



Letters ♦ Correspondance

Getting the facts on physical activity

On the website of the College of Family Physicians of Canada (www.cfpc.ca) is a press release¹ on the dreadful state of physical inactivity of Canadians, particularly the young. (See also the editorial² by Dr Andrew Pipe in the January 2002 issue of *Canadian Family Physician*.) Several important points are made about disturbing trends in Canadian activity levels and the power of family physicians to help with exercise prescriptions.

However, some numbers were misused in the following extract from the press release (and the editorial):

Statistics linked to the physical activity levels of Canada's youth are most concerning:

- Between 1981 and 1996, obesity nearly tripled among boys, and more than doubled among girls.
- Canadian children now expend 400 per cent less energy than their counterparts did 40 years ago.
- Two-thirds of Canadian children and youth are not active enough for optimal growth and development.

In point number 2, "400 per cent less energy" actually means that, compared to 40 years ago, Canadian children now expend a negative amount of energy three times as great as the total positive energy their counterparts expended 40 years ago. This, of course, is impossible. I presume the figure is meant to convey that children today have been found in studies to expend about one quarter of the energy they did 40 years ago. But I am not sure that is what is meant.

It would be clearer to say "Canadian children now expend three quarters less energy than their counterparts did 40 years ago" or "Canadian children

now expend only 25% of the energy of their counterparts of 40 years ago."

This misuse of percentages (actually of denominators) is quite common and unfortunately risks making perceptive readers see the red flag of hyperbole, and thus pay less attention to the article. This would be regrettable, because the risks and consequences of Canadians becoming dangerously sedentary is so real.

—Doug MacIntosh, MD, CCFP
Peterborough, Ont
by e-mail

References

1. The College of Family Physicians of Canada. *Doctors encouraged to get active about physical inactivity* [press release]. Mississauga, Ont: College of Family Physicians of Canada; 2002. Available from: www.cfpc.ca/communications/newsreleases/nr15january2002.asp. Accessed 2002 Dec 2.
2. Pipe A. Get active about physical activity. Ask, advise, assist: get your patients moving [editorial]. *Can Fam Physician* 2002;48:13-4 (Eng), 21-3 (Fr).

Make your views known!

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Faites-vous entendre!

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Response

Mea culpa. Dr MacIntosh is correct. The statistics cited in the press release and editorial, and their formulation, are more confusing than constructive. His reconstructions are clearer and more robust. I am grateful both for his comments and to note that his interpretation of what was meant was identical to my own. I am duly chastened. In keeping with the theme of the editorial, I will promise to "shape up" in the future!

—Andrew Pipe, MD, DIP SPORT MED

Test result could mean different things

I read with some dismay a letter¹ by Dr Philip Berger regarding the article² by Dr Philip Winkelaar, "Who is using the drugs I prescribe?"

In his letter, Dr Berger indicated that use of urine drug testing in this case could identify diversion of the drug by the presence or absence of methylphenidate in the child's urine. This is not true.

Use of urine drug testing in this way is intrinsically unfair, as it uses the absence of the drug as a "positive" sign of diversion. Compliance testing is a dangerous use of urine drug screen technology. While you can, with reasonable certainty, act on the presence of a drug that should not be there, the opposite is not true. In the case of a drug-test sample that is negative for methylphenidate, it could mean one of many things.

A common reason for a negative test result is that the laboratory's cutoff concentration is too high. For example, the cutoff for cocaine is typically set at 300 ng/mL. A measurement of 299 ng/mL