS) recently, it was supposed to help MDs decide if patients had a disease for which there was no test.

But the comprehensive list of symptoms, which include fever and a dry cough, posed a unique problem in Toronto's already stressed ERs. How could they diagnose SARS in pediatric patients who could not tell them about their symptoms?

"Ultimately, we're faced with gazillions of kids with runny noses, fevers and coughs from any of a variety of non-SARS sources," explained Dr. Bruce Minnes, associate clinical chief of emergency medicine at the Hospital for Sick Children. "So when should we have a higher suspicion?"

In the absence of a suitable test, said Minnes, doctors at Toronto's 15 emergency departments and 5 SARS assessment clinics started relying on a combination of symptoms and background information provided by a parent.

Information about travel to affected countries, or exposure to an affected community within Toronto, raised a red flag. "With any kid who has the usual mild respiratory symptoms or fever, contact screening is our tool for identifying someone who may be at risk."

When young patients show additional severe respiratory symptoms and higher fevers, doctors automatically began treating them as SARS patients. "We would err on the side of caution, because we obviously don't have a tool for making a positive diagnosis."

This means that children showing symptoms will be more likely to undergo mandatory 10-day isolation than adults, but Dr. Tim Rutledge defended such moves. "We want to be really careful," explained the medical director of emergency services at the North York General Hospital. "Specifically, with children and the frail elderly the presentation can be more subtle, and therefore we have to be even more hypervigilant."

Rutledge estimates that children have accounted for 20% of the suspected or probable SARS cases at his hospital. Global experience has shown that while these pediatric diagnoses are harder to make, most fatalities occur in older patients. Of Toronto's 23 SARS deaths up to May 1, none of the patients has been under 39, and most have been older than 70. "It definitely seems to be a less severe illness in children," Rutledge said.

Canapress

Children: Best to err on the side of caution

He said MDs should look for a combination of symptoms and test results before isolating a child; the most useful signal from the physical exam is a temperature above 38° C. Both doctors said the prospect of placing an infant or toddler in quarantine is stressful. "It's not a great position to be in," said Minnes. — *Brad Mackay*, Toronto

Alberta: growing, greying and facing rising health care costs

Alberta physicians topped the $1-billion mark in total fee-for-service billings in 2001/02, an increase of more than 10%. Annual payments averaged more than $208 000, an increase of nearly 6%.

Those numbers were among a flood of data released in the *2001/2002 Alberta Health Care Insurance Plan Statistical Supplement*. The annual report indicates that more people are using health services and more doctors are delivering them. As well, drug costs have nearly doubled in 4 years.

Alberta Health spokesperson David Dear said population growth and a growing number of doctors account for most of the increase in fee-for-service payments. Alberta Medical Association President Steve Chambers added that a recent 3-year deal that increased physicians' fees by nearly 22% also had an impact.

Chambers defended the raise, arguing that "it makes it more attractive for a physician to come here and stay here." He says that with only 20% of Alberta doctors accepting new patients and with the average age of doctors approaching 50, incentives are needed to avert a crisis.

The report also warns of potential problems regarding drugs costs. In 2001/02, Alberta paid nearly $350 million for prescription drugs, an 89% increase from 1997/1998, when drugs cost $185 million. Dear said drugs now cost the province $1 million per day, and that will grow by 17% to 20% in 2003.

Five years ago, Alberta struck a committee cochaired by a physician and a pharmacist to study cost containment. One of several measures to emerge is the "checkpoint program" for first-time prescriptions of 30 days or more duration. In an effort to reduce waste, the drug plan now approves only a 7- to 14-day trial first to ensure the drug works.

The province has also instituted an "academic detailing program" that allows physicians to get advice from designated pharmacists regarding the range of drugs available. It's supposed to stop MDs from relying on a single therapy when more efficient ones are available. One drug, omeprazole, accounted for 6% of government drug spending in 2001/02.

Modern medicine faces a quandary, Chambers said. Drug companies are marketing effective new products, but they are expensive and they also keep people alive longer. Seniors are healthier and more active than ever, and Chambers said the rising costs are a sign of this.

Dear said drug costs can't be viewed in isolation. "They bring enormous value to the system in the good they do for patients, and they represent a kind of savings to the system by keeping patients out of it." — *Lisa Gregoire*, Edmonton