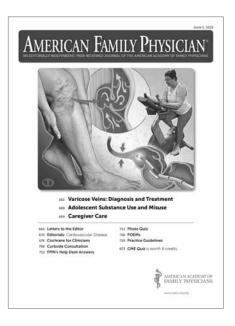
Accessing our most readable journal

merican Family Physician is a very popular journal due to its readability. Written with the busy practising clinician in mind, it often uses tables to concisely impart large amounts of clinical knowledge.

Sometimes referred to as the AAFP journal, American Family Physician is available to College registrants with library access. To access this journal, go to the College Library's books and journals web



page: www.cpsbc.ca/registrants/library/books-and-journals. Click on the teal "Search online journals" box. When the publication finder loads, search for the words "American family." American Family Physician will be the first result. From the full-text-access options displayed below the name of the journal, click on "ClinicalKey Subject Collection - Family Medicine." At this point, there will be a prompt to log in. After you log in, it may take a moment for the page to load. Click on "Current Issue" to read the latest information, or choose a volume, then an issue, to read content from previous months.

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-Niki Baumann Librarian

This article is the opinion of the Library of the College of Physicians and Surgeons of BC and has not been peer reviewed by the BCMJ Editorial Board.



INDICATION AND CLINICAL USE:

Sleep disturbance may be the presenting manifestation of a physical and/ or psychiatric disorder. Consequently, a decision to initiate symptomatic treatment of insomnia should only be made after the patient has been carefully evaluated.

DAYVIGO™ (lemborexant) is indicated for the treatment of insomnia, characterized by difficulties with sleep onset and/or sleep maintenance. DAYVIGO is not recommended for patients under the age of 18 years. DAYVIGO is not recommended in patients with severe hepatic impairment.

CONTRAINDICATIONS:

- · Hypersensitivity to this drug or to any ingredient in the formulation, including any non-medicinal ingredient, or component of the container.
- Patients with narcolepsy.

RELEVANT WARNINGS AND PRECAUTIONS:

- Abnormal thinking and behavioural changes
- · CNS depressant effects (including alcohol) and daytime impairment and risk of falls
- Complex sleep behaviours
- Sleep paralysis, hypnagogic/hypnopompic hallucinations, and cataplexy-like symptoms
- Worsening of depression/suicidal ideation
- · Co-morbid diagnoses
- · Drug interactions inhibitors and inducers of CYP3A
- · Patients with galactose intolerance
- · Driving and operating machinery
- · Patients with dependence/tolerance and abuse liability
- Rebound insomnia
- · Patients with hepatic impairment
- · Patients with compromised respiratory function
- · Pregnant or breastfeeding women

FOR MORE INFORMATION:

Please see the Product Monograph at https://ca.eisai.com/en-CA/ our-products for important information on adverse reactions, drug interactions, and dosing not discussed in this piece. The Product Monograph is also available by calling 1-877-873-4724.

† Based on a 1-month global, randomized, double-blind, parallel-group, placebo- and active-controlled, phase 3 study (SUNRISE 1) in 743 participants with insomnia disorder (age ≥55 years). Participants received placebo (N=208) or DAYVIGO 5 mg (N=266) or 10 mg (N=269) at bedtime. Latency to persistent sleep baselines: placebo, 44 mins; DAYVIGO 5 mg, 45 mins; DAYVIGO 10 mg, 45 mins. Wake after sleep onset baselines: placebo, 112 mins; DAYVIGO 5 mg, 113 mins; DAYVIGO 10 mg, 115 mins.

- 1. DAYVIGO Product Monograph, Eisai Limited, November 3, 2020.
- 2. Rosenberg R, Murphy P, Zammit G, et al. Comparison of Lemborexant With Placebo and Zolpidem Tartrate Extended Release for the Treatment of Older Adults With Insomnia Disorder: A Phase 3 Randomized Clinical Trial. JAMA Network Open. 2019;2(12):e1918254.







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