Launch of the Veteran Health Files series

Veterans Affairs Canada is pleased to join with Canadian Family Physician and the College of Family Physicians of Canada to launch a new series—Veteran Health Files. The first article appears in this issue of Canadian Family Physician (page 1549).

Many family physicians play key roles in the care of military and Royal Canadian Mounted Police Veterans and their families. More than 0.8 million or 1 in 30 Canadian adults self-report military service. World War II and Korean War Veterans account for a quarter of those, and the remainder—about half a million—have served since the Korean War. An increased tempo of Canadian military operations since the first Persian Gulf War in 1990 means that today’s generation of family physicians is encountering more Veterans with health concerns arising from their military service.

The military context is important to Veterans’ health experiences. Many family physicians today have not experienced military life. Growing worldwide interest in the effects of military service on the health of Veterans has led to an explosion of research, making it difficult for family physicians to stay on top of the rapidly emerging information. The Veteran Health Files series will help family physicians understand the military context and inform them of emerging issues in Veteran care.

Topics in Veteran Health Files will cover the big 3 Veteran health issues that recur with every war and to the elderly. The series will also explain how family physicians work with the department’s multidisciplinary client services teams and medical officers in district offices across the country to help their shared patients and clients access compensation and treatment benefits, as Canada repays its debt to the men and women who serve in our military and Royal Canadian Mounted Police.

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Lancement de la série d’articles sur la santé des anciens combattants

Anciens Combattants Canada est heureux de se joindre au journal Médecin de famille canadien et au Collège des médecins de famille du Canada pour lancer la nouvelle série d’articles intitulée « Dossiers santé sur les anciens combattants » qui est publiée pour la première fois dans le présent numéro.

De nombreux médecins de famille jouent un rôle important dans les soins apportés aux anciens combattants, aux anciens membres de la GRC et à leurs familles. Plus de 800 000 adultes canadiens (un Canadien sur 30) rapportent avoir servi dans les forces. En effet, les anciens combattants de la Première Guerre mondiale et de la guerre de Corée constituent le quart du nombre, et le reste, environ un demi-million, a servi depuis la guerre de Corée. Le rythme accru des opérations militaires canadiennes depuis la guerre du Golfe Persique en 1990 a eu comme effet d’augmenter le nombre d’anciens combattants souffrant de problèmes de santé découlant du service militaire traités par les médecins de famille de la présente génération. Il est important de considérer le contexte militaire actuel afin de mieux comprendre les besoins en matière de santé des anciens combattants.

À l’échelle mondiale, l’intérêt croissant portant sur les répercussions du service militaire sur la santé des anciens combattants a entraîné l’explosion du nombre d’études réalisées dans ce domaine. Il est par conséquent plus difficile pour les médecins de familles de rester au fait des nouvelles informations publiées. La nouvelle série les aidera à mieux comprendre le contexte militaire et à rester informés sur les sujets d’actualité ayant trait aux soins aux anciens combattants.

La série des Dossiers santé des anciens combattants abordera les 3 problèmes de santé majeurs qui retentissent à chacune des guerres et auxquels il faut accorder la
majorité des ressources : invalidités musculosquelettiques, problèmes de santé mentale et symptômes inexpliqués. À l’aide de cas fictifs mais réalistes, la série se penchera sur le parcours de vie des clients militaires et des clients de la GRC du Ministère, des plus jeunes aux plus âgés. La série vise également à expliquer la collaboration des médecins de famille avec les équipes multidisciplinaires de services aux clients et les médecins des bureaux de district du Ministère partout au pays pour aider leurs patients et clients communs à avoir accès à la réadaptation, à l’indemnisation et aux avantages médicaux.

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Adherence to osteoporosis guidelines

A research paper published in the August issue of Canadian Family Physician correctly states that many family physicians are not following the 2002 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis in Canada.1 The abstract concludes, “Higher rates of bone mineral density screening and more widespread treatment of osteoporosis could prevent many fractures among these patients.”1

Family physicians in Canada are well aware of the Canadian osteoporosis guidelines and of risk factors for and management of osteoporosis. However, most of us in clinical practice are also aware that bone mineral density studies are not accurate predictors of who will and who will not get fragility fractures.2 The results of bone mineral density studies, therefore, often make little difference to our recommendations to our patients.

The Canadian Osteoporosis Society suggests everyone 65 years of age and older should have bone mineral density testing. This recommendation is clearly a waste of scarce medical resources. As the 2002 consensus document published in the Canadian Medical Association Journal readily discloses, the Canadian Consensus Guidelines were supported by funding from the Canadian Dairy Foundation and major drug companies.3

I suggest the reason that most family physicians do not comply with the 2002 Osteoporosis Society of Canada Guidelines is not because of physician ignorance but because of wisdom and a need to adhere to evidence-based, sensible, and sound clinical practice. More recent evidence, for example, suggests that excess calcium increases morbidity in our elderly patients.3

Family physicians need to do what is best for their patients and not what is best for special-interest groups.

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References

Response

A dequacy of the guidelines is not the only issue.

Dr Sehmer correctly states that the 2002 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis in Canada likely need updating to reflect our current understanding of the evidence for and against screening and treatment, particularly in men. Recently meta-analyses have concluded that treatment of osteoporosis does reduce the risk of nonvertebral fractures, which has been demonstrated in a small number of trials for men, but the very low numbers of men studied limit the power to draw definitive conclusions about the efficacy of treatment—more research is therefore needed in this population.1,2 As a result, several recent publications have concluded that screening high-risk men is probably both clinically effective and cost effective, but suggest that screening be initiated based on either an estimation of absolute 10-year fracture risk as determined by a risk calculator such as FRAX (an on-line tool developed at the University of Sheffield in the United Kingdom) or a combination of other high-risk indicators, such as weight loss, low physical activity, or more advanced age (somewhere in the range of 70 to 80 years).3-6

As discussed in our article, there are many reasons that screening might not be carried out, with physician dissatisfaction with the quality of guidelines being an important factor. This study was a first step in describing the degree of application of this particular set of guidelines. Further studies on the reasons behind the results would be required to determine with certainty why so few men are screened, but informal feedback from colleagues suggests the guidelines themselves are not the only limiting factor. We also noted that screening rates were not substantially better for men older than 80 years of age, the group for which there is stronger evidence to support screening and treatment. We stand by our conclusion that improved screening strategies have the potential to reduce the rate of osteoporotic fractures in Canadian men.

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