

Online research tools

When you find yourself asking, “Is that mood disorder a seasonal mood disorder?” or “How long should I continue pharmacotherapy for seasonal affective disorder?” there are tools available to help. The differential diagnosis and treatment of mood disorders can be aided by several types of evidence-based resources, many of which you can download onto your smart phone from the College Library and slip into your pocket.

This article is the opinion of the Library of the College of Physicians and Surgeons of BC and has not been peer reviewed by the BCMJ Editorial Board.

If you want to find information from one place, then you may look to resources such as DynaMed and BMJ Best Practice. Both platforms provide information about etiology and epidemiology along with diagnosis and management, all of which can be navigated through clearly laid out menus. Diagnostic criteria include differentials with quick access to additional information. If you aren't sure that you're looking at seasonal affective disorder, you can click over to the depression or bipolar disorder entries for a broader view. As for treatment information, DynaMed offers summaries of the evidence for each treatment, while Best Practice takes a different approach with a streamlined treatment algorithm.

If you want information on bright light therapy, Clinical Key may be of use. The app offers journal articles and abstracts while the web page contains patient handouts and clinical overviews. The *Clinical Handbook of Psychotropic Drugs Online* also offers information on bright light therapy, from definition to dosage.

If you are looking for treatment guidelines for depression, Clinical Key will also give you access to those. Closer to home, BC Guidelines has a guideline app.

For access to these resources and additional information, visit www.cpsbc.ca/library/search-materials/point-of-care-drug-tools. ■

—Chris Vriesema-Magnuson
Librarian

LETTERS TO THE EDITOR

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Authors reply

The authors acknowledge that the current public health crisis—the opioid epidemic—is complex and multifactorial, and that prescribing patterns are not the only factors, but that they do represent one aspect of the opioid crisis.¹ The authors outlined some descriptive epidemiology of the current public health crisis of opioid overdose deaths, understanding that the current epidemiology itself is complex and that the response to the epidemic requires a multifaceted approach. Acknowledging that medical literature supports that long-term use of opioids typically yields few long-term improvements in pain and function,² the article aimed to introduce multimodal approaches for patients with work-related or non-work-related chronic noncancer pain, to introduce the WorkSafeBC physician hotline for community prescribers (who manage patients with chronic noncancer pain), and to inform community physicians of a teaching module developed by WorkSafeBC that delivers educational outreach to community physicians in supporting their patients with chronic noncancer pain. These evidence-based educational modules available to community physicians,

pharmacists, nurse practitioners, and other health care providers provide an evidence-based multimodal approach to pain management for patients and cover both the pharmacologic and nonpharmacologic treatments, the educational materials, and the current College standards on opioid prescribing.³

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References

1. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Pain Management and Regulatory Strategies to Address Prescription Opioid Abuse; Phillips JK, Ford MA, Bonnie RJ, editors. Pain management and the opioid epidemic: Balancing societal and individual benefits and risks of prescription opioid use. Washington, DC: National Academies Press US; 2017.
2. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain—United States, 2016. *MMWR Recomm Rep* 2016;65:1-49.
3. College of Physicians and Surgeons of British Columbia. Practice standard: Safe prescribing of opioids and sedatives. 16 January 2019. Accessed 17 December 2019. www.cpsbc.ca/files/pdf/PSG-Safe-Prescribing.pdf.

EDITORIALS

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Supporters of the status quo attempt the fearmongering strategy of citing a US-style system as the inevitable outcome. They disregard the experience in other universal systems, where a little private sector competition often combined with wait-time guarantees results in vastly superior access and outcomes. Following the *Chaoulli* case, Quebec was pressured to create care guarantees. The US bogeyman scenario did not happen.

A CMA poll after *Chaoulli* showed a significant majority of the public, and 83% of physicians, supported the outcome. A 2018 Ipsos poll (mirroring a similar poll in 2012) showed that three of every four Canadians support our litigation. In BC, we have 80% support. When a government spends an estimated \$60 million plus in legal costs in an effort to oppose the will of 80% of its people, it makes one wonder what kind of democracy we live in. ■

—Brian Day, MB

Reference

1. Day B. Divided we stand, divided we fall. *BCMJ* 2007;49:105-106.