

# Letters

## Correspondance

### Canadian centre of expertise for electrical injury

I read with interest Dr Primavesi's article<sup>1</sup> about electrical injuries, as there is admittedly a paucity of publications in this area. He stated in his article that "[t]here is no centre of expertise in Canada for individuals who have sustained an electrical injury." In fact, I am proud to say there is.

St John's Rehab in Toronto, Ont, where I am a hospitalist caring for burn patients requiring inpatient rehabilitation, is the only hospital in Ontario solely dedicated to specialized rehabilitation. We offer Ontario's only burn rehabilitation program.

St John's Rehab is also the site of Canada's only dedicated electrical injury rehabilitation program. Our multidisciplinary rehabilitation team includes myself, a family and emergency physician, and a burn surgeon and works with patients and their families to offer comprehensive assessment and care to people who have been living with the adverse, often invisible, effects of electrical injuries.

To provide the best possible care at all stages of recovery, St John's Rehab has partnered with Sunnybrook Health Sciences Centre, also in Toronto. They are the only 2 hospitals in Canada currently publishing research on electrical injuries. People from across the country have been assessed and treated for these injuries since the Electrical Injury Program began in 2003.

Please visit our website for more information ([www.stjohnsrehab.com/programs\\_services/outpatient/electrical.aspx](http://www.stjohnsrehab.com/programs_services/outpatient/electrical.aspx)).

—Morris Tushinski MD FCFP  
Toronto, Ont

#### Reference

1. Primavesi R. A shocking episode. Care of electrical injuries. *Can Fam Physician* 2009;55:707-9.

### Hair dryer in the bath not necessarily fatal

In his article on electrical injuries,<sup>1</sup> Dr Primavesi states that dropping a hair dryer into the bath water would definitely be fatal.

Contrary to Dr Primavesi's opinion (and the scenes in several old thrillers), dropping a plugged-in electrical device into the water while in the bath is not necessarily fatal.

I had a patient who tried unsuccessfully to commit suicide by doing this who did not even get an electric shock. One only gets electrocuted when the human body is completing an electrical circuit. In the bath, unless one is bathing in distilled water, the bath water is more conductive than the human body and the

current would flow from the hair dryer to the ground through the water.

Hydro linesmen will at times work on live electrical lines wearing suits that contain metal strands that conduct electricity to avoid electrically shocking themselves, as any current flows through the path with the least electrical resistance.

A word of advice would be to not try to lift any electrical device out of the bathtub while still plugged in, as at that point one's body might end up being the only conductor to ground.

—John M. Sehmer MD CCFP  
Vancouver, BC

#### Reference

1. Primavesi R. A shocking episode. Care of electrical injuries. *Can Fam Physician* 2009;55:707-9.

### Give patients free blood pressure home-monitoring kits

The update on the Canadian Hypertension Education Program recommendations<sup>1</sup> noted the errors we so commonly commit when we base treatment decisions on office blood pressure (BP) readings.

For many years I marvelled at the fact that patients I referred for ambulatory BP monitoring—only my most difficult patients to control—often turned out to have normal BP.

In recent years, I have encouraged patients to buy their own BP cuffs and to keep diaries of readings at various times of the day. It is irresponsible to over-treat someone who presents to me with a near-perfect record.

Thus I encourage provincial health plans to provide home BP cuffs free for appropriate patients. The modest cost would be redeemed within a few weeks if

#### The top 5 articles read on-line at [cfp.ca](http://cfp.ca) last month

1. **RxFiles:** Taking the stress out of insulin initiation in type 2 diabetes mellitus (June 2009)
2. **Child Health Update:** Use of dexamethasone and prednisone in acute asthma exacerbations in pediatric patients (July 2009)
3. **Clinical Review:** Complementary and alternative medicine for the treatment of type 2 diabetes (June 2009)
4. **Practice:** 2009 Canadian Hypertension Education Program recommendations. *An annual update* (July 2009)
5. **Motherisk:** Hyperthyroidism during pregnancy (July 2009)

expensive drugs are not prescribed, and we would have fewer edematous, coughing, and exhausted patients in our practices.

—David Rapoport MD CCFP FCFP  
North York, Ont

### Reference

1. Canadian Hypertension Education Program. 2009 Canadian Hypertension Education Program recommendations. An annual update. *Can Fam Physician* 2009;55:697-700.

## PEP for bat exposure?

In Dr Grill's interesting article on management of suspected rabies exposure,<sup>1</sup> case 3 suggests that finding a bat in your bedroom means that you need postexposure prophylaxis (PEP). In a letter from David Williams, Chief Medical Officer of Health for Ontario, dated August 8, 2008,<sup>2</sup> it is suggested that owing to recent research, the rabies PEP recommendations regarding bat exposure have changed. The main difference is that PEP is *not* recommended for scenarios in which someone is sleeping unattended in a room where a bat was found. Postexposure prophylaxis is indicated only when there is a direct contact with a bat. The letter goes on to define this direct contact. As usual, each case deserves individual consideration.

—Joseph A. Casale MD CCFP  
Hamilton, Ont

### References

1. Grill AK. Approach to management of suspected rabies exposures. What primary care physicians need to know. *Can Fam Physician* 2009;55:247-51.
2. Williams DC. Bat rabies post-exposure prophylaxis (PEP) administration policy change [letter]. Toronto, ON: Ministry of Health and Long-Term Care; 2008. Available from: [www.pdhu.on.ca/documents/rabpol.pdf](http://www.pdhu.on.ca/documents/rabpol.pdf). Accessed 2009 Aug 12.

## Response

In response to case 3 of my article,<sup>1</sup> I have had several colleagues point out that as of August 2008 the guidelines for recommending rabies postexposure prophylaxis (PEP) in Ontario have changed with regard to individuals who wake up from sleep and find a bat in their rooms. This decision was based on research published by Dr De Serres of l'Institut National de Santé Publique du Québec,<sup>2</sup> and further details can be found on the Ontario Ministry of Health and Long-Term Care website ([www.health.gov.on.ca/english/providers/pub/disease/rabies\\_qa.html](http://www.health.gov.on.ca/english/providers/pub/disease/rabies_qa.html)). The province of British Columbia has also updated their rabies guidelines in a similar fashion.<sup>3</sup>

While I was aware of the Ontario changes when submitting my article for publication, I chose not to include them when discussing case 3, as they were not consistent with the most recently published national Canadian guidelines (ie, from the National Advisory Committee on Immunizations<sup>4</sup>). Furthermore, other recognized international rabies PEP guidelines (eg, from the Centres for Disease Control<sup>5</sup> and the World Health Organization<sup>6</sup>) have yet to make such changes.

Given that management of potential rabies exposures to bats, as outlined in case 3 of my article, seems to be a somewhat gray area, Dr Casale's point that each case needs to be assessed on an individual basis is extremely important. One should not interpret the recent guideline change in Ontario to mean that individuals who wake up in a room and find a bat have no risk of rabies exposure. Given that bats are considered high risk for transmitting rabies, a proper risk assessment for direct exposure should still take place with the assistance of local public health experts. A key question to ask is whether the individual would likely wake up from sleep if she or he felt a sharp bite or scratch. If the answer is yes, then the likelihood of direct exposure while sleeping is low. It is also important to consider whether the above likelihood would change under certain circumstances, such as if the individual in question was a child (eg, unreliable historian), was under the influence of alcohol, or was mentally challenged. A physical examination looking for bites or scratches should also be part of the assessment.

Finally, from a prevention standpoint, individuals in Canada who live in geographic areas known to have a high prevalence of bats should consider "bat proofing" their homes to reduce their chance of exposure. There are many wildlife companies available that specialize in providing such services.

—Allan K. Grill MD CCFP MPH  
Toronto, Ont

### References

1. Grill AK. Approach to management of suspected rabies exposures. What primary care physicians need to know. *Can Fam Physician* 2009;55:247-51.
2. De Serres G. *Évaluation des interventions de santé publique à la suite d'une déclaration d'exposition à une chauve-souris et estimation de la fréquence des expositions aux chauves-souris dans la population du Québec*. Laval, QC: Centre de recherche du CHUL (CHUQ); 2006.
3. Cooper K, Galanis E, Skowronski D. Rabies in BC: a prophylaxis guidelines update. *BC Med J* 2009;51(2):82-4.
4. National Advisory Committee on Immunization. Rabies vaccine. In: *Canadian immunization guide*. 7th ed. Catalogue No. HP40-3/2006E. Ottawa, ON: Public Health Agency of Canada; 2006. p. 285-97. Available from: [www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php](http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php). Accessed 2009 Jan 21.
5. Centres for Disease Control Clinician Outreach and Communication Activity. *September 4, 2007—Human rabies prevention: trouble shooting prophylaxis*. Atlanta, GA: Centres for Disease Control and Prevention; 2007. Available from: [http://emergency.cdc.gov/coca/confcall\\_archive.asp](http://emergency.cdc.gov/coca/confcall_archive.asp). Accessed 2009 Aug 12.
6. World Health Organization. *Guide for post-exposure prophylaxis*. Geneva, Switz: World Health Organization; 2008. Available from: [www.who.int/rabies/human/postexp/en/index.html](http://www.who.int/rabies/human/postexp/en/index.html). Accessed 2009 Aug 11.

## Disappointing advertisement

I was disappointed to see a full-page advertisement for the Ontario Chiropractic Association in the July 2009 edition of *Canadian Family Physician*. In spite of their attempts over the decades to legitimize themselves, the overwhelming majority of chiropractors do not practise scientifically based health care, and chiropractic care remains more of a faith-based cult than a legitimate alternative to medical care.

Chiropractic treatment was invented by a magnetic healer and grocer, D.D. Palmer, one afternoon in 1895