

Briefly

Autism definition: The American Psychiatric Association has proposed a new diagnostic definition for autism as part of forthcoming revisions to the *Diagnostic and Statistical Manual of Mental Disorders*. “The proposal by the DSM-5 Neurodevelopmental Work Group recommends a new category called autism spectrum disorder which would incorporate several previously separate diagnoses, including autistic disorder, Asperger’s disorder, childhood disintegrative disorder and pervasive developmental disorder not otherwise specified,” the association stated in a press release (www.psych.org/MainMenu/Newsroom/NewsReleases/2012-News-Releases/DSM-5-Proposed-Criteria-for-Autism-Spectrum-Disorder-Designed.aspx?FT=.pdf). “The proposal asserts that symptoms of these four disorders represent a continuum from mild to severe, rather than a simple yes or no diagnosis to a specific disorder. The proposed diagnostic criteria for autism spectrum disorder specify a range of severity as well as describe the individual’s overall developmental status—in social communication and other relevant cognitive and motor behaviors.” Dr. James Scully, president of the association, stated that the criteria “will lead to more accurate diagnosis and will help physicians and therapists design better treatment interventions for children who suffer from autism spectrum disorder.” — Wayne Kondro, *CMAJ*

Mad Max roadmap: Earlier access to services and support for mental illness highlights a draft 10-year plan for improving mental health Down Under. *The Ten Year Roadmap for National Mental Reform* unveiled for consultation by Minister for Mental Health and Aging Mark Butler and Minister for Families, Community Services and Indigenous Affairs Jenny Macklin touts itself as “systemic and outcomes oriented with an intention to improve the consumer and carer experience and not

to just build up service entities” ([http://health.gov.au/internet/main/publishing.nsf/Content/858DFA18366742D0CA25798A00040DD4/\\$File/roadmap.pdf](http://health.gov.au/internet/main/publishing.nsf/Content/858DFA18366742D0CA25798A00040DD4/$File/roadmap.pdf)). “The Roadmap aims to drive the provision of mental health services and supports that better reflect the holistic and life-stage appropriate needs of consumers and their families and carers.” Butler stated in a press release that Australia needs “to target our efforts at those who are hard-to-reach and vulnerable, and stop them from falling between the cracks and from being shunted from one service to another. We also need to work harder to break down the stigma, discrimination and misunderstanding that often surrounds mental illness” (www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr12-mb-mb001.htm). — Wayne Kondro, *CMAJ*

Counterfeit drugs: The World Health Organization (WHO) should establish a new mechanism to accommodate collaboration between member states on tackling the spread of “substandard/spurious/false-labelled/falsified/counterfeit medical products,” but that shouldn’t include trade and intellectual property considerations, according to the agency’s executive board. The recommendation, which will be considered for adoption at the 65th World Health Assembly in May, was put forth on Jan. 21 at the 130th meeting of the executive board (http://apps.who.int/gb/ebwha/pdf_files/EB130/B130_R13-en.pdf). The board also requested that WHO’s director-general support the new mechanism and urged member states to voluntarily participate and contribute funding. The resolution also recommends that WHO enhance support to regulatory authorities to promote access to affordable, high-quality medication that is safe and effective, while ensuring the fight against substandard/spurious/false-labelled/falsified/counterfeit medical products doesn’t reduce access to legitimate generic medicines. — Roger Collier, *CMAJ*

Neglected diseases: The World Health Organization has laid out a roadmap to tackle 17 neglected tropical diseases that affect the health of one billion of the world’s poorest people. The plan, *Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases – A Roadmap for Implementation*, sketches a coordinated effort among governments, private foundations and the pharmaceutical industry to deal with such diseases as “Dengue fever, Human dog-mediated rabies, Blinding Trachoma and Buruli ulcer” (www.who.int/neglected_diseases/NTD_RoadMap_2012_Fullversion.pdf). It proposes five strategies to tackle the diseases: preventive chemotherapy; intensified disease management; vector and intermediate host control; veterinary public health at the human-animal interface; and provision of safe water, sanitation and hygiene. — Wayne Kondro, *CMAJ*

Nursing supply: The number of regulated and employed nurses working in Canada rose to 354 910 in 2010, an increase of 1.8% over 2009 and 8.8% over 2006, according to the Canadian Institute for Health Information. Of the overall total, 268 512 (75.7%) were registered nurses, 81 224 (22.9%) were licensed practical nurses and 5174 (1.5%) were registered psychiatric nurses, according to the report, *Regulated Nurses: Canadian Trends, 2006 to 2010* (http://secure.cihi.ca/cihiweb/products/RegulatedNursesCanadianTrends2006-2010_EN.pdf). The report also indicates that in 2009, there were 9.4 practising nurses in Canada per 1000 population, as compared with 11.0 in Germany, 10.8 in the United States, 9.7 in the United Kingdom, 8.2 in France, 6.4 in Italy and 2.5 in Mexico. — Wayne Kondro, *CMAJ*

Genetics privacy: Greater legal protection must be provided to Canadians to ensure that personal genetic data isn’t used in untoward manner by their

employers or insurance companies, says a report by the British Columbia Civil Liberties Association. “Genetic testing or monitoring by employers should be prohibited except where done to provide information to employees who volunteer for such testing or monitoring and where the results are provided to the employees alone. There should be no obligation on employees to disclose the results to employers. Employees should, however, be permitted to disclose such information to their employers — for example, in support of a request for accommodation in the workplace based on the results of the testing or monitoring,” recommends the report, *Genetic Privacy and Discrimination: An Overview of Selected Major Issues* (www.bccla.org/othercontent/Genetic-privacy.pdf). “In insurance matters, all individuals should have the right to purchase a reasonable amount of life, disability or health insurance without being required to undergo genetic testing or disclose results of previous genetic tests.” — Wayne Kondro, *CMAJ*

Chronic disease plans: The United States government should help states develop “comprehensive, population-based strategic plans” to cope with a chronic disease burden that gobbles up 75% of the US\$2 trillion spent annually on health care, according to a report from the US Institute of Medicine. The plans should contain “specific goals, objectives, actions, time frames, and resources that focus on managing chronic illness among residents, including community-based efforts to address the health and social needs of people living with chronic illness and experiencing disparities in health outcomes,” states the report, *Living Well with Chronic Illness: A Call for Public Health Action* (www.nap.edu/catalog.php?record_id=13272). Other recommendations include the expansion of government surveillance and mitigation programs, as well as expanded use of “new and emerging economic methods, such as cost-effectiveness techniques, in making policy decisions that promote living well with chronic illness.” — Wayne Kondro, *CMAJ*

Squires Award: Dr. Martin H. Osmond, director of clinical research at the Children’s Hospital of Eastern Ontario in Ottawa, Dr. Terry P. Klassen, George A. Wells, Rhonda Correll, Dr. Anna Jarvis, Dr. Gary Joubert, Dr. Benoit Bailey, Dr. Laurel Chauvin-Kimoff, Dr. Martin Pusic, Dr. Don McConnell, Dr. Cheri Nijssen-Jordan, Dr. Norm Silver, Dr. Brett Taylor, Dr. Ian G. Stiell, on behalf of the Pediatric Emergency Research Canada Head Injury Study Group, have been named recipients of the 2010 Bruce Squires Award from *CMAJ*. In selecting the study, *CATCH: a clinical decision rule for the use of computed tomography in children with minor head injury* (www.cmaj.ca/cgi/doi/10.1503/cmaj.091421), as the winner of the award, “we considered the study’s potential to impact clinical practice, its originality, the quality of the methodology and its overall excellence. The *CATCH* study meets all of these criteria and certainly merits the Bruce Squires Award,” says *CMAJ* Editor-in-Chief Dr. John Fletcher. The award honours Editor Emeritus Dr. Bruce Squires, who served in various capacities at *CMAJ* from 1984 to 1996, including editor-in-chief for seven years. — Wayne Kondro, *CMAJ*

Spending spree: Government spending on health care programs such as Medicare for the elderly and Medicaid for the poor in the United States will more than double to over US\$1.8 trillion over the coming decade as a result of rising treatment costs, the aging populations and systemic reforms, according to the US Congressional Budget Office (CBO). Even the most conservative budget projections indicate that spending will increase by about 8% per year from a level of US\$856 billion in 2011 to gobble up 7.3% of the nation’s gross domestic product in 2022, an increase of two percentage points from the share now held, the nonpartisan agency states in its report, *The Budget and Economic Outlook: Fiscal Years 2012 to 2022* (www.cbo.gov/ftpdocs/126xx/doc12699/01-31-2012_Outlook.pdf). Moreover, those projections don’t include the full impact of US health

reforms, the report added. “CBO and the staff of the Joint Committee on Taxation have not completed the process of updating last year’s estimates of the effects of the Affordable Care Act on insurance coverage — that is, on the number of people who will receive subsidies through exchanges and the associated federal costs, on the number of people with employment-based health insurance, or on the number of Medicaid beneficiaries who will be newly eligible under provisions of the law.” — Wayne Kondro, *CMAJ*

The Alzheimer front: United States President Barack Obama has announced that his government will funnel US\$156 million into Alzheimer disease research, treatment and awareness programs over the next two years in hopes of mitigating the effects of a disease that now afflicts more than five million Americans. The outlay will include an additional US\$50 million in the current year in National Institutes of Health funding for Alzheimer research (www.hhs.gov/news/press/2012pres/02/factsheet_alzheimers.html). Along with a projected US\$80 million boost in Alzheimer funding, it represents a 25% increase in the research monies available for the discipline. The remaining US\$26 million in new funding will issue for “Education and outreach to improve the public’s understanding of Alzheimer’s disease starting this year; Outreach to enhance health care providers’ knowledge of the disease; Expanded support for Alzheimer’s patients and caregivers in the community; [and] Improved data collection and analysis to better understand Alzheimer’s disease’s impact on people with the disease, families and the health care system.” The need is imperative, US Health and Human Services Minister Kathleen Sebelius said in a press release. “We can’t wait to act; reducing the burden of Alzheimer’s disease on patients and their families is an urgent national priority” (www.hhs.gov/news/press/2012pres/02/20120207a.html). — Wayne Kondro, *CMAJ*

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