

2018 BC Family Physician of the Year, Dr Christy Sutherland



The College of Family Physicians of Canada (CFPC) and the Foundation for Advancing Family Medicine have named Dr Christy Sutherland as the 2018 BC recipient of the Family Physicians of the Year award. The honor is given to 10 doctors across Canada, one from each province, for providing exceptional care to their patients, contributing to their communities, and being committed as researchers and educators of future generations of family doctors. Recipients are nominated by their peers, colleagues, and the CFPC's chapters.

Dr Christy Sutherland completed her medical degree at Dalhousie University, and a family medicine residency at the University of British Columbia, where she is now a clinical assistant professor and serves as a preceptor and mentor to a variety of trainees, including fellows, medical residents, and medical students. Dr Sutherland also serves as the medical director for the PHS Community Services Society, a not-for-profit organization based in Vancouver that provides advocacy, housing, services, and opportunities for the most vulner-

able of the Downtown Eastside. She has served as a physician on St. Paul's Hospital's Family Medicine Ward, an addiction physician on St. Paul's Hospital's Addiction Medicine Consult Team, and an addiction physician for WorkSafeBC. As education physician lead for the British Columbia Centre on Substance Abuse, Dr Sutherland works with other health care professionals, coordinators, and external stakeholders to provide leadership and support for education and training activities.

Dr Sutherland has also received the Excellence in Clinical Teaching Award from the St. Paul's Hospital Goldcorp Addiction Medicine Fellowship, where she is preceptor for individual fellows during their inpatient rotation and community electives. She is a Diplomate of the American Board of Addiction Medicine and has participated in several research grants and initiatives throughout her career focused on improving the lives of vulnerable populations.

New learning technology adds to prescribing safety in Canada

The Royal College of Physicians and Surgeons of Canada has adopted a digital pioneering assessment and e-learning tool for physicians focused on minimizing medication errors. The new technology is being provided by BPS Assessment, the skills and assessment arm of the British Pharmacological Society. Physicians will have access to online prescribing skills modules in English and French, tailored for the Canadian health care context. Royal College Fellows will be able to contribute to the question-writing process for the modules, which will help to continually update and customize the platform for the Canadian medical community. The Prescribing Safely program will start

in early 2019, following a successful 8-week trial between the Royal College and BPS Assessment.

At least 1 year between pregnancies reduces risks for mother and baby

Twelve to 18 months seems to be the ideal length of time between giving birth and getting pregnant again, according to research from the University of British Columbia and the Harvard T.H. Chan School of Public Health. In a study published in *JAMA Internal Medicine* ("Association of short interpregnancy interval with pregnancy outcomes according to maternal age"), researchers found that getting pregnant less than 12 months after delivery is associated with risks for women of all ages. Risks to the mother were found only for women over the age of 35, while risks to the infant were found for all women, but were greatest for women between the ages of 20 and 34.

The study is the most extensive evaluation of how the role of pregnancy spacing could be impacted by maternal age. It is also the first investigation of pregnancy spacing and maternal mortality or severe morbidity in a high-income country. The authors note that the findings about older women are particularly important, as they tend to more closely space their pregnancies, often intentionally.

Researchers examined the relationship between risks for mothers and babies associated with pregnancy spacing among 148 544 pregnancies in BC. Data were collected from birth records, billing codes, hospitalization data, prescription data for infertility information, and census records. Among women over 35 who conceived 6 months after a previous birth, researchers found a 1.2% risk of maternal mortality or severe morbidity.

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Waiting 18 months between pregnancies reduced the risk to 0.5%. For younger women, researchers found an 8.5% risk of spontaneous preterm birth for pregnancies spaced at 6 months. For younger women who waited 18 months between pregnancies the risk dropped to 3.7%. Among older women, the risk of spontaneous preterm labor was about 6% at the 6-month interval, compared to 3.4% at the 18-month interval. Although the causes of poor pregnancy outcomes at short intervals among older and younger women were not examined in this study, the findings suggest different risk profiles for each age group.

The authors reflect that whether the elevated risks are due to the body not having time to recover if women conceive soon after delivering or to factors associated with unplanned pregnancies, such as inadequate prenatal care, the recommendation might be the same: improve access to postpartum contraception or abstain from unprotected sexual intercourse with a male partner following a birth.

The study was coauthored by Laura Schummers, SD, Jennifer A. Hutchison, PhD, Sonia Hernandez-Diaz, DrPH, Paige L. Williams, PhD, Michele R Hacker, SD, Tyler J. VanderWeele, PhD, and Wendy V. Norman, MD. It is available at <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2708196>.

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Midwifery linked to lower odds of birth complications for low-income women

Research from UBC and the University of Saskatchewan adds to the evidence in support of midwives as a safe option for prenatal care, especially for women who have low socioeconomic status.

The study, “Reduced prevalence of small-for-gestational-age and preterm birth for women of low socioeconomic position: A population-based cohort study comparing antenatal midwifery and physician models of care,” published in the *British Medical Journal Open*, found that low-income pregnant women who receive care from a midwife compared to a physician are less likely to go into early labor, to have a baby with a low birth weight, or to have a small-for-gestational age birth.

Midwives, general practitioners, and obstetricians each offer a different style of prenatal care that matches different women’s preferences and needs. Midwives tend to spend more time with their patients with a focus on the overall physical, emotional, and psychological well-being of mothers and their newborns, which benefits women who are more vulnerable.

For the study, researchers followed 57 872 women in BC who carried a single baby, had low- to moderate-risk pregnancies, and received medical insurance premium assistance sometime between 2005 and 2012. They used maternity, medical billing, and demographic data to investigate the odds of small-for-gestational age birth, preterm birth, and low birth weight for low-income women receiving care from a midwife, GP, or OB.

After controlling for differences such as age, previous pregnancies, where they lived, and pre-existing medical conditions, researchers found that low-income women who received prenatal care from a midwife had 29% lower odds of a small-for-gestational age birth compared to women who

received care from a GP, and a 41% reduction compared to those who received care from an OB.

Authors of the study suggest the findings could help develop policies that make the service more accessible to low-income women, who might not be as aware of this option.

The study was coauthored by Patricia Janssen, Saraswathi Vedam, and Maureen Mayhew at the University of British Columbia, and Deborah Mpofo and Ulrich Teucher at the University of Saskatchewan. It is available at <https://bmjopen.bmj.com/content/8/10/e022220>.

Mitochondrial disease resource

MitoCanada is a patient advocacy organization, established in 2010, focusing on awareness, support, and funding research, and the only Canadian mitochondrial disease charity. The organization seeks to increase public awareness of mitochondrial disease and dysfunction; be an information resource and support for individuals, families, and caregivers, and the clinical communities that serve them; and advance research into the diagnosis, care, treatment, and cure for mitochondrial disease. Visit their website for patient advocacy and support information: <http://mitocanada.org>.

Hiring an MOA? Free resource for the medical community

Whether it is finding temporary help or adding team members to an expanding office, the challenge to find qualified medical office assistant candidates is the same for most medical clinics, especially in an unfocused recruitment space. As a physician’s spouse, over the past 10 years I have been tasked with hiring MOAs, and I have noticed that the recruitment process is fragmented. We scatter advertisements across various websites—craigslist, Indeed.com,

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for local cancer patients and their families. Following the introductory session, participants complete a further 30 days of customized clinic experience at the cancer center where their patients are referred. These can be scheduled flexibly over 6 months. Participants who complete the program are eligible for credits from the College of Family Physicians of Canada. Those who are REAP-eligible receive a stipend and expense coverage through UBC's Enhanced Skills Program. For more information or to apply, visit www.fpon.ca, or contact Jennifer Wolfe at 604 219-9579.

myoACTIVATION TRAINING FOR CHRONIC PAIN

Vancouver, 23 – 24 Feb (Sat-Sun)

Learn practical nonpharmaceutical trigger point injection skills to use within a system of pain care that encompasses structured assessment, examination, treatment, and aftercare. An efficient analytical approach that can be used within your office schedule to effect immediate improvement in a broad spectrum of chronic pain and physical dysfunction presentations. Appropriate aftercare advice ensures lasting change. Treatments are fully covered by MSP. A tool for your toolbox that addresses the origin of pain, not just symptomatic treatment of ongoing pain. Patients leave the office feeling better than they arrived. This Level 1 course entails 3 hours of online learning plus 14 hours of examination and treatment skills practice in participant pairs with a 4:1 instructor to learner ratio. The workshop will be held at the BC Children's Health Research Institute. Video case conference 6 weeks post-training. Low patient risk + high patient appreciation + high clinician satisfaction! Further information: www.myoclinic.ca/training. Contact Greg Siren, MD, CCFP, FCFP, greg.siren@myoclinic.ca; 250 590-7300.

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college career sites—or post on the many MOA Facebook pages. The medical community would benefit from a dedicated website to post MOA jobs. Most physicians are seeking a similar candidate profile, and if we collectively post in one MOA-specific place, the benefits will be an increase in qualified applicants and a shorter time to hire.

With this need in mind, I created www.MOACareers.com. The goal of the website is to improve the hiring experience for medical clinics and to create a central place to view MOA opportunities. Posting a job is easy and free. Create a posting simply by using the provided template, designed specifically for the MOA role. The website offers an employer dashboard where clinics can post temporary, part-time, and full-time positions, and look for practicum students. The site also offers tips for physicians looking to hone their hiring skills.

This website is a free, grassroots initiative created by a medical family. As this is a new resource, your ideas for improvement are welcome. Please send your feedback to info@moacareers.com. Happy hiring.

— **Caroline Dickson, MBA**

Caroline Dickson is a faculty member of the Langara School of Management. She also assists with the administration of her husband's multiphysician clinic in Surrey, BC.

Fall GPSC newsletter now online

In continued efforts to ensure doctors receive timely and relevant information from the GPSC, the quarterly newsletter, *GP Update*, is now emailed directly to BC family physicians. The fall 2018 issue features articles on:

- Patient medical homes and primary care networks: clarifying the concepts.
- Using EMR data to inform and plan proactive patient care.

- The GPSC's story: 15 years.
- Maternity care at the Burnaby Maternity Clinic.
- Helping patients and families navigate dementia.

To read the newsletter online, visit www.gpsc.bc.ca/news/publications. To subscribe to the newsletter, log in to your account on the Doctors of BC website and update your newsletter subscription preferences.

Antidepressants can help treat Alzheimer disease

Scientists at the University of Waterloo have discovered that antidepressant medications can be used to treat Alzheimer disease. A study published in *ACS Chemical Neuroscience*, "Interactions of selective serotonin reuptake inhibitors with β -amyloid," found that selective serotonin uptake inhibitors (SSRI medication) can delay the development and growth of amyloid-beta proteins, which can clump together and form a plaque, contributing to disease symptoms. These plaques block cell-to-cell signals, resulting in delayed cognitive function. As the plaques grow, the brain's ability to make connections and send and receive information becomes further impaired.

There are currently over 500 000 Canadians living with dementia, and no drugs on the market that offer a cure. Approximately 50% of people diagnosed with Alzheimer disease also have depression. Researchers believe knowledge from this study can one day inform how health care providers approach treatment in patients with both depression and Alzheimer disease, perhaps leading to the use of SSRIs as an early intervention for people who have a family history of dementia. The chemical structure of SSRIs presents a type of blueprint for how to develop a medication that will prevent amyloid-beta aggregation. The study is available at <https://pubs.acs.org/doi/10.1021/acschemneuro.8b00160>.