

loss of independence following acute care is just a part of normal aging. The common cascade of both physical and cognitive decline is frequently preventable. However, an extensively researched strategy will be needed to provide evidence to challenge deeply ingrained traditional ways of providing care.<sup>7</sup> At no other point in the history of Canada has there ever been such an urgent demographic imperative to step up to the challenge of improving acute care for older adults.

*Dorothy's Story*, as told by a daughter, puts a face to the challenge of setting appropriate goals of care. Video online at bcmj.org. www.vch.ca/your\_health/seniors/.

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## Canadian content for the Canadian context

Canadian resources for drug therapy information is sparse compared to the voluminous material available from the United States. The relative brevity of Canadian content listed in the Dalhousie University College of Pharmacy's online directory of drug information resources (<http://dir.pharmacy.dal.ca/canadianresources.php>) attests to this limited selection.

Concordance between Canadian, US, and other jurisdictions is not consistent; for example, important differences in diabetes drug therapy have been noted between the Canadian guideline and US/European consensus statement.<sup>1</sup> Thus, access to Canada-specific information is essential. The book *Therapeutic Choices*, edit-

ed by Jean Gray, provides evidence-based therapeutic information meant to complement the monographs in *Compendium of Pharmaceutical Specialties (CPS)*. This text has a disease-oriented approach and is focused on the needs of primary care, community-based practitioners. First published in 1995 and currently in its fifth edition, *Therapeutic Choices* now has an electronic presence and is bundled with the *CPS* as *e-Therapeutics*. *E-Therapeutics* is available to all College-registered physicians through the College's website ([www.cpsbc.ca](http://www.cpsbc.ca)). An especially useful feature of *e-Therapeutics* is the inclusion of Canadian trade names for drugs. Also, the Canadian reality of the use of a drug is apparent in *Therapeutic Choices*; for example, if a drug is no longer available in the US and possibly dropped from mention in *United States Pharmacopeia* but remains appropriate therapy in Canada,

*e-Therapeutics* will provide therapeutic information. Pharmacoeconomic considerations, sometimes not that easy to locate in Canadian dollars, are a unique aspect of *e-Therapeutics*, which presents cost of illness and drug cost data. Additional useful features such as a drug interaction checker and patient information handouts make *E-Therapeutics* a valuable, at-the-point-of-care tool for Canadian physicians.

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*This article is the opinion of the College Library and has not been peer reviewed by the BCMJ Editorial Board.*