

COVID-19
Community of
Practice for Ontario
Family Physicians

June 21, 2024

**Dr. Daniel Warshafsky
Dr. Jennifer Wyman
Dr. Joan Chan**



***Infectious Disease Updates,
Managing Alcohol Use &
Practical Tips for a Restful Summer***



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Infectious Disease Updates, Managing Alcohol Use & Practical Tips for a Restful Summer

Moderator:

- Dr. Ali Damji, Mississauga, ON

Panelists:

- Dr. Daniel Warshafsky, Toronto, ON
- Dr. Jennifer Wyman, Toronto, ON
- Dr. Joan Chan, Guelph, ON

Host:

- Dr. Eric Wong, London, ON

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



National Indigenous Peoples Day



Changing the way we work

A community of practice for family physicians during COVID-19

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Mekalai Kumanan (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O'Halloran, Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:

<https://www.dfc.utoronto.ca/covid-19-community-practice/past-sessions>



Dr. Daniel Warshafsky – Panelist

Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health



Dr. Jennifer Wyman – Panelist

Medical Director of the Substance Use Service, Women's College Hospital in Toronto; Clinical Programs Lead with META:PHI



Dr. Joan Chan – Panelist

Family Physician, Guelph Family Health Team



Dr. Eric Wong – Host

Professor and Faculty Development Director, Western University
Medical Director, Thames Valley Family Health Team

Speaker Disclosure

- Faculty Name: **Dr. Daniel Warshafsky**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Others: N/A

- Faculty Name: **Dr. Jennifer Wyman**
- Relationships with financial sponsors: Salary paid by META:PHI (Mentoring Education and Clinical Tools for Addiction: Partners in Health Integration) and funded by Ministry of Health
 - Grants/Research Support: CIHR
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians, AFMC, Ministry of Health and Centre for Effective Practice for program development
 - Others: N/A

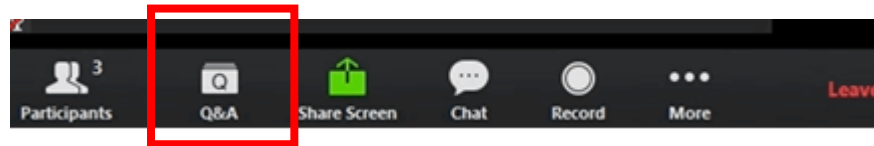
- Faculty Name: **Dr. Joan Chan**
- Relationships with financial sponsors:
 - Grants/Research Support: Dr. Joan M Chan MPC
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: CME workshops and coaching to clinicians

Speaker Disclosure

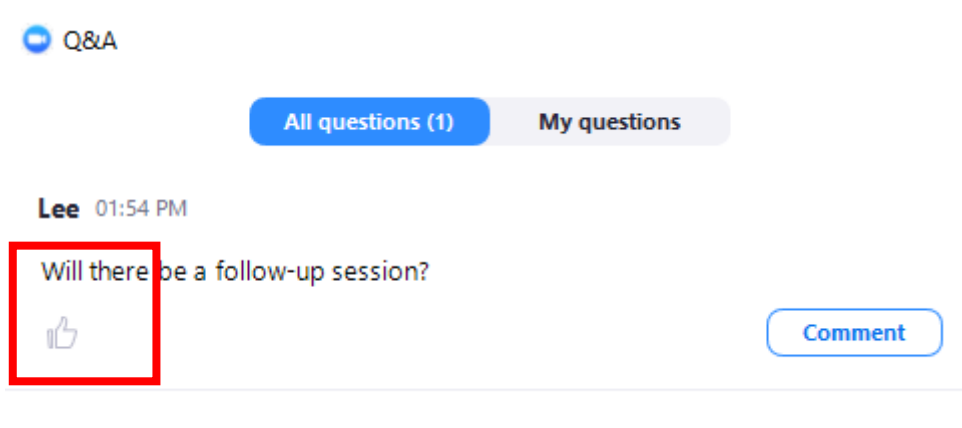
- Faculty Name: **Dr. Eric Wong**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Touchstone Institute
 - Others: Thames Valley Family Health Team, University of Toronto, Western University, Agecare Aylmer LTC, Peoplecare Oakcrossing LTC, Earls Court Village LTC, Terrace Lodge LTC, Oakcrossing Retirement Living
- Faculty Name: **Dr. Ali Damji**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A

How to Participate

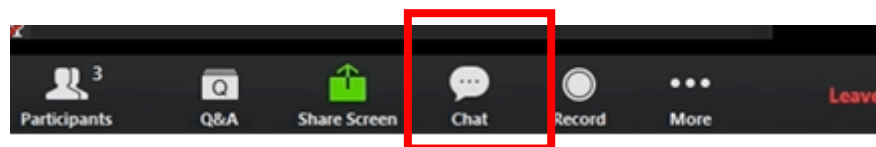
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guest's questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.





Dr. Daniel Warshafsky – Panelist

Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health



Dr. Jennifer Wyman – Panelist

Medical Director of the Substance Use Service, Women's College Hospital in Toronto; Clinical Programs Lead with META:PHI



Dr. Joan Chan – Panelist

Family Physician, Guelph Family Health Team

COVID

COVID-19 Spring Vaccination Campaign



- In alignment with [NACI](#), individuals who are at increased risk of severe illness from COVID-19 may receive an additional dose of an XBB COVID-19 vaccine in Spring 2024. The Ontario Spring COVID-19 vaccine campaign will run from **April to June 2024**.
- The Ministry of Health is recommending that the following individuals receive an additional dose this spring:
 - Adults 65 years of age and older
 - Adult residents of long-term care homes and other congregate living settings for seniors
 - Individuals 6 months of age and older who are moderately to severely immunocompromised (due to an underlying condition or treatment)
 - Individuals 55 years and older who identify as First Nations, Inuit, or Metis and their non-Indigenous household members who are 55 years and older

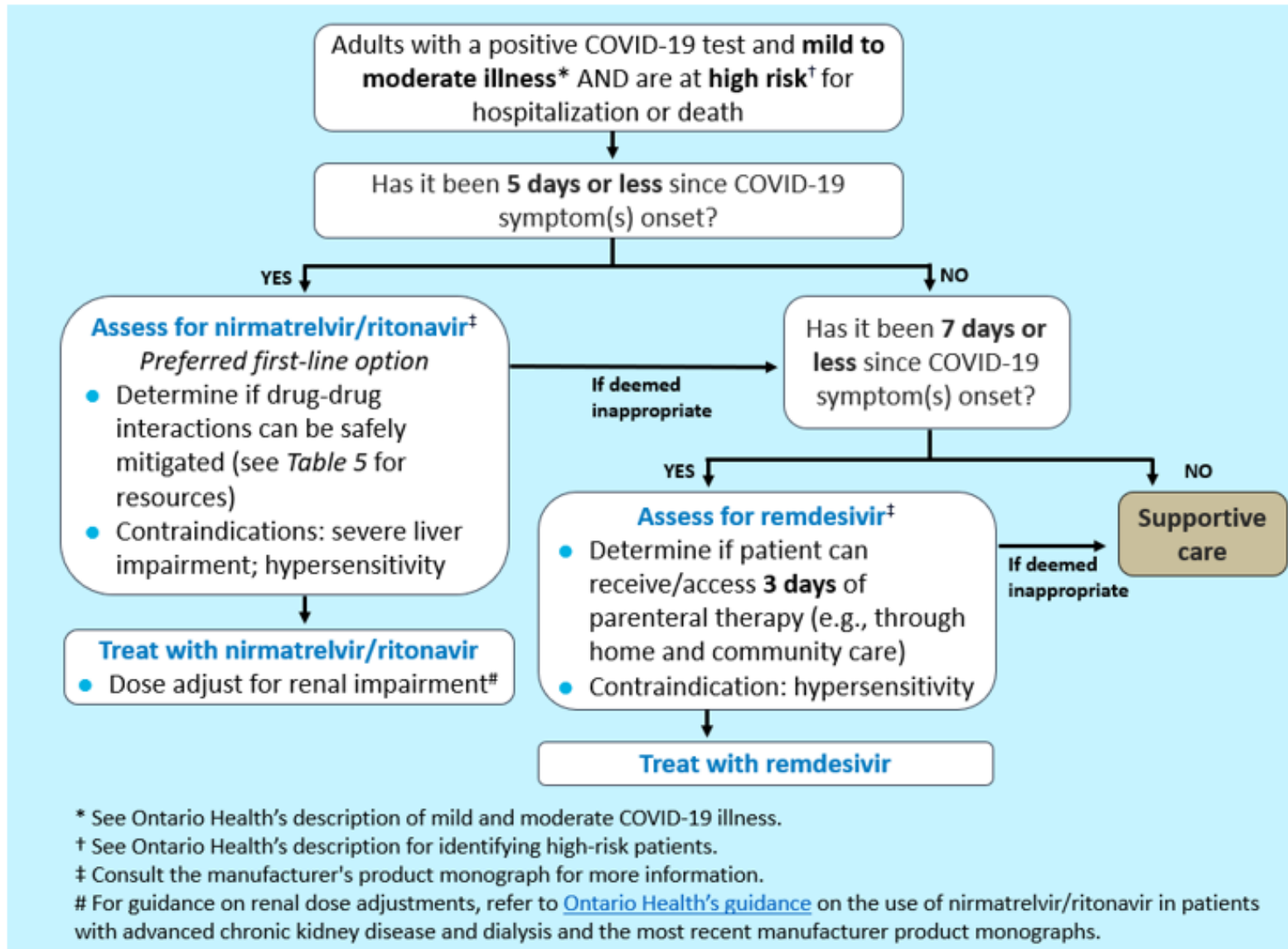
Updated OH Guidance: Mild to Moderate COVID-19



- **Risk Factors Associated with More Severe COVID-19 Outcomes Where Antiviral Therapy is **RECOMMENDED****
 - Age (65 years and older, regardless of vaccine status, with no other risk factors)
 - Immunocompromised status (18 and older, regardless of vaccine status or prior COVID-19 infections)
- **Risk Factors Associated with More Severe COVID-19 Outcomes Where Antiviral Therapy **MAY BE CONSIDERED****
 - Vaccination status (have never received a COVID-19 vaccine)
 - Certain medical conditions

Treatment decisions should be individualized based on the prescriber's assessment of patient risk because not all medical or social vulnerabilities carry the same risk. Refer to Ontario Health guidance and resources at: <https://www.ontariohealth.ca/providing-health-care/clinical-resources-education/covid-19/treatment>

Mild to Moderate COVID-19 Treatment Algorithm



- Paxlovid Drug Interaction information available here: <https://hivclinic.ca/paxlovid-prescribing-drug-interaction-information/>
- Transplant recipients with should always be referred to their transplant centre if they have symptoms and/or test positive for COVID-19.

Coverage and Access for Paxlovid® in Community

- Effective May 17, 2024, Paxlovid® is listed [Ontario Drug Benefit \(ODB\) Formulary](#) with Limited Use (LU) criteria **for ODB-eligible adults (18 years+) with a positive COVID-19 test (PCR or RAT) and symptoms within the past 5 days who are:**
 - 65 years and older, regardless of risk factors or number of vaccine doses [673]
 - Immunocompromised, regardless of age or number of vaccine doses [674]
 - Have 1 or more risk factors (e.g. medical conditions) for severe COVID-19 [675]

REMINDER: Prescribers must indicate the appropriate LU code on the prescription.
- **For non-ODB Program recipients (e.g., individuals with private insurance or who pay out of pocket), Paxlovid® will not be publicly funded and usual and customary process will apply**, once the remaining provincial supply of Paxlovid® expires at end of May.
- If a patient cannot afford the cost of a medication out-of-pocket, they may be eligible for the [Trillium Drug Program \(TDP\)](#). Where applicable, TDP can provide reimbursement retroactive to the enrollment date and process urgent applications.

Coverage and Access for Remdesivir in Community

- Remdesivir will **continue to be available at no cost for individuals with OHIP coverage** who do not require hospitalization, have a positive COVID-19 test and symptom onset within 7 days, and **who cannot take Paxlovid** due to a drug interaction, contraindication, or >5 days since symptom onset.
- Physicians and nurse practitioners in hospitals or in the community can refer a patient to their local Home and Community Care Support Services (HCCSSS) branch for a nurse to administer Remdesivir infusions in an HCCSS clinic or patient's home.
 - Required referral forms and other details for prescribers are available [here](#).
- LTC homes should check with their OH region to determine access pathways for Remdesivir in LTC.
- NOTE: Remdesivir is not listed on ODB formulary at this time.

Access to Testing



Rapid antigen tests (RATs)

- Health care providers can continue to order free rapid antigen tests (RATs) to provide to patients. Please order via [PPE Supply Portal](#) (must be registered for the Provincial Antigen Screening program – easy online application).
- RATs may also be available through participating pharmacies and public health units.

PCR tests

- Authorized providers may order publicly-funded PCR testing for eligible patients using the Public Health Ontario COVID-19 and Respiratory Virus Test Requisition form For help filling out the form use these instructions.
- Some pharmacies also continue to provide PCR testing (not available in all regions), see <https://www.ontario.ca/covidtestinglocations> for participating locations.

Pertussis (Whooping Cough)

Pertussis Epidemiology



- Reservoir
 - Humans
- Transmission
 - Person-to-person through respiratory droplets or contact with airborne droplets
 - Exposure to fomites
- Temporal pattern
 - No distinct seasonal pattern, but may increase in the summer and fall
- Communicability
 - Highly communicable - secondary attack rates of 80% among susceptible household contacts
 - Infectious from catarrhal stage through third week of paroxysms or until 5 days after the start of effective antimicrobial treatment
- Incubation period
 - 5-10 days (max 21 days)

Ontario Epidemiology

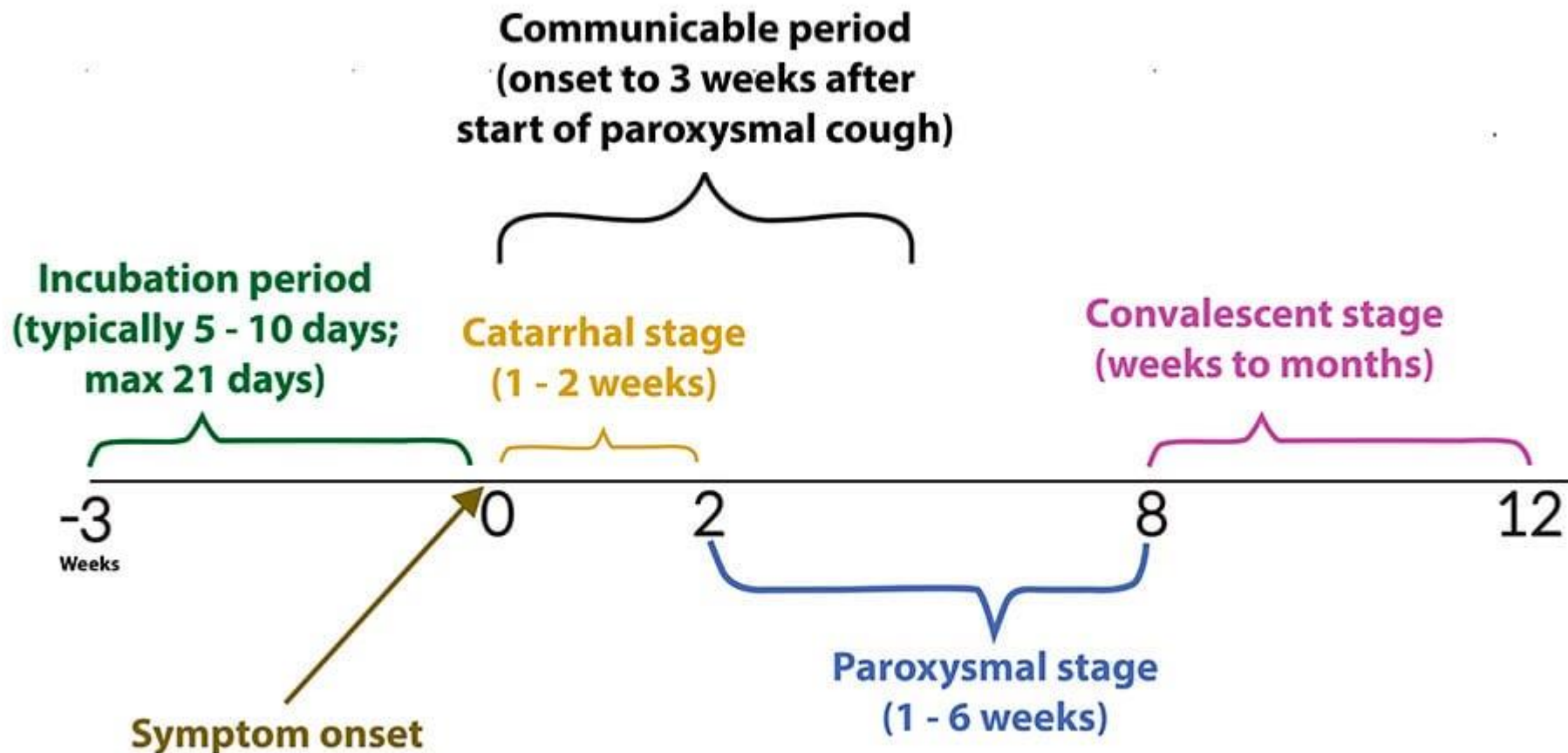
DOPHS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2023 to date COUNT	2023 to date RATE per 1,000,000 population	5-year average year-to-date COUNT	5-year average year-to-date RATE
Pertussis (Whooping Cough)	42	59	48	21	14	8	16	45	21	27	16	16	333	21.7	227	15.4

DOPHS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024 to date COUNT	2024 to date RATE per 1,000,000 population	5-year average year-to-date COUNT	5-year average year-to-date RATE
Pertussis (Whooping Cough)	41	12	17										70	4.5	62	4.2

<https://www.publichealthontario.ca/en/Diseases-and-Conditions/Infectious-Diseases/Vaccine-Preventable-Diseases/Pertussis>

Clinical Illness

Pertussis Disease Progression



Clinical Illness

Stage 1: Catarrhal

- Characterized by:
 - Coryza
 - Low-grade fever
 - Mild, occasional cough
 - Gradually becomes more severe
 - Apnea (in infants)
- Can be arrested with antibiotic treatment!

Early symptoms may include:



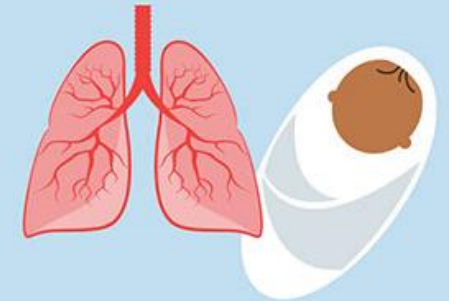
Slight fever.



Mild or occasional coughing.



Runny nose.



A pause in breathing in babies.

Clinical Illness

Stage 2: Paroxysmal

- Characterized by:
 - Paroxysms of numerous, rapid coughs
 - Long inspiratory effort with a high-pitched "whoop" at the end of paroxysmal cough
 - Cyanosis
 - Exhaustion
 - Vomiting
- Paroxysmal attacks occur frequently at night, with an average of 15 attacks per 24 hours.
- They increase in frequency during the first 1-2 weeks.
- The attacks remain at the same frequency for 2-3 weeks, then gradually decrease.



Prolonged, repeated or violent coughing episodes.



Whooping sound when inhaling.



Vomiting.



Exhaustion due to prolonged coughing.

What is that sound?

Clinical Illness



Stage 3: Convalescent

- Characterized by:
 - Gradual recovery
 - Less persistent, paroxysmal coughs that disappear in 2 to 3 weeks
- Paroxysms often recur with subsequent respiratory infections for many months after pertussis onset.

Contact Management



There is no evidence that antibiotic chemoprophylaxis of contacts changes the epidemic course of pertussis in the community, therefore, it is only recommended for the following contacts of confirmed pertussis cases:

- household contacts (including attendees at home childcare settings) where there is a vulnerable person defined as an infant < 1 year of age [immunized or not] or a pregnant woman in the third trimester; and
- for out of household exposures, vulnerable persons, defined as infants less than one year of age regardless of immunization status and pregnant women in their third trimester who have had face-to-face exposure and/or have shared confined air for > 1 hour.

It should be implemented as soon as possible after exposure as efficacy is related to early implementation. It is not likely to be beneficial after 21 days since the first contact

Table 1: Antimicrobials indicated for chemoprophylaxis among people without contraindications

Age	Drug	Dosage
Infants (< 1 month)	Azithromycin	10 mg/kg once daily in a single dose for 5 days
	Erythromycin	Not preferred
	Clarithromycin	Not recommended
Infants (1 – 5 months)	Azithromycin	As per < 1 month
	Erythromycin	40 mg/kg po (maximum 1 gm) in 3 doses for 7 days
	Clarithromycin	15 mg/kg/day po (maximum 1 gm/day) in 2 divided doses for 7 days
Infants (≥ 6 months and children)	Azithromycin	10 mg/kg po (maximum 500 mg) once for 1 day, then 5 mg/kg po (maximum 250 mg) once daily for 4 days
	Erythromycin	As per 1 – 5 months
	Clarithromycin	As per 1 – 5 months
Adults	Azithromycin	500 mg po once for 1 day then 250 mg po once for 4 days
	Erythromycin	As per 1 – 5 months
	Clarithromycin	1 gm/day in 2 divided doses for 7 days (Not recommended in pregnancy)

Publicly Funded Immunization Schedules for Ontario – June 2022

Publicly funded vaccines may be provided only to eligible individuals and must be free of charge

Routine Schedule: Children Starting Immunization in Infancy

Vaccine	Age	2 Months	4 Months	6 Months	1 Year Φ	15 Months	18 Months	4 Years	Grade 7	14 Years	24 Years	≥ 34 Years Υ	65 Years
DTaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b		◆	◆	◆			◆						
Tdap-IPV Tetanus, diphtheria, pertussis, Polio								◆					
Tdap Tetanus, diphtheria, pertussis										◆	◆		
Tdap Tetanus, diphtheria, pertussis									◆ One dose in every pregnancy, ideally between 27-32 weeks of gestation				

- ◆ - A single vaccine dose given by intramuscular injection
- - A single vaccine dose given by subcutaneous injection
- ▲ - A single vaccine dose given by mouth
- - Provided through school-based immunization programs. Men-C-ACYW is a single dose; HB is a 2 dose series (see Table 6); HPV-9 is a 2 dose series (see Table 10). Each vaccine dose is given by intramuscular injection
- Φ - Given no earlier than the 1st birthday, and prior to 16 months of age

Υ - Once a dose of Tdap is given in adulthood (24 years of age), adults should receive Td boosters every 10 years thereafter

■ - HZ is a 2 dose series (see Table 12) given by intramuscular injection

* - Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given ≥ 4 weeks apart. Children who have previously received ≥ 1 dose of influenza vaccine should receive 1 dose per season thereafter

Note: A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4-24)



CanTreatCOVID

Canadian Adaptive Platform Trial of Treatments
for COVID in Community Settings

Who can participate?

- Adults who **tested positive for COVID** with symptoms starting within the last 5 days and
- aged 18-49 years with one or more chronic condition(s) **OR** aged 50+ years regardless of health status

Compensation: Healthcare providers - \$40 for referring potentially eligible participants
Patients - up to \$120 while in the study

Why participate?

- Close monitoring
- Personalized care
- Contribution to medical research
- Participate online or by phone call

 1-888-888-3308

 CanTreatCOVID.org

 info@CanTreatCOVID.org

CanTreatCOVID is led by Dr. Andrew Pinto and supported by



Santé
Canada

Health
Canada



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Partner Opportunities for Family Doctors

1. Patients before Paperwork Clinical Advisory Table

- OH is looking for community based clinicians (FPs, NPs and nurses, pharmacists, midwives) to join the Patients before Paperwork Clinical Advisory Committee. This group is working on initiatives to reduce administrative burden.
- Deadline to apply: July 6
- [Clinical Advisory Table Members_PatientsBeforePaperwork \(ontariohealth.ca\)](https://www.ontariohealth.ca/clinical-advisory-table-members-patients-before-paperwork)

2. Practice Ready Ontario Committees

- The following two Committees will be responsible for the assessment of internationally trained physicians within the PRO program
 - Practice Ready Ontario Assessment Committee will review and assess Candidates profiles
 - Practice Ready Ontario Appeals Committee will review any appeals made by candidates
- Deadline to apply: June 27
- [More details available](#)



Managing Alcohol Use: Understanding Updated Recommendations

Dr. Jennifer Wyman










Managing Alcohol Use in 2024: Understanding Updated Recommendations

1. How has Canadian guidance for alcohol use changed?
2. What every family physician should know about medications for alcohol use
3. What's new in treatments for alcohol use?
4. What's the deal with SSRIs and alcohol use disorder?

And other questions you add in the Q&A box...



CCSA 2023 Canadian Guideline on Alcohol Consumption and Health

0 drinks per week Not drinking has benefits, such as better health, and better sleep.	No risk	0 
1 to 2 standard drinks per week You will likely avoid alcohol-related consequences for yourself and others.	Low risk	1  2 
3 to 6 standard drinks per week Your risk of developing several different types of cancer, including breast and colon cancer, increases.	Moderate risk	3  4  5  6 
7 or more standard drinks per week Your risk of heart disease or stroke increases. Each additional standard drink Radically increases the risk of these alcohol-related consequences.	Increasingly high risk	7  8  + 

People who are going to drink should make sure to not exceed 2 drinks on any day

When pregnant or trying to get pregnant, there is no known safe amount of alcohol use.

When breastfeeding, not drinking alcohol is safest.

Conditions Linked to Alcohol Use

- 7 types of cancer: oral cavity, pharynx, larynx, esophagus, colorectal, liver and breast
 - Risk factor for most cardiovascular disease:
 - Atrial fibrillation
 - Heart failure
 - Hemorrhagic stroke
 - High blood pressure
 - Hypertension
- + Injuries, accidents, aggressive behaviour, intimate partner violence, sexual violence, liver disease, pancreatitis, respiratory infections

Table 2. Increased risk of diseases and injuries for males based on average weekly alcohol use (standard drinks per week)

Disease or injury	1	2	3	4	5	6	7	14	21	35
Tuberculosis	3.7%	7.5%	11.4%	15.5%	19.7%	24.1%	26.3%	62.4%	105.2%	233.3%
Lower respiratory infections	1.0%	1.9%	2.9%	3.9%	4.9%	5.9%	6.4%	13.7%	21.0%	37.6%
Oral cavity and pharynx cancer	5.1%	10.3%	15.8%	21.6%	27.6%	33.8%	37.0%	89.4%	152.3%	338.4%
Oesophagus cancer	2.7%	5.4%	8.2%	11.1%	14.1%	17.2%	18.7%	42.7%	69.1%	139.3%
Colorectal cancer	1.4%	2.7%	4.1%	5.6%	7.0%	8.5%	9.2%	20.0%	31.1%	57.4%
Liver cancer	0.8%	1.6%	2.4%	3.2%	4.0%	4.8%	5.2%	11.2%	17.0%	30.1%
Breast cancer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Larynx cancer	3.0%	6.0%	9.1%	12.3%	15.5%	18.8%	20.5%	46.3%	73.8%	143.5%
Pancreatitis	3.5%	7.2%	11.0%	14.9%	18.9%	23.1%	25.3%	59.7%	100.1%	219.7%
Diabetes Mellitus	0.0%	0.0%	0.1%	0.1%	0.2%	0.2%	0.3%	1.1%	2.4%	5.9%
Liver cirrhosis	6.2%	12.4%	18.8%	25.6%	32.9%	40.5%	44.5%	113.6%	207.1%	553.0%
Atrial fibrillation and flutter	1.3%	2.6%	3.9%	5.3%	6.6%	8.0%	8.7%	18.9%	29.2%	53.7%
Hypertension	2.8%	5.7%	8.7%	11.8%	15.0%	16.6%	17.4%	29.3%	35.9%	47.2%
Ischemic heart disease	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%	4.0%	4.0%	15.0%
Ischemic stroke	-8.0%	-8.0%	-8.0%	-8.0%	-8.0%	-8.0%	-8.0%	8.0%	8.0%	14.0%
Intracerebral hemorrhage	-8.0%	-8.0%	-8.0%	-8.0%	-8.0%	-1.0%	-1.0%	25.0%	25.0%	67.0%
Subarachnoid haemorrhage	21.0%	21.0%	21.0%	21.0%	21.0%	11.0%	11.0%	39.0%	39.0%	82.0%
Epilepsy	3.1%	5.7%	8.3%	11.0%	13.8%	16.6%	18.0%	40.2%	64.5%	129.2%
Road injuries	3.0%	6.1%	9.2%	12.5%	15.9%	19.3%	21.1%	48.8%	80.2%	168.0%
Other unintentional injuries	1.6%	3.2%	4.8%	6.4%	8.1%	9.8%	10.6%	23.3%	36.5%	68.3%
Intentional injuries	5.1%	10.5%	16.1%	22.1%	28.3%	34.9%	38.3%	96.1%	171.2%	431.9%

Dark red > 50%; light red 20% to 50%; yellow 10% to < 20%; green < -10%

Table 1. Increased risk of diseases and injuries for females based on average weekly alcohol use (standard drinks per week)

Disease or injury	1	2	3	4	5	6	7	14	21	35
Tuberculosis	3.7%	7.5%	11.4%	15.5%	19.7%	24.1%	26.3%	62.4%	105.2%	233.3%
Lower respiratory infections	1.0%	1.9%	2.9%	3.9%	4.9%	5.9%	6.4%	13.7%	21.0%	37.6%
Oral cavity and pharynx cancer	5.1%	10.3%	15.8%	21.6%	27.6%	33.8%	37.0%	89.4%	152.3%	338.4%
Oesophagus cancer	2.7%	5.4%	8.2%	11.1%	14.1%	17.2%	18.7%	42.7%	69.1%	139.3%
Colorectal cancer	1.4%	2.7%	4.1%	5.6%	7.0%	8.5%	9.2%	20.0%	31.1%	57.4%
Liver cancer	0.8%	1.6%	2.4%	3.2%	4.0%	4.8%	5.2%	11.2%	17.0%	30.1%
Breast cancer	1.8%	3.7%	5.6%	7.6%	9.5%	11.6%	12.6%	27.9%	44.0%	84.2%
Larynx cancer	3.0%	6.0%	9.1%	12.3%	15.5%	18.8%	20.5%	46.3%	73.8%	143.5%
Pancreatitis	-5.3%	-10.3%	-15.0%	-19.2%	-22.7%	-25.5%	-26.7%	-20.8%	14.8%	173.9%
Diabetes Mellitus	-15.2%	-19.9%	-23.0%	-25.2%	-26.9%	-28.3%	-28.9%	-33.5%	-34.6%	-32.7%
Liver cirrhosis	61.5%	94.3%	124.3%	153.3%	182.1%	211.0%	225.5%	444.7%	685.5%	1337.2%
Atrial fibrillation and flutter	1.3%	2.6%	3.9%	5.3%	6.6%	8.0%	8.7%	18.9%	29.2%	53.7%
Hypertension	1.2%	2.4%	3.6%	4.8%	6.0%	7.1%	7.7%	16.1%	24.8%	45.2%
Ischemic heart disease	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%	4.0%	4.0%	15.0%
Ischemic stroke	-10.0%	-10.0%	-10.0%	-10.0%	-10.0%	-8.0%	-8.0%	8.0%	8.0%	14.0%
Intracerebral hemorrhage	-8.0%	-8.0%	-8.0%	-8.0%	-8.0%	-1.0%	-1.0%	25.0%	25.0%	67.0%
Subarachnoid haemorrhage	21.0%	21.0%	21.0%	21.0%	21.0%	11.0%	11.0%	39.0%	39.0%	82.0%
Epilepsy	3.1%	5.7%	8.3%	11.0%	13.8%	16.6%	18.0%	40.2%	64.5%	129.2%
Road injuries	1.9%	3.9%	5.9%	8.0%	10.1%	12.2%	13.3%	29.6%	46.8%	90.2%
Other unintentional injuries	1.6%	3.2%	4.8%	6.4%	8.1%	9.8%	10.6%	23.3%	36.5%	68.3%
Intentional injuries	5.1%	10.5%	16.1%	22.1%	28.3%	34.9%	38.3%	96.1%	171.2%	431.9%

Dark red > 50%; light red 20% to 50%; yellow 10% to < 20%; green < -10%

Making connections

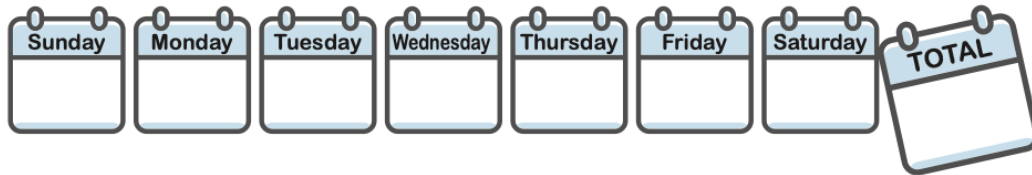
- Assess – impact on sleep, work, relationships, accidents (driving)
- Offer information – I don't know if you're aware of the new guidance. It's based on the potential health consequences of alcohol use
- Acknowledge- Based on what you're telling me, it sounds like the amount/the way you're drinking could be potentially unhealthy
- Engage – I wonder if the amount that you're drinking could be contributing to some of the symptoms you're describing.
- Offer- strategies, suggestions, negotiated changes

Aim to drink less

Drinking less benefits you and others. It reduces your risk of injury and violence, and many health problems that can shorten life.

Here is a good way to do it

Count how many drinks you have in a week.



Set a weekly drinking target. If you're going to drink, **make sure you don't exceed 2 drinks on any day.**

Good to know

You can reduce your drinking in steps! Every drink counts: any reduction in alcohol use has benefits.

It's time to pick a new target

What will your weekly drinking target be?



Tips to help you stay on target

- Stick to the limits you've set for yourself.
- Drink slowly.
- Drink lots of water.
- For every drink of alcohol, have one non-alcoholic drink.
- Choose alcohol-free or low-alcohol beverages.
- Eat before and while you're drinking.
- Have alcohol-free weeks or do alcohol-free activities.

Naltrexone

- Opioid receptor antagonist, blocks the release of alcohol-induced dopamine
- Blunts euphoric and reinforcing effect of alcohol
- Mild SE that resolve in couple of weeks – nausea, dizziness
- No need to abstain before starting
- Starting dose 25 mg OD X 3-4 days to minimize nausea, then 50 mg OD
- Order liver enzymes prior to prescribing and repeat at 3-4 weeks
- Contraindicated in people who take opioids/severe liver disease
- Limited Use code 532

Sinclair Method: Targeted or “as needed” naltrexone

- 8 hours after 50mg naltrexone dose mean concentration was 18 +/-13 ng/ml, at or below the estimated therapeutic range of 17-50 ng/ml
- Plasma concentrations peak one hour after a single 50mg dose of oral naltrexone; at one hour, concentration is four times greater than it is at 8 hours
- Craving for alcohol is not constant but attached to stimuli/triggers associated with drinking; strongest stimulus occurs after taking a first drink
- Timing dose one hour before planned drinking will give a peak concentration at the time of the first drink

Support Groups/Connections to Care

- 12-step groups (In the Rooms)
- SMART Recovery (Self-management and Recovery Training)
- Women for Sobriety
- Families for Addiction Recovery (FAR)
- Podcasts: Take a Break, That Sober Guy, Hard Knox Talks
- Apps: Sober Tool, Saying When, SMART

Ozempic seems to curb cravings for alcohol. Here's what scientists think is going on

AUGUST 28, 2023 · 5:00 AM ET



Michaeleen Doucleff

> [Sci Rep.](#) 2023 Nov 28;13(1):20998. doi: 10.1038/s41598-023-48267-2.

Semaglutide and Tirzepatide reduce alcohol consumption in individuals with obesity

Fatima Quddos^{1 2}, Zachary Hubshman^{1 3}, Allison Tegge¹, Daniel Sane^{1 3}, Erin Marti¹, Anita S Kablinger⁴, Kirstin M Gatchalian¹, Amber L Kelly^{1 2}, Alexandra G DiFeliceantonio¹, Warren K Bickel⁵

Affiliations + expand

PMID: 38017205 PMCID: [PMC10684505](#) DOI: [10.1038/s41598-023-48267-2](#)

> [J Clin Psychiatry.](#) 2023 Nov 27;85(1):23m15068. doi: 10.4088/JCP.23m15068.

Significant Decrease in Alcohol Use Disorder Symptoms Secondary to Semaglutide Therapy for Weight Loss: A Case Series

Jesse R Richards^{1 2}, Madisen Fae Dorand¹, Kyleigh Royal³, Lana Mnajjed³, Maria Paszkowiak³, W Kyle Simmons^{4 5}

Affiliations + expand

PMID: 38019594 DOI: [10.4088/JCP.23m15068](#)

SSRIs and AUD

Canadian guideline for the clinical management of high-risk drinking and alcohol use disorder

Evan Wood MD PhD et al for the Canadian Alcohol Use Disorder Guideline Committee. *CMAJ* 2023 October 16;195:E1364-79. doi: 10.1503/cmaj.230715

- *Recommendation 12: Adult and youth patients should not be prescribed antipsychotics or selective serotonin reuptake inhibitor (SSRI) antidepressants for the treatment of AUD (strong recommendation, moderate-certainty evidence).*
- *Recommendation 13: Prescribing SSRI antidepressants is not recommended for adult and youth patients with AUD and a concurrent anxiety or depressive disorder (strong recommendation, moderate-certainty evidence).*
- Challenging given the prevalence of mood and anxiety disorders with AUD: consider initiating SSRIs with monitoring for increase in cravings/intake. SSRIs are NOT treatment for AUD

Zero Proof

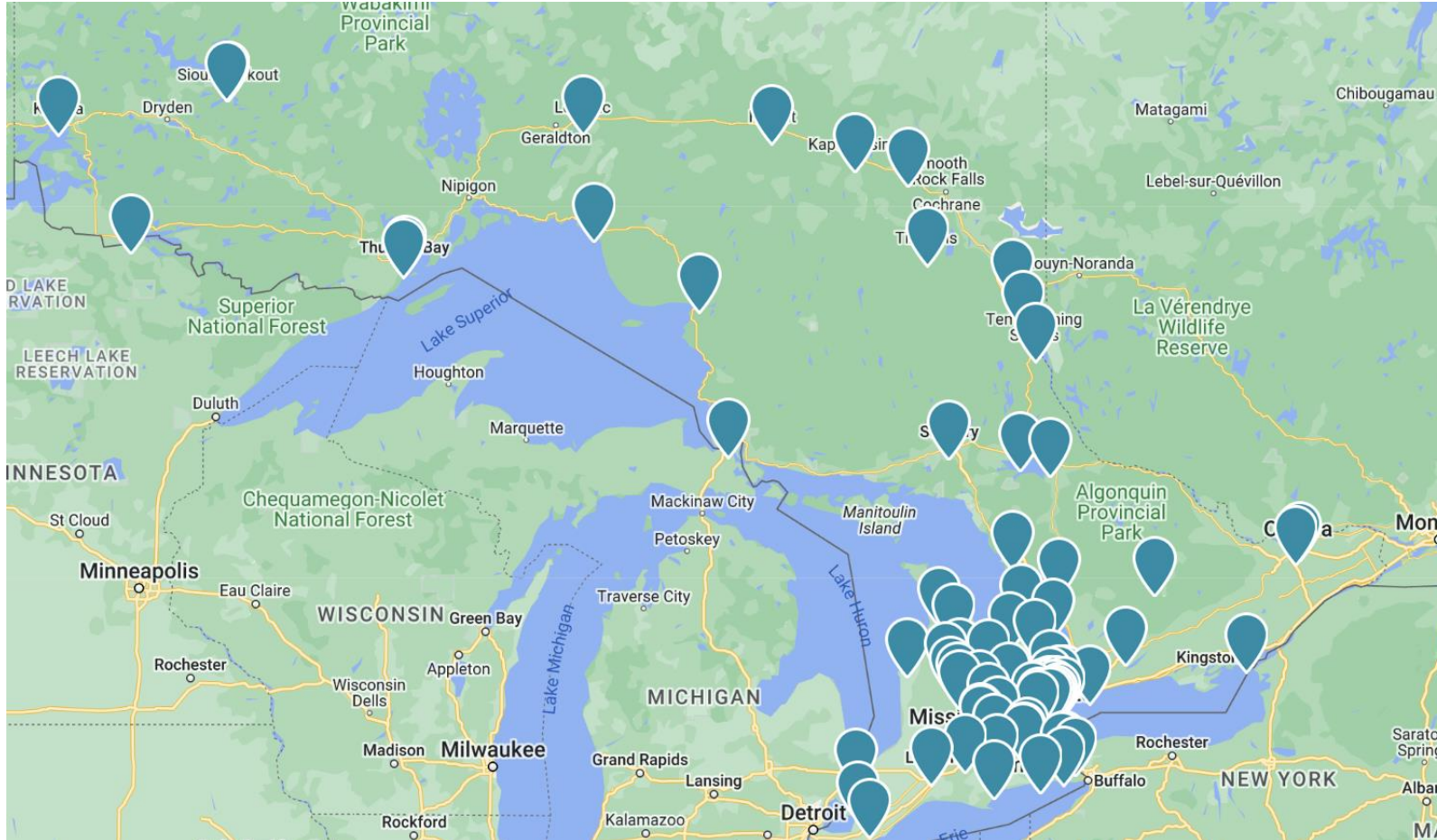
The Best Nonalcoholic Drinks

By [Mace Dent Johnson](#) Updated January 26, 2024



Photo: Michael Murtaugh

Rapid Access Addiction Medicine (RAAM) Clinics





PREPARING FOR

Summer

VACATION

A SPACIOUS APPROACH FOR
HEALTHCARE HUMANS

Why is this important?



REST & PLEASURE ARE
ESSENTIAL FOR HUMAN
BODIES



Why is this so hard?



WORK = WORTH SOCIALIZATION

**A SYSTEM DESIGNED WITHOUT HUMAN
BODIES IN MIND**

(THAT'S WHY REST & PLEASURE CAN FEEL TERRIBLE AT FIRST)



Remember...

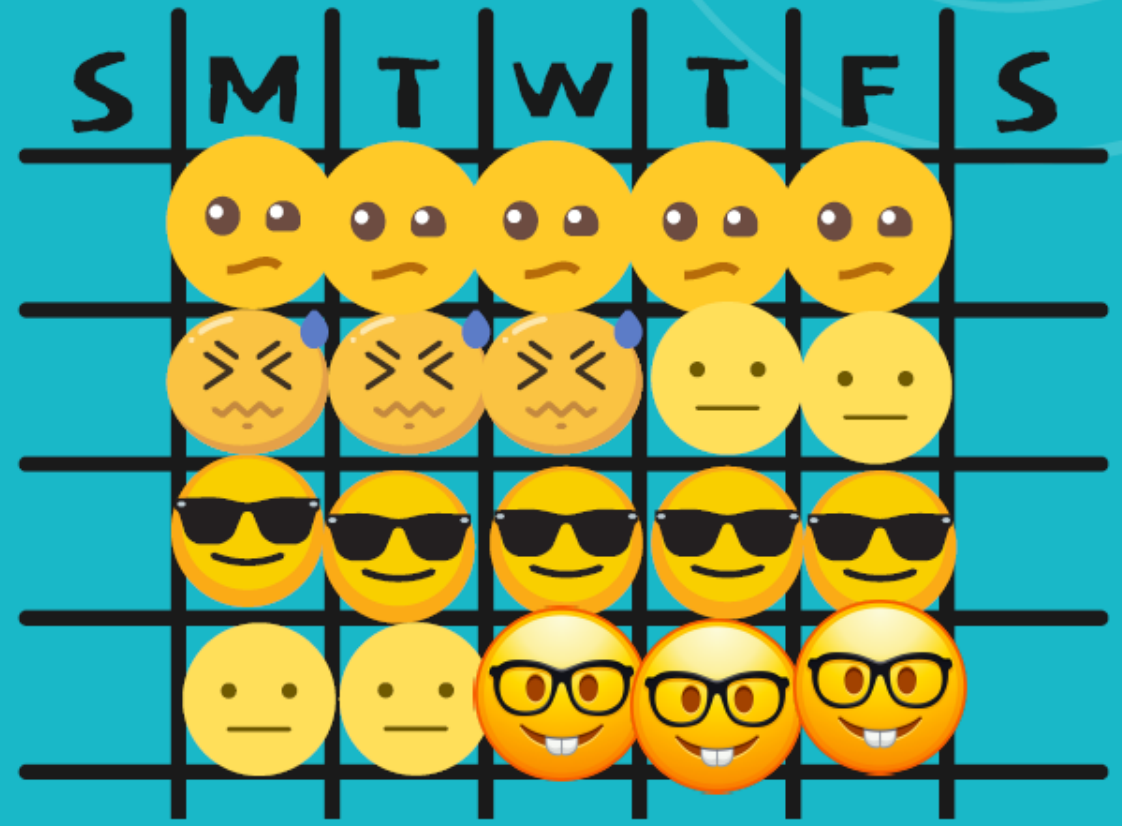
BEING RESOURCED & RESTED MEANS...

- LESS DISTRACTED MISTAKES
- MORE MENTAL & EMOTIONAL BANDWIDTH
- MORE CREATIVE DECISION MAKING
- **YOU DON'T LEAVE MEDICINE**



How to create a spacious summer

ONBOARDING & OFFBOARDING



Remember...

DOING IT ALL IS LITERALLY IMPOSSIBLE

ANYTHING YOU DO IS VALUABLE AND MORE
THAN ENOUGH



How to create a spacious summer

QUIT/PAUSE

Spacing Regular Follow-ups
Whatever You Hate The
Most

BARE MINIMUM


Inbox
Everything else!

DELEGATE

Locums, Colleagues,
Walk in Clinics, etc.

PROTECT

Patient Connection
Rest & Pleasure



Rest is
a beautiful
interruption
in a world
with no pause
button.

You will not lose it all if you pause to connect with your body and mind. You have already lost it all if you are living a fear-based life centered on scarcity. Do not fear what you are missing or losing. You are abundant. Your rest is abundant. You are more than what you produce for a capitalist system. Your worth is deep. You are safe.

Final reminders:

Actually practice rest
and pleasure on your
vacation

Bring more rest and
pleasure into your
regular life too



@JOANCHANMD

JOANCHANMD.COM

PODCAST: THE OTHER HUMAN IN
THE ROOM

OCFP supports for Mental Health, Addictions and Chronic Pain

Mental health, addictions and chronic pain are challenging conditions. Find information to support the care you give patients – in a way that also considers your wellbeing.

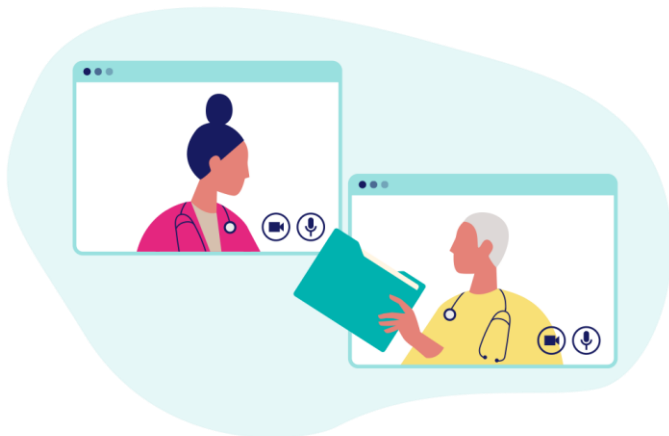


Community of Practice

Join upcoming sessions:

Gender affirming care
(June 26)

Preventing burnout
(July 24)



Peer Connect Mentorship

Receive tailored support to skillfully respond to mental health issues, address substance use disorders, and chronic pain challenges in your practice.

Join

RECENT SESSIONS

March 22	Infectious Disease Updates and Management of Menopause	Dr. Zain Chagla Dr. Susan Goldstein Dr. Daniel Warshafsky
April 5	Infectious Disease and Updates to Osteoporosis Canada Guidelines	Dr. Gerald Evans Dr. Sid Feldman
April 26	Infectious Disease Updates and Approaching ADHD	Dr. Allison McGeer Dr. Joan Flood
May 17	Infectious Disease and Practical Tips for Practice Management & AI	Dr. Daniel Pepe Dr. Alon Vaisman Dr. Ali Damji
June 7	Infectious Disease and Management of Obesity	Dr. Daniel Warshafsky Dr. Neil Naik

Previous webinars & related resources:

<https://www.dfcu.utoronto.ca/covid-19-community-practice/past-sessions>

Accessing Previous Sessions and Self-Learning

Previous webinars & related resources

<https://www.dfcml.utoronto.ca/covid-19-community-practice/past-sessions>

The screenshot shows the DFCM website with a navigation menu at the top. The main content area features a sidebar on the left with links to 'About the QI Program', 'QI Courses', 'COVID-19 Community of Practice', 'Past COVID-19 Community of Practice sessions', 'Practical Tools for Practices to Improve Quality', 'Learning Health Systems', and 'Patient Engagement at DFCM'. The main heading is 'Past COVID-19 Community of Practice sessions'. Below the heading is a paragraph: 'The COVID-19 Community of Practice is a space for family physicians across Ontario to connect and learn from each other. Approximately once a month, practicing family physicians share their perspectives on COVID-related topics ranging from implementing virtual care, to organizing community collaborations, and supporting patients with mental health and addiction. These one-hour webinars are interactive and questions from participants are answered in real-time where possible. Each session is recorded and shared after the event, including links to notable resources.'

- QI Courses >
- COVID-19 Community of Practice >
- Past COVID-19 Community of Practice sessions
- Practical Tools for Practices to Improve Quality >
- Learning Health Systems >
- Patient Engagement at DFCM >

Self-learning program

The COVID-19 CoP session materials, including recordings, tools, and resources are available as self-learning modules.

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 80 credits.

To participate in this self-learning:

- Select the dates/sessions you wish to participate in. You are welcome to complete as many sessions as you wish.
- Watch the video recording of the live session.
- Review the session tools and resources.
- Complete the self-learning post-session activity, click the button below.

[Complete self-learning activity](#)

- QI Courses >
- COVID-19 Community of Practice >
- Past COVID-19 Community of Practice sessions
- Practical Tools for Practices to Improve Quality >
- Learning Health Systems >
- Patient Engagement at DFCM >

Past sessions

Each item below includes session details, the webinar recording and linked resources.

	Expand All
Winter virus season and changes to breast cancer screening in Ontario (Dec 15, 2023)	+
COVID-19 Updates and the New Ontario Structured Psychotherapy Program (Nov 17, 2023)	+
Respiratory and Flu Season: Counselling Kids and Balancing Workload (Oct 27, 2023)	+
Update on COVID-19, influenza and RSV vaccines (Oct 6, 2023)	+
Preparing for the fall (Sept 15, 2023)	+
COVID Updates and Addressing Physician Burnout (July 28, 2023)	+

Questions?

Webinar recording and curated Q&A will be posted soon

<https://www.dfcu.utoronto.ca/covid-19-community-practice/past-sessions>

Our next Community of Practice: July 26, 2024

Contact us: ocfpcme@ocfp.on.ca

Visit: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources>

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits..

Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration.