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Health!

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How to
talk to your
doctor

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How to talk to your doctor



TAKE CONTROL

Here are things you could say to help deal with the problems you may encounter during a visit to the doctor.

Too many questions?

"I know you need this information, but please give me time to understand your questions so I can give you accurate answers."

Too much information?

"I know I need this information, but I can't take it all in right now. Can we make another appointment for a longer talk?"

Rushed to make a decision?

"I feel I need a few days to think this over before deciding. Can we talk again?"

Too worried to focus?

"I am really concerned about what this will do to my family. It's hard to concentrate on what you are telling me right now."

Confused about treatment?

"I'm not sure what you want me to do when I leave here. Can we go over it again?"

Need extra emotional support for yourself and your family?

"I think my family and I need help to get through the emotions we're feeling. Could you help me arrange a meeting with someone qualified to do this?"

Ever get tongue-tied in the doctor's office? Forget all the questions you wanted to ask? Or remember them after you got home?

Visiting the doctor can be stressful. You might be grappling with unfamiliar medical terms, dealing with a confusing array of treatment options, feeling pressed for time, or just worried about getting the right treatment for your illness or that of a family member.

There are things you can do to get the most out of your visits to the doctor.

Before the visit

- Inform yourself. If you need reliable health information to help you in talking with your doctor, go to the [Canadian Health Network](#). The CHN offers health information you can trust from more than 500 organizations across Canada.
- Write down your concerns and questions on a piece of paper. This will help you remember all the things you want to cover. If necessary, add notes about the medications you are taking and any family medical history that you think may be relevant.
- Check with your doctor about inviting a family member or friend to accompany you on your visit who can take notes, ask questions you may not think of, and help you remember what the doctor says.

During the visit

- Using the notes you prepared in advance, ask your most important questions early in the visit. That way, the doctor can focus first on what you most want to know. Go over your list together and see if you will need a follow-up visit to cover all your concerns.
- Take notes. This will help you remember what the doctor says. If a friend is with you, have them take notes while you focus on listening and asking questions.
- Tell the doctor not just about your physical symptoms, but your thoughts and feelings as well. Depending on the illness or condition you are dealing with, you may need to know more about the pros and cons of different treatments, about how your everyday life may change, or how your family, home or work situations could be affected.
- If you need to know more than the doctor can tell you during your visit, ask for material you can take away and read. Schedule a follow-up visit to deal with questions you might have regarding this information.
- If you don't understand, say so. Ask the doctor to explain medical words or repeat things in plain language. Ask for a sketch or illustration that explains your illness, treatments or tests.

- Repeat what you think the doctor said, in your own words. This can clear up confusion, ensure you don't miss important points, and help you remember instructions.
- Ask for a treatment plan. If you feel your own notes are not enough, have your doctor write down instructions for you.
- Don't be afraid to ask for a second opinion. Your doctor will be happy to have you confirm the results if it makes you feel better about your treatment.

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THE TB Watchdog

Howard Njoo knows tuberculosis is a complex disease. Far from being eradicated in Canada, TB is hanging on, he says, and even fighting back against the antibiotics that used to keep it in check.

Dr. Njoo admits that, as a medical student and practitioner, he used to pay scant attention to TB. "It wasn't considered much of a threat any more, so we kind of skimmed over it in class."

Now, as Director of Tuberculosis Prevention and Control at Health Canada, he sees that "the subtleties of TB are not well-known, even by health professionals in Canada."

That worries him, because the rate of tuberculosis in Canada, which declined steadily after World War II, has levelled off and remained constant in the last decade or two. "This may herald a possible resurgence of TB," he says.

TB is a worldwide epidemic, taking about 3 million lives a year. "That's equivalent to a jumbo jet airliner crashing every hour for a year!"



There are about 3 million people in Canada who are carriers of TB, or 10 per cent of the total population. Only 2,000 Canadians develop "active" tuberculosis disease each year. People in reasonably good health will usually not become ill with TB, since their immune systems are strong enough to keep it in check.

Most people with active TB develop the disease in their lungs (pulmonary tuberculosis). In other cases, TB infects the brain (meningitis), kidneys, skin, bones, joints or lymph nodes. Symptoms of active TB can include fatigue, weight loss, lack of appetite, cough persisting for more than four weeks, night sweats, and, in advanced cases, coughing up blood.

Canada affected

Dr. Njoo says the world TB epidemic affects Canada in three ways:

Globalization. "These days, people are more mobile than ever before. Tourism, business travel, immigration, overseas placements in developing countries, all these things expose more people more often to TB. Tuberculosis does not respect national borders."

HIV/AIDS. "TB infection is more likely to progress to the active stage among people with weakened immune systems. We're seeing more HIV or AIDS patients developing active TB in this 'co-epidemic'. One disease feeds on the other."

Drug resistance. "Multiple drug-resistant TB strains are starting to emerge. It's largely because of poor or incomplete treatment that new strains develop resistance to the antibiotics that

FACTS ABOUT TB

One in three people in the world is infected with tuberculosis, and about 8 million "active" cases develop each year.

Only about 10 per cent of infected people develop active or infectious TB. Tuberculosis has been around for centuries. It was once known as "consumption", and afflicted such famous people as the Brontë sisters, Robert Louis Stevenson and Frédéric Chopin.

Today, thanks to improved treatment, better living conditions, public health measures and drug therapy, only about 2,000 new cases of active TB are reported in Canada each year.

What is Health Canada doing?

- Coordination of the **Canadian Tuberculosis Committee** and a **national strategy** to eliminate TB in Canada
- Technical advice and support to other Government of Canada departments concerned with TB, such as the Correctional Service of Canada and Citizenship and Immigration Canada.
- An initiative to develop strategies to **eliminate tuberculosis in First Nations and Inuit communities.**
- An **information service for travellers** who may visit countries where TB is prevalent.
- TB surveillance systems, including annual reports on **TB in Canada** and **tuberculosis drug resistance** in Canada.

are available. The new strains are rare in Canada so far, but it's hard to predict how things will go, especially in view of the effects of globalization. Worldwide, we may be entering an era that will resemble the situation we had before antibiotics were developed."

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THE TWO FACES OF Cholesterol

There are two types of cholesterol found in the blood.

Low density lipoprotein (LDL). The “bad” cholesterol, LDL is essential for cell repair and growth. But too much LDL in the blood is associated with the development of atherosclerosis (hardening of the arteries) and coronary artery disease.

High density lipoprotein (HDL), or the “good” cholesterol. HDL helps remove excess LDL from blood vessels. Research suggests that high levels of HDL may protect the heart against atherosclerosis.

For good heart health, it's important to maintain total blood cholesterol within a certain range. Generally, people over the age of 30 should have a total blood cholesterol level of less than 5.2 millimoles per litre (mmol/L). The ideal range for people 18-29 is less than 4.7 mmol/L.

About 80 per cent of the cholesterol in our blood is manufactured by the liver. The remaining 20 per cent comes from the food we eat.

Reducing the risk

Of the health risk factors associated with high levels of blood cholesterol, there are some you can't control:

- You have a family history of ischemic* heart disease.
- You are male.

Fortunately, there are several ways you can control or reduce your blood cholesterol:

Cholesterol is our friend.

Cholesterol is a waxy substance made naturally in the body. You need cholesterol because it helps form or repair cell membranes, some hormones, and other tissues.

Cholesterol is our foe.

If you have too much cholesterol in your blood, you can develop hardening of the arteries and run the risk of heart attacks or stroke.

1. **Eat less fat.** The key thing is to control your blood cholesterol by reducing how much fat you eat. Eating foods with low cholesterol content has almost no effect on your blood cholesterol level. Reduce your fat intake by choosing leaner meats, poultry, and fish, reducing meat portions or having some meals with no meat, and choosing low fat dairy products such as skim milk and low-fat cottage cheese or yogurt. Avoid high-fat baked goods and snacks and fried foods.
2. **Eat more vegetables, fruit, whole grains and legumes.** According to *Canada's Food Guide to Healthy Eating*, we should eat five to 10 servings of vegetables and fruit per day, and five to 12 servings of grains per day.
3. **Control your weight.** The secret here is to avoid fad or miracle diets. The best way to lose weight — and keep it off — is to be careful about what you eat and be physically active.
4. **Get moving.** According to the *Physical Activity Guide*, as little as

60 minutes a day of physical activity will help reduce your blood cholesterol level. If you are already doing some light activities, move up to more moderate ones. A little activity is good, but more is better.

5. **Don't smoke.** Not smoking may help increase the “good” cholesterol in your blood. It also reduces your risk of having a heart attack or a stroke.
6. **If you are taking medication to control cholesterol, take it as your doctor prescribes.** And even if you need to take medication, how you live is still very important. Medication does not replace diet and regular physical activity.

Find out more online via magazine.health-canada.net

*Ischemic” means obstruction of the arterial blood supply, or inadequate blood flow.



Bridging the gap

Health Transition Fund supports innovation in health system

From a project for early identification, diagnosis and treatment of mental illness to an initiative to find new approaches in delivering home care to frail seniors and psychiatric patients, the **Health Transition Fund (HTF)** is helping Canadians find new ways to make the country's health system work better.

HTF was launched in 1997 as part of the Government of Canada's initial response to the recommendation of the **National Forum on Health** to set up a multi-year "transition fund" that would support innovations leading to a more integrated health system. From a budget of \$150 million, \$30 million is being used to fund national projects and \$120 million for provincial and territorial projects. A total of 141 projects are being supported, and all of the funds have been allocated.

"The Health Transition Fund is enabling providers and governments to try new ideas to improve the system, many of which could not otherwise have been attempted," says Nancy Swainson, Acting Executive Director at HTF. "Whether it's a few thousand dollars to help a region in Quebec study an asthma education program, or several million for a national project to explore telehealth technology as a means of improving health services to First Nations communities, we're looking for the same thing: innovative ways to make the health system serve Canadians better."

The Fund, a joint effort of the federal, provincial and territorial governments, is using federal funding to support initiatives in four priority areas.

Integrated service delivery covers efforts to integrate or coordinate a range of health services, especially at transition points in the health system (for example, the point at which home care takes over from the hospital).

Home care services enable people to remain at home or to go home instead of being cared for in a hospital or other long- or short-term care facility. "As hospital stays become shorter and institutionalized care is deferred, home care services can be a preferred option for many people," says Swainson.

Pharmacare projects look at ways to provide insurance coverage for prescription drugs and to improve appropriate drug use. "This is taking on greater importance as more medications are available to treat more conditions," says Swainson.

Primary care is the first point of contact with the system for services to promote health, prevent illness, care for common illness, and manage ongoing health problems. Services include, for example, screening, health information, treatment in physicians' offices, vaccinations, prenatal care, nutritional counselling and links with social services. The HTF-funded projects in this area "are giving us a lot of insights into how these and other services can be better organized to meet Canadians' needs," says Swainson.

Once the information gathered through HTF projects is compiled, who will use it?

"Project results will be provided first and foremost to those who make the decisions that help shape our health care system, but also to those

EXAMPLES OF HTF PROJECTS

The Health Transition Fund is supporting a broad range of innovative projects in each of its four priority areas. Here are some examples.

Home care

Training guide on at-home care for people with cancer, Quebec

This project will evaluate the usefulness of an information guide for cancer patients who want to live their last days at home, and their families.

Pharmacare and pharmaceutical issues

Study to improve antibiotic use, Saskatchewan

This project aims to improve both antibiotic prescribing practices and patients' compliance in taking antibiotics as prescribed.

Primary care

Demonstration project, British Columbia

The goal of this project is to evaluate models of primary care which, for example, provide 24-hour access to primary care services and use multi-disciplinary teams, all through an integrated care approach.

Integrated service delivery

Integrated mental health response for seniors, Prince Edward Island

This project facilitates the integration of home care and mental health services required by seniors who experience dementia, depression, or both.

who provide services and use the system," says Swainson. "Our goal is to disseminate information from projects to a wide range of audiences in a variety of formats."

Find out more online via magazine.health-canada.net

How to talk to your doctor

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After the visit

- Review the notes from the visit, either your own or the ones your friend wrote down.
- Keep a journal. Write down what you learn from your doctor, other people or your own reading. Make a note of your symptoms, prescribed medications, reactions to treatment, and questions as they occur. Read them over before your next visit.
- Learn some basic medical terms. This will help you follow your progress and manage your care.
- Get more information if you need it. If you are concerned about your results and the options the doctor has given you, find out more before making a decision. Talk it over with your family or friends.
- Get a second opinion if it makes you feel more comfortable. Then make another appointment with the first doctor when you have had time to think.
- If you really feel that you and your doctor do not have good rapport, remember you have a right to change doctors if you wish.

The information in this article is drawn from *It helps to talk: how to get the most from a visit to your doctor*, a brochure developed by Health Canada in association with the Manitoba Cancer Treatment Foundation, the Canadian Cancer Society (Manitoba Division), the Manitoba Breast Screening Program, the Canadian Breast Cancer Foundation, and the Hope Breast Cancer Information and Resource Centre.

The TB Watchdog

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Working on several fronts

To help keep a rein on TB in Canada, Dr. Njoo says Health Canada is involved in a wide range of activities.

“One is knowledge generation,” he says. “For example, we run the national TB surveillance systems with the help of the provinces and territories so we can monitor cases of TB disease — and more importantly, treatment outcomes — and drug resistance. We also run targeted research, such as the one examining the extent of TB-HIV co-infection in Canada.”

Another activity is policy development. “We support the **Canadian Tuberculosis Committee**, which provides advice on strategies and priorities for tuberculosis prevention and control,” says Dr. Njoo. Members of the committee include representatives from each provincial and territorial TB control program, other federal departments, and private organizations like the Canadian Lung Association. The broad-based committee membership helps give a better perspective and a more co-ordinated effort on how best to deal with TB in Canada.

“We also coordinate a national strategy to eliminate TB in Canada, which came out of the **National Consensus Conference on Tuberculosis** in 1997.”

As for education and public awareness, says Dr. Njoo, “we’re very active in organizing and participating in conferences, publishing in scientific journals, and producing manuals for health professionals.”

Health Canada offers support and advice to other departments concerned with TB, such as the Correctional Service of Canada. Health Canada also gives advice to Citizenship and Immigration Canada on the screening of immigrants.

As for service delivery — “the hands-on stuff,” says Dr. Njoo — Health Canada collects information on reported TB cases on international flights and forwards it to the provinces and territories, provides technical advice, and undertakes consultations with public and private sector groups.

Who is most at risk of being exposed to TB?

- Anyone who has spent time in parts of the world where TB is more prevalent than in Canada
- Aboriginal peoples
- Canadian seniors who are more likely to have lived in a period when TB was more prevalent
- The homeless in urban cores
- People living in overcrowded and poor living conditions

Who is most at risk of developing active TB once exposed?

- People with chronic health conditions, such as diabetes, cancer or renal failure
- People with HIV/AIDS
- People suffering from malnutrition
- Abusers of alcohol
- Seniors whose immune system is weakened

What about the future?

“Nobody can say for sure where things are headed with TB,” says Dr. Njoo, “but we need to continue tracking the trends, and coordinating and supporting TB control activities across the country.”

Find out more online via magazine.health-canada.net

Wise Winter Fun

**In winter,
it's "cool"
to be safe!**

Winter is not everybody's favourite season, but it's not about to go away soon. If we approach winter with an open mind, we can take advantage of the opportunities it gives us to enjoy the outdoors with family and friends, get involved with others in the community, and maintain our health.

And if we're wise to the ways of staying safe during the cold season, we can all look forward to welcoming spring.

Snow fun

Fresh snow and sunshine are a great combination, but take care of your eyes! Ultraviolet rays from the sun can be strong in winter. On the slopes or on the highway, it's a good idea to wear [sunglasses](#).

It's fun to toboggan, skate or use a snowmobile, but here are some things you should be aware of:

- A [1996 study of sledding injuries](#) showed that more than three-quarters of them involved children aged 5 to 14.
- [Adults 20 years of age and older](#) make up a large part of reported snowmobile injuries.
- [Skating injuries](#) can occur even if you don't play hockey.

The great indoors

OK, now you know: we "rugged" Canadians spend about 90 per cent of our time indoors. It's nice to be cosy when the winter winds are howling, but we shouldn't forget to stay safe.



Keeping your furnace in top shape helps ensure better [air quality in your home](#). For your comfort and safety, have your furnace checked by a qualified technician. If you have a wood-burning fireplace, make sure it is in good working order. Qualified chimney sweeps can help make sure your fire stays in the hearth.

The great escape

Winter is the time for many Canadians to holiday in warmer climates. If you're heading for the sun, make sure you stay safe and healthy so you can enjoy yourself. Check out Health Canada's [information for travellers](#).

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