

# insiders

by Bernard Marlow and Katheryne Stewart,  
Institute for Healthcare Communication

*"A doctor's ability to explain, listen and empathize can have a profound effect on patient satisfaction."*

## Institute revitalized to improve MD-patient communication

Training workshops available; survey coming to assess education needs

IF VIEWED AS A MEDICAL procedure, the patient interview is arguably the tool most routinely employed by health-care clinicians. Yet while a clinician may conduct as many as 150,000 patient interviews during a typical medical career, the training received for this "most commonly used instrument" garners far less attention throughout the educational process than other clinical tasks.

In studies by the Canadian Cancer Society, patients indicate they admire their health-care providers, but perceive a major disconnect in communication, not only between the patient and the provider, but also between providers themselves. Patients frequently say they feel rushed and they often leave their doctor's office without clear answers to their questions.

Studies clearly show a correlation between a clinician's communications skills and a patient's compliance with a medical regimen. Improved communication has been an integral component of positive results in preventive medicine and long-term management of chronic illness, as well as greatly reducing the likelihood of malpractice suits.

As a result of this expanding body of evidence, as well as a growing trend toward reviewing patient satisfaction and medical errors as part of hospital/university accreditation, many health-care facilities and medical schools recognize the need for communication training. Yet many health-care professionals currently practising have little or no formal training in effective communication techniques.

Based on the tenet that effective communication between clinician and patient is a necessity, not an option, the Bayer Institute for Health Care Communication was established in the U.S. in 1987 to address this educational gap. The institute came to Canada in 1997 and subsequently adopted the name Institute for Healthcare Communication (IHC). Due to a lack of financing, the IHC has been relatively inactive in Canada for the past two years.

The College of Family Physicians of Canada, the Canadian Cancer Society (Ontario division) and Cancer Care Ontario have now established a partnership to revitalize the Institute for Healthcare Communication in Canada (IHC-C). The IHC-C wants to optimize the health-care experience and the quality of care through effective communication.

To assess the needs of Canadian institutions that have a clear mandate in the area of patient-clinician communication, the IHC-C will soon sur-

vey Canadian universities, hospitals and other health-care facilities to determine how IHC workshops might best support the training of faculty and staff.

All IHC programs are interactive, featuring case study videos and simulations. The institute can provide "Train the Trainer" courses to prepare new faculty to lead continuing education workshops in their own

facilities. Alternatively, with the more than 60 active Canadian IHC faculty already trained in one or more workshops, arrangements can be made to bring the workshop to local staff at any institution.

Using the Four Es—Engage, Empathize, Educate and Enlist—the basic clinician-patient communications module continues to be the mainstay

of the IHC program. Other courses include "Choices and Changes," a program designed to promote change in health behaviour, and "Care Not Cure," designed to help clinicians talk with patients when treatment fails to cure or control.

A doctor's ability to explain, listen and empathize can have a profound effect on patient satisfaction. What was once considered to be mere "bedside" manner is now acknowledged as an

important practical skill, with the goal of achieving improved patient outcomes.

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GLUMETZA™ (metformin HCl) 500 mg extended-release tablets are indicated for the control of hyperglycemia in adult patients with type 2 diabetes, as an adjunct to dietary management, exercise, and weight reduction, or when insulin therapy is not appropriate. GLUMETZA may be used as mono-therapy, or concomitantly with a sulfonylurea. GLUMETZA is a once-daily formulation, which must be taken with food. Metformin can be of value in the treatment of obese diabetic patients. Limited data from controlled pharmacokinetic studies of metformin in healthy elderly subjects suggest that total plasma clearance of metformin is decreased, the half-life is prolonged and  $C_{max}$  is increased, compared to healthy young subjects. From these data, it appears that the change in metformin pharmacokinetics with aging is primarily accounted for by a change in renal function. Metformin treatment should not be initiated in patients > 80 years of age, unless measurement of creatinine clearance demonstrates that renal function is not significantly reduced. In patients with advanced age, metformin should be carefully titrated to establish the minimum dose for adequate glycemic effect. The safety and efficacy of GLUMETZA in pediatric patients has not been established and no dosage regimen can be recommended in these patients.

GLUMETZA is contraindicated in: unstable and/or type 1 diabetes; acute or chronic metabolic acidosis, including diabetic ketoacidosis, with or without coma; history of ketoacidosis with or without coma; patients with a history of lactic acidosis; the presence of renal impairment or when renal function is not known, and also in patients with serum creatinine levels above the upper limit of normal range; renal disease or renal dysfunction (e.g., serum creatinine levels  $\geq 136 \mu\text{mol/L}$  (males),  $\geq 124 \mu\text{mol/L}$  (females) or abnormal creatinine clearance); heart failure requiring pharmacologic treatment; excessive alcohol intake, acute or chronic; patients suffering from severe hepatic dysfunction; metformin should be temporarily discontinued in patients undergoing radiologic studies involving intravascular administration of iodinated contrast materials; cases of cardiovascular collapse and in disease states associated with hypoxemia such as cardiorespiratory insufficiency; during stressful conditions, such as severe infections, trauma or surgery and the recovery phase thereafter; patients suffering from severe dehydration; during pregnancy.

Lactic acidosis is a rare (0.03 cases/1000 patient years), but serious (50% fatality rate), metabolic complication that occurs due to metformin accumulation. Lactic acidosis may also occur in association with a number of pathophysiologic conditions, including diabetes and whenever there is significant tissue hypoperfusion and hypoxemia. Reported cases have occurred primarily in diabetic patients with significant renal insufficiency, including both intrinsic renal disease and renal hypoperfusion. The risk of lactic acidosis may be significantly decreased by regular monitoring of renal function in patients taking GLUMETZA and by use of the minimum effective dose of GLUMETZA. In addition, GLUMETZA should be promptly withheld in the presence of any condition associated with hypoxemia, dehydration or sepsis. Lactic acidosis is a medical emergency that must be treated in a hospital setting; prompt hemodialysis is recommended to correct the acidosis and remove the accumulated metformin. In a patient with lactic acidosis who is taking GLUMETZA, the drug should be discontinued immediately. Increased risk of cardiovascular mortality: the administration of oral antidiabetic drugs has been reported to be associated with increased cardiovascular mortality as compared to treatment with diet alone or diet plus insulin. Cardiovascular collapse (shock), acute heart failure, acute myocardial infarction and other conditions characterized by hypoxemia have been associated with lactic acidosis and may also cause pre-renal azotemia. When such an event occurs in patients on GLUMETZA therapy, the drug should be promptly discontinued.

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Please review the Product Monograph for indications, contraindications, warnings, precautions, dosing and administration (1-866-825-8120).

REFERENCES: 1. Applied Management Consultants, 2005

2. Glumetza™ (metformin HCl) Product Monograph, Biovail Pharmaceuticals Canada, September 2005.

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