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NOVEMBER 25, 2014

The world according to Dr. Mike

The hockey-loving
doctor discusses the state
of health-care messaging
and his YouTube stardom **27**



HI... I'M DOCTOR
MIKE EVANS, AND
WELCOME TO THE
VISUAL LECTURE
I CALL...

23 1/2 HOURS

PLUS



The hockey docs
NHL MDs discuss
today's game **30**

INSIDE

- B.C. MDs reach tentative fee deal **4**
- Have scalpel—need job **8**
- Why doctors work sick **12**
- Anticoagulant controversy **15**

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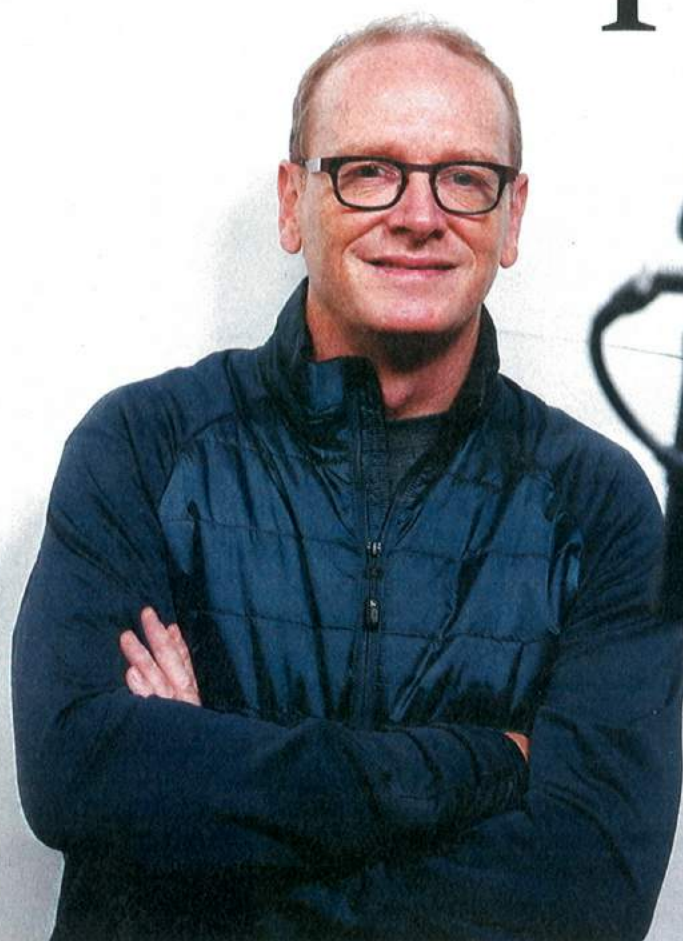
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LIFE

The NHL's top docs talk treating pro athletes p.30 ➔

How to handle your clinical clerks p.34 ➔

Whiteboard empire



Dr. Mike Evans talks about health messaging for the masses and his path to YouTube stardom

BY MARK CARDWELL

As a family doctor and father to three teens, Dr. Mike Evans is no stranger to the health and social dangers all age groups face from the widespread use of electronic and digital devices. As a writer and the co-founder of a media lab that creates innovative health messaging for the public, however, he's also well aware of the positive potential offered by the Internet and social media. In fact, millions worldwide have viewed Dr. Evans's popular whiteboard lectures on YouTube, providing him with the ability to share, educate and inform people on health and medical news and lifestyle issues.

"Sure, there are downsides when people spend too much time with their eyes glued to a small mobile screen," said Dr. Evans, a staff physician at St. Michael's Hospital and an associate professor with the department of family and community medicine at the University of Toronto. "But we're also lucky to live in an age where we can promote science and feed the hunger of the public for understanding."

Formed in 2010, the Evans Health Lab

creates original peer education content, which is disseminated in the form of videos, infographics, websites and applications to computers and mobile devices around the world. Without question, Whiteboard Med School is the lab's oldest and most celebrated product.

A YouTube hit

It began with a roar in December 2011, when Dr. Evans launched a nine-minute YouTube video entitled "23 and 1/2 Hours: What is the single best thing we can do for our health?" Drawn with black-and-red markers on a virtual whiteboard, the comic book-style video was narrated by a cartoon version of Dr. Evans.

"We launched it on a Monday," recalled Dr. Evans. "By Wednesday afternoon, we had something like 200 hits and I was bragging about it to my kids, who just rolled their eyes." By the end of the week, however, the numbers had grown exponentially.

"I checked on Friday morning and saw that we had around 12,000 hits," said Dr. Evans. "When I looked again that afternoon it had jumped to 17,000. I just remember thinking, 'Holy crap!'"

Dr. Mike Evans is equally comfortable in front of the camera as he is in the family medicine practice of Toronto's St. Michael's Hospital.

Since then, the hit counter has continued to roll, with the video currently boasting over four million views. Most of those (nearly three million) have come from Canada and the United States, but the short film has been translated into eight languages, reaching audiences as far away as India, Syria and Somalia.

Buoyed by the early success, Dr. Evans and his collaborators have since churned out nearly two-dozen more videos starring the online alter ego "Dr. Mike."

Romantic poetry

In many ways, Dr. Evans's success in making viral peer-to-peer health-care messaging on social media is the culmination of a fascinating life and an unlikely career path to medicine.

Born in Toronto and raised in Hamilton, Dr. Evans actually studied romantic poetry and English literature at McGill University. "I had no idea what I wanted to do for a career," he recalled, and **continued on • page 28**

Dr. Mike Evans, this is your life

1985:

Dr. Evans graduates from McGill with degree in English literature.



1985-1986:

Moves out west to work odd jobs: planting trees, construction at the Expo 86 site and general labour for an oil exploration company near the North Pole.



1986-1987:

Travels to Asia. Hikes to Mount Everest base camp, meets Dalai Lama and Mother Teresa and as a result, is inspired to become a doctor.



1990-1993:

Medical school at McMaster. Meets future wife, Dr. Sue Edwards, currently working in family medicine at Toronto's St. Joseph's Hospital.

1995-2007:

Recruited into academic medicine by the University Health Network. Spends a decade working in family practice at Toronto Western Hospital.



1996:

Joins the department of family and community medicine at U of T where he is currently an associate professor.

2003:

Founds Mini-Med School for the public.

2003-2006:

Scientific officer for knowledge translation and exchange at the Canadian Institutes of Health Research.

2004:

Co-founding director of the Centre for Effective Practice, a not-for-profit aimed at developing and implementing new evidence-based tools.



2005-2006:

Chief editor of third and fourth editions of Mosby's Family Practice Sourcebook, the top-selling resource for Canadian family medicine.

2006-present:

Contributing health columnist for the *Globe and Mail*.



2007-2011:

Member of the Canadian Expert Drug Advisory Committee.



I like to say that we see 400 people a day at U of T, but we've now done 10 million home visits online.

—Dr. Mike Evans

from • page 27

after undergrad he moved out west where he planted trees, worked as a labourer on the construction of Expo 86, and ended up employed on an ice island near the North Pole for an oil exploration company. After that, he spent a year travelling, when the idea of becoming a doctor first came to him.

Dr. Evans was accepted into medical school at McMaster University, a world-class pioneer in group- and problem-based learning, where he met his future wife, Dr. Sue Edwards, who now works at Toronto's St. Joseph's Hospital. After med school, and two additional years of specialty training in family medicine, Dr. Evans was recruited into academic medicine by Toronto's University Health Network. He spent the next decade working in the big family practice unit at Toronto Western Hospital.

In the late 1990s, Dr. Evans completed extra clinical epidemiology studies at McMaster, then moved to the University of Toronto where he became the faculty of medicine's principal investigator on a knowledge translation program designed to help clinicians by developing better practice methods aimed at enhancing user experience.

"What we found was that multi-faceted approaches worked best," said Dr. Evans. Those approaches included physicians and patients sharing information using info cards, handouts and videos. It was that research experience, involving trials aimed at summarizing medical evidence for a general audience, that prompted Dr. Evans to found the public lecture series Mini-Med School in 2003. The series, which Dr. Evans organized, wrote and performed master of ceremonies duties for, covered various health topics and starred medical experts interacting with actors playing patients. Over the course of its seven-year run, Mini-Med School often drew capacity crowds of 400 people.

"It was a game changer for me as a family doctor," said Dr. Evans, who also appeared as a media doctor on CBC Radio during those years, and began writing on health issues for the *Globe and Mail*. "It made me realize that our clinical model was very paternalistic and that we did a bad job of communicating." The popularity of the series also hinted at the huge public appetite for up-to-date medical news and health issues. "We used to joke that it was harder for people to get into Mini-Med School than it was to get into real med school," quipped Dr. Evans.

Li Ka Shing

In 2009, Dr. Evans decided to leave Toronto Western and move to St. Michael's Hospital. "I did it partly for the change," he said. "But also for the challenge of setting up the Li Ka Shing Knowledge Institute (at St. Mike's)." As director of the institute's health design lab, Dr.

Evans works with doctors, researchers and patients, as well as film, marketing, design and media experts in an effort to produce effective mass messaging. It was those efforts that led to the development of the first Dr. Mike whiteboard video, and to YouTube stardom.

Produced and directed by award-winning Toronto cinematographer Nicholas de Pencier, the Dr. Mike videos deal with a wide range of everyday health topics, from dialysis and lower back pain to acne,



Indications and clinical use

- Cymbalta[®] (duloxetine hydrochloride) is indicated for:
 - the symptomatic relief of major depressive disorder (MDD)
 - the symptomatic relief of anxiety causing clinically significant distress in patients with generalized anxiety disorder (GAD)
- The efficacy of Cymbalta[®] in maintaining anxiolytic response for up to 6 months in patients with GAD was demonstrated in a long-term placebo-controlled trial in patients who had initially responded to Cymbalta[®] during a 6-month open-label phase.
- Cymbalta[®] is not indicated for use in children under 18 years of age.

Contraindications

- Patients concomitantly taking any of the following medications: monoamine oxidase inhibitors (MAOI), including linezolid and methylene blue, or within at least 14 days of discontinuing treatment with an MAOI; potent CYP1A2 inhibitors (e.g. fluvoxamine) and some quinolone antibiotics (e.g. ciprofloxacin or enoxacin); and thioridazine.
- Any liver disease resulting in hepatic impairment
- Uncontrolled narrow-angle glaucoma
- End-stage renal disease (requiring dialysis) or patients with severe renal impairment (estimated creatinine clearance <30 mL/min)

Most serious warnings and precautions

- Behavioural and emotional changes, including self-harm:** SSRIs and other newer antidepressants may be associated with:
 - Behavioural and emotional changes, including an increased risk of suicidal ideation and behaviour in patients <18 years
 - Severe agitation-type adverse events coupled with self-harm or harm to others in patients of all ages
 - Rigorous clinical monitoring for suicidal ideation and behaviour and agitation-type emotional and behavioural changes is advised in patients of all ages
 - Increased risk of suicidal behaviour in patients ages 18 to 24 years with psychiatric disorder
- Discontinuation symptoms:** Cymbalta[®] should not be discontinued abruptly. A gradual dose reduction is recommended.

Other relevant warnings and precautions

- Cymbalta[®] should not ordinarily be prescribed to patients with substantial alcohol use as it may be associated with severe liver injury.
- Investigate symptoms of liver damage promptly. Discontinue and do not re-start in patients with jaundice.
- Bone fracture risk with SSRIs/SNRIs
- Risk of increases in blood pressure and heart rate. Monitor as necessary.
- Risk of hypertensive crisis in uncontrolled hypertension
- Abnormal bleeding risk with SSRIs/SNRIs
- Caution of increased bleeding events with concomitant use of NSAIDs, ASA, or other drugs affecting coagulation
- Risk of serotonin syndrome or neuroleptic malignant syndrome-like reactions
- Risk of urinary hesitation and retention
- Risk of serious skin reactions, including Stevens-Johnson syndrome and erythema multiforme
- Akathisia/psychomotor restlessness
- Caution is advisable when using Cymbalta[®] in patients with diseases or conditions that produce altered metabolism or hemodynamic responses (e.g. conditions that slow gastric emptying).
- Patients with history of drug abuse
- Worsened glycemic control in some diabetic patients
- Hyponatremia associated with SSRIs and SNRIs
- Patients with a history of seizure disorder
- Patients with raised intraocular pressure or those with narrow-angle glaucoma
- Patients with a history of mania
- Effect on ability to drive and use machines
- Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose-isomaltase insufficiency should not take this medicine.

For more information

Please consult the product monograph at www.lilly.ca/cymbaltapm/en for important information relating to adverse reactions, drug interactions, dosing and administration which have not been discussed in this piece.

The product monograph is also available by calling 1-866-364-4043.

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Major Depressive Disorder (MDD)

concussions and the effects of smoking.

The viral video collection has been watched more than 10 million times to date. "I like to say that we see 400 people a day at U of T, but we've now done 10 million home visits online," said Dr. Evans. He also makes regular "house calls" via Twitter, posting peer-to-peer health info to his nearly 10,000 followers, and he's created another evidence-based, peer-to-peer video series called "The Truth of It," featuring the experiences of 50 cancer

patients of all ages from across Canada.

Crowd funding

More recently, Dr. Evans has turned to crowd funding to finance a new series of white-board videos called "The Better Life Project," an attempt to curb childhood obesity, which coincides with his recent naming as chair in patient engagement in child nutrition by U of T's Centre for Child Nutrition, Health and Development.

Dr. Evans's success with the Evans Health Lab has also fos-

tered numerous awards: Last year, he was selected among the top ten innovators in health by the Canadian Medical Association, and in 2012, he was awarded the gold medal in social media at the Web Health Awards.

Earlier this year, Dr. Evans was presented with the McNeil Medal from the Royal Society of Canada for his "outstanding ability" to promote and communicate science to the public, and in February he acted as the CBC doctor for the Sochi Olympics. He continues to

harbour a self-admitted weekly obsession with pickup hockey and is in the process of developing a new public health messaging concept he's called "Beer League Doctor."

"I can't tell you how many people stop me in the street and say, 'You've changed my life,'" said Dr. Evans. "For sure it's great for the ego and it's an encouragement to continue working, but as a doctor, you always want to make a difference in people's lives. So I guess I'm really just doing my job." MP

Dr. Mike Evans, this is your life continued

2008–2011:

Vice-chair of the Canadian Optimal Medication Prescribing and Utilization Service.

2009–2012:

Member and chair of patient education committee for the College of Family Physicians of Canada.



2009:

ST. MICHAEL'S HOSPITAL

Leaves Toronto Western and moves to St. Michael's Hospital. Helps establish the Li Ka Shing Knowledge Institute, a health science research centre.

2010–present:

Health contributor for CBC weekend radio.



CBC

2010:

The newly formed Evans Health Lab launches "The Truth of It," an online video series featuring Canadians living with cancer.

2011:

Dr. Evans unveils the short film "23 and 1/2 Hours."



2012:

Launches Med School for the Public on YouTube.



2012:

Visiting fellow at the Institute for Health Improvement in Cambridge, Mass.

2012:

Chosen by Zoomer magazine as one of the "Top 45 Canadians Over 45"



2013:

Selected by the CMA as one of the top 10 innovators in Canadian health care.

2014:

Travels to Russia as the CBC's doctor for the Sochi Olympics.



2014:

Dr. Evans receives the McNeil Medal from the Royal Society of Canada for promoting science to the general public.

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- Significantly improved the Sheehan Disability Scale (SDS) work/school score vs. placebo (mean change from baseline -2.62 vs. -1.08 placebo; least squares mean treatment difference -1.48 vs. placebo, $p \leq 0.001$, secondary endpoint).^{2,3}

¹ A 9-week, multicenter, randomized, double-blind, fixed-dose, placebo-controlled study involving patients at least 18 years of age, meeting DSM-IV criteria for GAD. Patients were randomized to receive placebo (n=175), duloxetine 60 mg QD (n=168) or duloxetine 120 mg QD (n=170). The primary efficacy measure was mean change from baseline in HAMA total score vs. placebo. Treatment difference was determined by calculating the difference between mean change in anxiety scores at endpoint between Cymbalta® and placebo arms. Baseline mean HAMA total score = 25.3.^{1,3}

² Cymbalta® Product Monograph, Eli Lilly Canada Inc., May 7, 2014. ³ Data on file, Eli Lilly Canada. ⁴ Koponen H, Allgulander C, Erickson J, et al. Efficacy of duloxetine for the treatment of generalized anxiety disorder: Implications for the primary care physicians. *Primary Care Companion J Clin Psychiatry* 2007;9:100-107.

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