Vitamin D recommendations for people living with MS

The Multiple Sclerosis Society of Canada released evidence-based recommendations for vitamin D supplementation and maintenance of vitamin D serum levels to help people affected by multiple sclerosis. Research has shown a strong link between vitamin D deficiency and an increased risk of developing MS. The recommendations provide information for at-risk populations as well as people diagnosed with MS. The document also highlights comorbid conditions and information on toxicity associated with vitamin D supplementation. The recommendations are endorsed by The Canadian Network of Multiple Sclerosis Clinics and The Consortium of Multiple Sclerosis Centers.

Canadians are particularly vulnerable to vitamin D deficiency due to our geographical location. Canada has one of the highest rates of multiple sclerosis in the world with 11 Canadians diagnosed with the disease every day. People with biological family members who have MS are at higher risk of developing the disease.

In addition to decreasing the risk of developing MS, vitamin D may beneficially modify the course of MS. Other lifestyle factors that could modify a person's risk of developing MS include past exposure to Epstein-Barr virus, smoking and secondhand tobacco exposure, and obesity. Generally, adults with MS and those at risk for MS should consume between 600 and 4000 IU of vitamin D daily to ensure sufficient intake to achieve the target serum level status.

The MS Society of Canada is investigating vitamin D protocols in each province to determine next steps in their advocacy efforts for Canadians with MS. Visit https://mssociety.ca/hot-topics/vitamin-d to read more about vitamin D and the MS Society's recommendations.

PD Connect: Parkinson disease referral program

PD Connect is a referral program intended to help health care professionals connect individuals diagnosed with Parkinson disease, and their care partners, to Parkinson Society British Columbia's support services at the time of diagnosis or at any point in the disease's progression.

What does PD Connect do for patients?

- Expedites access to community-based support services for individuals who have recently been diagnosed with Parkinson disease.
- Offers proactive consultations and counseling to individuals affected by Parkinson disease, including care partners and family members.
- Empowers social connection through provincial support groups.

Is your insurance know-how up to date?

Navigating the numerous types of insurance out there can be a confusing and even overwhelming process. The layperson's summary below will hopefully make this a less daunting task.

Life insurance pays your loved ones a lump sum in the event you pass away before a certain age. For example, Doctors of BC offers plans with a payout of up to $5 000 000 in the event of death before age 75, as well as options to be covered permanently (i.e., until you pass away, at whatever age).

Disability insurance pays you monthly if you are no longer able to earn an income (or your full income). The BC government provides "free" coverage for physicians with a payout of up to $6100 monthly, but a disability income insurance plan could get you up to an additional $18 900 monthly (as offered by Doctors of BC).

Critical illness insurance pays you a lump sum if you receive a critical diagnosis like cancer or Alzheimer disease. For example, Doctors of BC offers plans that cover 25 critical conditions with a payout of up to $250 000.

Professional expense insurance, going a step beyond disability insurance, reimburses you monthly for professional expenses (office rent, employee salaries, accounting fees, association dues, etc.) when you face a disability. With a Doctors of BC plan, for example, you could be reimbursed up to $20 000 monthly for 15 months.

Accidental death and dismemberment insurance pays a lump sum to you in the event of an accident costing you a body part, or to your loved one if you pass away due to an accident.

Insurance policies include many details (the fine print) and optional add-ons (riders). For personalized information to suit your needs, contact Doctors of BC at 604 638-2904 or insurance@doctorsofbc.ca to speak with a licensed, noncommissioned insurance advisor.

—Jessie Wang
Medical Student Intern,
Doctors of BC

- Provides quality publications, with information about available education and programs throughout the province.

Referral process for PD Connect:

- Ask the individual with Parkinson disease or their family member for permission to forward their basic contact information through PD Connect to Parkinson Society British Columbia.
- Complete a referral form: www.parkinson.bc.ca/media/135952/pd-connect-referral-form-fillable.pdf.
- Fax the form to Parkinson Society British Columbia at 604 687-1327.

PD Connect staff will contact the referred individual within the timeframe noted on the referral form. If contact with the patient cannot be made, staff will communicate this with the referring health care professional.

For more information and referral forms:

- Call Parkinson Society British Columbia at 604 662-3240 or 1 800 668-3330.
- Fax requests to 604 687-1327.
- Email info@parkinson.bc.ca.
- Visit www.parkinson.bc.ca/resources-services/pd-connect.

BC Indigenous health improves, gap widens

A 10-year undertaking to track Indigenous health in BC has found improvements in five key areas; however, the gap between the health status of Indigenous and non-Indigenous residents continued to widen in three of those areas.

A report released by the First Nations Health Authority and the Office of the Provincial Health Officer summarizes the results of tracking life expectancy, mortality, youth suicide, infant mortality, and diabetes rates between 2005 and 2015.

Key findings include:

- Life expectancy among Status First Nations people improved between 2005 and 2015, but the life expectancy for other residents of BC improved at a faster rate, so the health status gap actually widened.
- The age-standardized mortality rate, which measures death from all causes, improved somewhat since 2005, but the health status gap increased.
- The youth suicide rate decreased, and although the gap with other BC residents did not quite meet the targeted 50% reduction it did decline substantially (by 38%).
- The infant mortality rate decreased

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Recently published BC guidelines

Thyroid Function Testing in the Diagnosis and Monitoring of Thyroid Function Disorder (2018)

This is a revision of the 2010 version of the guideline. The guideline's scope has expanded to include pediatric and pregnant patients.

Key recommendations:

- Routine thyroid function testing is not recommended in asymptomatic patients (outside of the BC Newborn Screening Program). Testing may be indicated when nonspecific symptoms or signs are present in patients at risk for thyroid disease.
- A TSH value within the laboratory reference interval excludes the majority of cases of primary thyroid dysfunction.
- If initial TSH testing is normal, repeat testing is unnecessary unless there is a change in clinical condition.
- Measurement of fT3 is rarely indicated in suspected thyroid disease.
- Screening for undiagnosed hyperthyroidism or hypothyroidism should not be performed in hospitalized patients or during acute illness unless hyperthyroidism or hypothyroidism is the suspected cause of the clinical presentation or represents a significant comorbidity.
- If a woman is pregnant or planning pregnancy, TSH testing is indicated if she has specific risk factors (see Table 3 in the guideline).

Other key changes:

- A laboratory algorithm has been added to the guideline and outlines changes to ordering. If central hypothyroidism is being investigated "suspicion of pituitary insufficiency" should be included as a clinical indication and a request for fT4 (with or without TSH) should be indicated in the space provided on the standard outpatient laboratory requisition.
- Thyroid function test reports in BC will include trimester-specific reference intervals on all women of childbearing age.

Ultrasound Prioritization (2018)

This new guideline summarizes suggested wait times for common indications where ultrasound is the recommended first imaging test. The purpose is to inform primary care practitioners how referrals are prioritized by radiologists, radiology departments, and community imaging clinics across the province. In some cases, notes and alternative tests are provided for additional clinical context. This guideline is an adaptation of the British Columbia Radiological Society (BCRS) Ultrasound Prioritization Guidelines (2016).

See also the one-page overview: Ultrasound Prioritization Guideline Summary.

To stay up to date with BC Guidelines, visit the What's New section at www.bcguidelines.ca.

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slightly since 2005, but the gap between the population groups increased.

- The diabetes prevalence rate continued to increase for both population groups, but the rate of increase for First Nations people declined, resulting in an overall decrease in the health status gap that exceeded the 33% reduction target.

The Transformative Change Accord: First Nations Health Plan committed First Nations leadership and the Governments of British Columbia and Canada to achieve specific health targets by 2015 on seven core health indicators. The Office of the Provincial Health Officer and the First Nations Health Authority have agreed to continue to jointly monitor the health and well-being of First Nations people in BC for the next 10 years with an expanded suite of 22 indicators of health and well-being, called the Indigenous Population Health and Wellness Agenda.

The 22 indicators that will be tracked and reported on regularly over the next decade include measures developed in consultation with First Nations communities, such as cultural wellness, community strength and resilience, and ecological health. Cultural wellness, for example, will be a combined indicator reporting on traditional language, traditional foods, traditional medicine/healing, and a sense of belonging to one's First Nations community.

The baseline report for the Indigenous Population Health and Wellness Agenda will be released in 2019. Read the full 2018 Report on Indigenous Health and Well-being at www.fnha.ca/about/news-and-events/news/indigenous-health-improves-but-health-status-gap-with-other-british-columbians-widens.

Reminder: Submit GPSC Portal Fees (G14070, G14071)

Family doctors are reminded to submit the GPSC Portal (G14070) or GPSC Locum Portal fee (G14071) at the start of the new year.
Submitting G14070/71 enables GPs to bill the following fee codes:

- G14075 GP Frailty Complex Care Planning and Management Fee
- G14076 GP Patient Telephone Management Fee
- G14077 GP Allied Care Provider Conferencing Fee
- G14078 GP Email/Text/Telephone Medical Advice Relay Fee
- G14029 GP Allied Care Provider Practice Code

To avoid billing refusal, GPs will need to bill G14070/71 as follows:

PHN#:	9753035697
Patient surname:	Portal
First name:	GPSC
Date of birth:	January 1, 2013
ICD9 code:	780

For more details and the latest billing guides, visit www.gpscbc.ca.

Drawing better than writing for memory retention

Older adults who take up drawing could enhance their memory, according to a new study from the University of Waterloo. Researchers found that even if people weren't good at it, drawing, as a method to help retain new information, was better than rewriting notes, visualization exercises, or passively looking at images.

As part of a series of studies, the researchers asked both young people and older adults to do a variety of memory-encoding techniques and then tested their recall. The researchers believe that drawing led to better memory when compared with other study techniques because it incorporated multiple ways of representing the information—visual, spatial, verbal, semantic, and motoric. The researchers compared different types of memory techniques in aiding retention of a set of words in a group of undergraduate students and a group of senior citizens. Participants would either encode each word by writing it out, by drawing it, or by listing physical attributes related to each item. After performing each task, memory was assessed. Both groups showed better retention when they used drawing rather than writing to encode the new information, and this effect was especially large in older adults.

Retention of new information typically declines as people age due to deterioration of critical brain structures involved in memory such as the hippocampus and frontal lobes. In contrast, visuospatial processing regions of the brain, involved in representing images and pictures, are mostly intact in normal aging and in dementia.

Melissa Meade, PhD candidate in cognitive neuroscience at Waterloo, conducted this study with Myra Fernandes, a psychology professor in cognitive neuroscience at Waterloo, and recent UW PhD graduate Jeffrey Wammes. The study, "Drawing as an encoding tool: Memorial benefits in younger and older adults," appears in *Experimental Aging and Research*. It is available online at www.tandfonline.com/doi/abs/10.1080/0361073X.2018.1521432?journalCode=uear20.