

**Spotlight: NPs at Thunder Bay
Regional Health Sciences Centre**

**Enhancing Diabetes Care: Nurse Practitioners
at Hamilton Health Sciences**

**Optimizing Surgical Care: the Role of the
Perioperative Acute Care Team NP**



**A Canadian Journal for
Nurse Practitioners**

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Thunder Bay HSC is a regional acute care facility with 395 beds serving Thunder Bay and most of northwestern Ontario. Their ER sees over 106,000 visits per year.

As part of NP week, Thunder Bay Regional Health Sciences Centre highlighted the roles of NPs in their institution and the contribution they make through their dedicated service.

Nurse Practitioner Spotlight:



Jacqueline Marsh

Education and Training

I graduated from Lakehead University with my Master's of Nursing, PHC-Nurse Practitioner in 2024.

Why did you decide to become a Nurse Practitioner?

My experience as a COVID-19 nurse during the pandemic inspired me to become a Nurse Practitioner. That challenging time in health care made me realize the importance of health care providers and their role in patient care and education. I decided that I wanted to further my knowledge and education and expand my scope of practice.

Tell us about your role in your program.

In my program, my role is to triage endoscopy referrals, consult with patients prior to endoscopy procedures,

and manage primary care gastrointestinal conditions for patients who do not have a primary care provider. I also work in collaboration with the general surgeons in surgery clinics for hernia repairs and cholecystectomies.

What is the most challenging part of your profession?

As a new graduate, one of the most challenging aspects is building confidence within my expanded scope of practice. Transitioning from a registered nurse to a nurse practitioner brings a new level of responsibility in diagnosing, prescribing, and managing care independently, which can feel overwhelming at times. Additionally, staying current with medical knowledge is essential, as new research, guidelines, and treatment approaches are constantly emerging. Balancing the demands of patient care with the commitment to continuous learning requires dedication and resilience. However, I view these challenges as opportunities for growth, both professionally and personally.

What is the most rewarding aspect of your profession?

One of the most rewarding aspects of my profession is working with patients without a primary care provider, managing their conditions and seeing their health improve over time. It's incredibly fulfilling to build a therapeutic relationship with these patients and to play a role in helping them achieve better health outcomes. Additionally, I appreciate the diversity of my patient population, as it allows me to work with individuals of all ages and backgrounds, each bringing unique experiences and perspectives that enrich my practice.

Do you have any advice for those considering a career as a Nurse Practitioner?

If you're passionate about expanding your scope of practice, enjoy a wide range of career opportunities, and have a strong interest in primary care, becoming an NP can be incredibly rewarding. NPs can work

independently and provide comprehensive care, building long-term relationships with patients and managing a variety of conditions. This role is particularly impactful in regions like Northwestern Ontario, where access to health care can be limited.

involved in the development of the cardiovascular surgery program within our facility, with the intent of eventually supporting this patient population as well. It's an exciting new role for our facility that I am proud to be developing.

Nurse Practitioner Spotlight:



Taylor Thiessen

Education and Training

After finishing the Bachelor of Science in Nursing program, I completed specialty certification in critical care nursing while working on the Cardiovascular and Regional Stroke Unit. Following this, I worked in the Intensive Care Unit for several years before completing my Master of Nursing degree and the Ontario Primary Health Care Nurse Practitioner program. I've also completed additional relevant courses such as Advanced Cardiovascular Life Support and the Trauma Nursing Core Course. I would say that my experience in critical care nursing has been instrumental in my current role, both in terms of knowledge while managing acute inpatients, as well as with hands-on skills and troubleshooting.

Tell us about your role in your program.

My role currently involves both supporting the thoracic surgery program and assisting with the cardiovascular surgery program implementation. I work collaboratively with the surgeons and other interdisciplinary team members to assess, diagnose, and manage patient care throughout the perioperative period. I frequently see consultations for surgical consideration or related concerns, insert and manage drains within the pleural space, educate patients and families regarding their diagnoses and plans of care, and participate in clinical research and quality improvement initiatives. I'm also

Do you have any advice for those considering a career as a Nurse Practitioner?

Don't let currently available job opportunities keep you from pursuing further education – you never know what opportunities will arise, as NPs become much more prevalent across our health care system!

Nurse Practitioner Spotlight:



Katie Cardy

Education and Training

I graduated with my BScN in 2005 from Lakehead University with the honour of Valedictorian of my graduating class. I immediately began my career at 3C Surgical as a full-time RN. I was among the first three RNs in Northwestern Ontario to complete the CNA Medical-Surgical Certification in 2011. My love of surgical nursing then took me to the Operating Room as an RN from 2013- 2023. This further developed my surgical skill set and knowledge, allowing me to take a leadership role as a resource in General Surgery, including gynecology, thoracic, and then specializing in vascular surgery. This was the impetus to return to school for my MSN and Nurse Practitioner certificate. I have a passion for nursing, and this was a natural progression in my career. After graduating from the MSN-PHCNP program at Lakehead University in 2023, I took a role in primary care, where I continue to work, while holding a full-time position as an NP in Central Intake.

Tell us about your role in your program.

My role focuses on Endoscopy and General Surgery, working collaboratively with specialists to provide patient consults and rapid access to care and procedures. The most challenging part of our profession is time! Finding time between patients or after hours to keep up to date with the newest guidelines and practice standards is essential to our practice to provide evidence-based care.

Do you have any advice for those considering a career as a Nurse Practitioner?

The most rewarding part of our role is the feeling you get inside when you have alleviated fears or concerns for your patient. They leave the interaction feeling supported, informed, and ready to proceed in their health care journey. If you're thinking about becoming an NP, take the time to learn a variety of skill sets as an RN first. It is easy to take for granted the experiences you have in nursing that can better prepare you for the role as an NP that make you diverse and unique in your ability to provide health care.

Nurse Practitioner Spotlight:



Christina Johnson

Education/training

Before completing my education as a Nurse Practitioner (NP), I worked as a Registered Nurse in the Neurosurgical unit from 2004-2016 and then as a Clinical Stroke Nurse from 2016-2018. I graduated from Lakehead University in 2018 with my Master's in Public Health and Nurse Practitioner certificate. I have had the opportunity to

work in primary care and am now working at Thunder Bay Regional Health Sciences Centre with the Nurse-Led Outreach Team.

Why did you decide to become a Nurse Practitioner?

I have always loved learning and really enjoyed being a student. Once I obtained my degree in Nursing, I decided to keep going. I enjoy being able to review client histories, do full assessments and come up with differential diagnoses and treatment plans for clients.

Tell us about your role in your program.

The Nurse-Led Outreach Team has five NPs and one RN. As one of these NPs, I assess clients in Long Term Care Homes, Assisted Living Homes and Retirement Homes to help prevent avoidable Emergency room visits. We also help clients who do not have a primary provider with their medication refills and chronic issues. Emergency follow-ups with clients who have visited the ED are also completed to review our role and remind them to contact our team before accessing the ED for non-acute issues.

What is the most challenging part of your profession?

As a mobile-type clinic, it is sometimes difficult to see clients in their homes as it is not a scheduled appointment. A lot of times, we may be working with little to no information, especially if there is no family involved with the client. The multidisciplinary teams at these facilities are a lifeline for us, and we would not be able to work efficiently without their help.

What is the most rewarding aspect of your profession?

Being able to assess a client from start to finish and follow up to assess improvements is very rewarding. Most clients in the geriatric population are not keen to leave their apartments so having the ability to try to treat them at home is very appreciative to both the client and their families.

Do you have any advice for those considering a career as a Nurse Practitioner?

If you are passionate about the medical field and love learning, I say why not? Nurse Practitioners are very autonomous and it can be very rewarding career. It really opens a lot of doors as there are so many different areas a NP can have a career in.

Nurse Practitioner Spotlight:



Laura Hendren

Education/Training

Bachelor of Nursing Science from Queen's University (2013). Masters of Nursing/Primary Health Care Nurse Practitioner from University of Toronto (2018).

Why did you become a Nurse Practitioner?

I enjoyed working as a nurse and appreciated the time it afforded me to spend with patients. I wanted to expand my skill set to better serve patients, while still practicing through a nursing lens.

What is your role within the Cancer Centre?

I primarily see patients on chemotherapy/immunotherapy to assess their fitness for treatment. The NP role allows me to write prescriptions for supportive medications, and order diagnostic imaging, as needed. A few mornings per week, I do bone marrow biopsies, often training medical students, residents, and NPs how to perform this procedure. I also run a smoking cessation clinic, and have recently expanded this role to help patients with vaping, and cannabis use, as well. Depending on my availability, I assist with admissions to the inpatient oncology unit, and do initial inpatient consults for the medical oncology team.

What is the most challenging part of your profession?

Patient care is becoming increasingly complex as individuals live longer with multiple chronic illnesses. This is especially true in cancer care; in certain circumstances, our patients live years even with advanced disease. In our current health care system, we are facing a lack of human resources to manage these medically complex cases. As Nurse Practitioners, we are often asked to fill gaps from

both a nursing and medical perspective, which can lead to burnout.

What is the most rewarding part of your profession?

As a Nurse Practitioner, I am fortunate to have longer appointment times compared to my physician colleagues, which allows me to establish good rapport with our wonderful patients at the Cancer Centre. I find it very rewarding to support patients throughout their cancer journey.

Do you have any advice for those considering a career as a Nurse Practitioner?

Spend time working in your specialty of interest. It helps to understand the nursing perspective, and have familiarity with common patient presentations, prior to becoming an NP. I would also recommend a commitment to life-long learning, as advances in medicine are occurring every day. This is a very exciting time to consider becoming an NP.

Nurse Practitioner Spotlight:



Hsu-Yin Boo

Education/Training

I'm a new grad from the Masters of Public Health with Primary Health Care Nurse Practitioner program at Lakehead University. Previous to this, I worked in the ICU, PACU and in the community as a registered nurse.

Why did you decide to become a Nurse Practitioner?

I decided I wanted to become an NP because I love learning. I'm committed to contributing to increasing access to health care for people in Northwestern Ontario.

Tell us about your role in your program.

I am newly employed as the NP for the Clinical Decision Unit (CDU) Pilot program in the Emergency Department. The intended role of the CDU is to hold patients who would benefit from a longer ER stay and avoid hospital admissions. As this is a new NP role and I am a new NP, the learning curve has been quite steep! I'm excited to be part of this pilot and feeling hopeful about shaping the program.

What is the most challenging part of your profession?

As a new grad, I'm finding it challenging to shape this new role and navigate the existing systems that are in place. I'm looking forward to getting a little more comfortable — I know that I will with time!

What is the most rewarding aspect of your profession?

I love working with patients to create a plan of care that they feel good about. I'm also really enjoying all my new colleagues in the Emergency Department.

Do you have any advice for those considering a career as a Nurse Practitioner?

So far, this career is very engaging. As NP roles become more established, there will be many interesting opportunities. I think it is an exciting time to be an NP.

Why did you decide to become a Nurse Practitioner (NP)?

Having been part of the ED family for over 10 years, I wanted to continue providing better support to ED patients seen in my previous role as an RN. I have always been one to advance my practice on a regular basis, be it education, skill development, or in my role as an advanced practitioner. As an NP with the IMC, I have great autonomy, and am able to include a more holistic approach into my care.

My role with the Internal Medicine Clinic (IMC)

Under the broader umbrella of the IMC, my role as the CHF/COPD NP Patient Navigator, is to assist patients with their chronic disease management, (CHF and COPD), better navigate the health care system. This is particularly true for patients who are leaving the hospital with a new diagnosis. Exacerbation of these conditions often result in frequent visits to the Emergency Department. Additionally, I support COPD and CHF patients throughout their hospital admission and at discharge. In collaboration with the patient and their MRP, I find ways to support admission avoidance and transitions planning by developing a post-discharge plan of care. Using an evidence based approach I work with the patient and their family to set goals, provide education and advocacy, and support the coordination of out-patient medical management and social supports.

What is the most challenging part of your profession?

I have come to appreciate how difficult it can be for patients seen by me, when they have no community family health care provider, and have only walk-in clinics to rely on. An extension of my role as NP navigator, is to hopefully connect patients with clinics accepting new patients in the community and following up with these patients a little more closely upon discharge.

What is the most rewarding aspect of your profession?

It is rewarding to see how well patients feel and progress with their chronic conditions after I have intervened in their care while in hospital. This is more a team effort, and I happy to be part of this dynamic team of professionals and allied health members. I'm very fortunate to work with a fantastic group of people, such as attending community physicians, hospitalist physician group, ED nursing staff/management, who are accepting of my role as a nurse practitioner, and consider me a valuable addition to the team.

Nurse Practitioner Spotlight:



Rajesh Talpade

Education /Training

Masters of Nursing (NP stream)-distinction from Athabasca University, graduated in 2020.

COUNTING SHEEP? COUNT ON DAYVIGO®

DAYVIGO (lemborexant) is indicated for the treatment of insomnia, characterized by difficulties with sleep onset and/or sleep maintenance.



CLINICAL USE:

DAYVIGO is not recommended for patients under the age of 18 years.
DAYVIGO is not recommended in patients with severe hepatic impairment.

CONTRAINDICATIONS:

- Hypersensitivity to this drug or to any ingredient in the formulation, including any non-medicinal ingredient, or component of the container.
- Patients with narcolepsy.

RELEVANT WARNINGS AND PRECAUTIONS:

- Abnormal thinking and behavioural changes
- CNS depressant effects (including alcohol) and daytime impairment and risk of falls
- Complex sleep behaviours
- Sleep paralysis, hypnagogic/hypnopompic hallucinations, and cataplexy-like symptoms
- Worsening of depression/suicidal ideation
- Co-morbid diagnoses
- Drug interactions - inhibitors and inducers of CYP3A
- Patients with galactose intolerance
- Driving and operating machinery

- Patients with dependence/tolerance and abuse liability
- Rebound insomnia
- Patients with hepatic impairment
- Patients with compromised respiratory function
- Pregnant or breastfeeding women

FOR MORE INFORMATION:

Please see the Product Monograph at <https://ca.eisai.com/en-CA/our-products> for important information on adverse reactions, drug interactions, and dosing not discussed in this piece. The Product Monograph is also available by calling 1-877-873-4724.



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- Month 6: DAYVIGO 5 mg improved subjective sleep maintenance (sWASO) from baseline by 48 minutes (placebo 29 minutes; 2° endpoint; $p < 0.001$).^{1†}

12-month data

The first 6 month period was placebo controlled. In the second 6 month period, subjects in the placebo group were re-randomized to treatment with DAYVIGO 5 mg or 10 mg; no statistical analyses were conducted.

- Month 12: Subjective sleep onset time (sSOL) from baseline was -30 minutes (5 mg; 2° endpoint).^{2†}
- Month 12: Subjective sleep maintenance (sWASO) from baseline was -53 minutes (5 mg; 2° endpoint).^{2†}



Read more here

A generally well tolerated safety profile¹

Most common treatment-emergent adverse events: headache (5 mg: 6.0%, 10 mg: 4.6%), somnolence (5 mg: 5.0%, 10 mg: 8.4%), nasopharyngitis (5 mg: 2.8%, 10 mg: 1.7%), fatigue (5 mg: 2.1%, 10 mg: 1.5%), urinary tract infection (5 mg: 0.7%, 10 mg: 2.1%).¹

Physical dependence and withdrawal profile

In completed clinical trials, there was no clear evidence for physical dependence or withdrawal symptoms with prolonged use as assessed by the Tyrer Benzodiazepine Withdrawal Symptom Questionnaire.¹

As with other hypnotics, care should be taken when prescribing to individuals with a history of addiction to, or abuse of, drugs or alcohol due to risk of misuse or abuse.¹

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REFERENCES:

1. DAYVIGO Product Monograph, Eisai Limited, June 2023.
2. Data on file, Eisai Limited.

* Comparative clinical significance unknown.

† A 12-month multicentre, randomized, double-blind, Phase III study in 959 patients, 18 years and older with insomnia disorder, using patient sleep diaries, comprising a 6-month placebo-controlled treatment period followed by 6 months of active treatment.

Primary efficacy endpoint: mean change from baseline in sSOL at the end of month 6. Key secondary efficacy endpoints: mean changes from baseline in sSE and sWASO during 12 month treatment period.

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Enhancing Diabetes Care: The Role of Nurse Practitioners at the Diabetes Care and Research Program at Hamilton Health Sciences

Zafreen Nazarali, MN:ANP, PHC-NP, CDE
Primary Health Care Nurse Practitioner
Assistant Clinical Professor – McMaster University
Diabetes Care and Research Program

Alexandra Scordas, MN, PHC-NP
Primary Health Care Nurse Practitioner
Diabetes Care and Research Program

Description of Setting:

At McMaster University Medical Centre's Diabetes Care and Research Program, we are a dedicated diabetes treatment clinic that provides comprehensive diabetes management through a collaborative approach. With over 6,000 patients to care for, our team is comprised of endocrinologists, nurses, nurse practitioners (NPs), dietitians, and social workers. We cater to adults aged 18 and above with all types of diabetes (type 1, type 2, gestational, steroid induced etc.) and boast a specialized insulin pump certified program.

Model of Care:

New patients referred to our clinic undergo triage by the NPs, who initiate their care. Depending on individual needs, patients may be seen initially by an NP or in collaboration with a Registered Dietitian (RD). During this initial appointment with the NP, a highly comprehensive consultation is completed looking at the patient in a holistic manner. We acknowledge their medical history, current health status, lifestyle factors, emotional well-being, and social circumstances to tailor a personalized care plan that addresses all aspects of their diabetes management. We emphasize frequent follow-up and tailored interventions for specific conditions such as new insulin initiation, newly diagnosed type 1 or type 2 diabetes, and steroid-induced hyperglycemia. Regular follow-up appointments are crucial for closely monitoring the patient's condition, making timely adjustments to their treatment plan, and providing ongoing support. These appointments can be short, over-the-phone touch points, virtual video calls or in-person visits that occur anywhere from 4 days to several weeks apart. This ensures that any changes in the patient's health status are promptly addressed.

For those requiring specialist input, our team ensures timely access to endocrinologists within 3-6 months from

the initial visit. NP's play a pivotal role in transitioning patients back to their Primary Care Providers (PCPs) for ongoing management when stable, thus optimizing continuity of care. Alternatively, patients may continue long-term follow-up with our clinic's endocrinologists and multidisciplinary team. The NP's role is designed to be short-term, facilitating rapid integration into our clinic and providing early education and treatment.

This model of care is in sharp contrast to traditional Diabetes Education Centres where, as the title implies, is a centre for education only. The patient attends their appointments with anticipation of gaining new knowledge about their diabetes. Should changes be required to their anti-hyperglycemic regimen, suggestions are forwarded to the patient's primary care provider or endocrinologist for approval and implementation. This process can have a negative impact on diabetes management for a variety of reasons including a delay in timely adjustments of therapy, fragmented care, patient frustration and the feeling of a lack of empowerment for the patient.

Our model yields significant benefits in patient care. Urgent cases requiring rapid assessment often see NPs within the same week, expediting treatment initiation and improving clinical outcomes.

Outcomes:

Our model yields significant benefits in patient care. Urgent cases requiring rapid assessment often see NPs within the same week, expediting treatment initiation and improving clinical outcomes. Initial appointments are generously scheduled for 60 minutes, allowing ample time for comprehensive education and support—crucial

in the early phases of joining this tertiary care clinic. As both nurse educators and prescribers, NPs are uniquely empowered to transform diabetes care. We not only deliver critical education but also arm patients with the prescribed therapies and tools they need to achieve lasting success. This dual role enables us to provide a seamless, comprehensive approach between knowledge and action that addresses every aspect of diabetes management, ensuring our patients are fully equipped to take control of their health and thrive. Furthermore, patients who receive both education and prescriptions from the same provider may feel more empowered and engaged in their care. This holistic approach can enhance the patient's confidence in managing their condition and encourage active participation in their treatment plan. And lastly, continuous and multifaceted interaction with patients strengthens the provider-patient relationship thus building trust and rapport which are critical for encouraging patients to adhere to their treatment plans.

We measure our success through both objective and subjective outcomes. Objective indicators such as

We not only deliver critical education but also arm patients with the prescribed therapies and tools they need to achieve lasting success.

lowered HbA1c levels reflect our impact on disease management, while subjective metrics such as patient experience highlight the quality of care delivered. Our approach emphasizes patient-centered care, aiming not only to manage diabetes effectively but also to enhance overall well-being and satisfaction.

In conclusion, McMaster University Medical Centre's Diabetes Care and Research Program exemplifies how NPs contribute to a patient-focused, multidisciplinary model of diabetes care. By leveraging their expertise in rapid assessment, education, and ongoing support, NPs play a crucial role in improving outcomes and ensuring holistic patient care within our specialized clinic.



Call for Contributions

At NP Current we want to reflect the needs and interests of nurse practitioners across Canada. We are seeking your ideas and contributions on any topics that would be of interest to the NP community.

In each issue we will strive for a mix of content that addresses diagnosis, treatment, prevention and management of patients from the NP perspective.

We invite you to submit your ideas for new articles such as case studies, research, reports or newsworthy information from your practice or area of expertise or interest. Contact NP Current at info@npcurrent.ca so your contributions can help to inform and educate your peers.

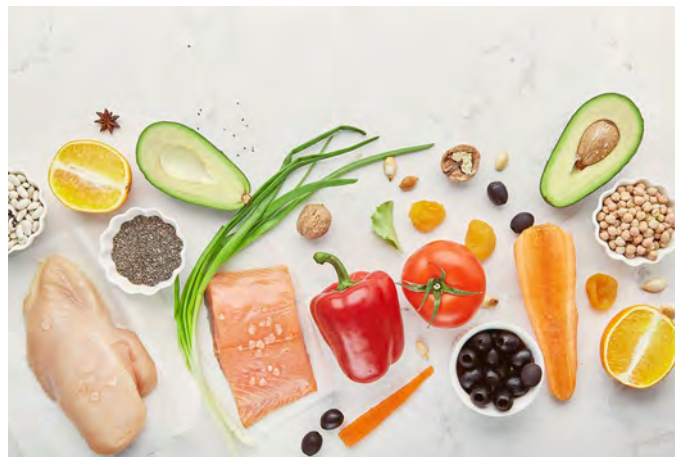
Dietary Interventions Surpass Medication in Managing IBS Symptoms

A recent study conducted in Sweden compared 2 dietary interventions with optimized medical treatments in patients with irritable bowel syndrome (IBS). The study compared the effectiveness of these treatment methods on the predominant IBS symptoms.

The study was a single-centre, single-blind randomized controlled trial in patients over the age of 18 (mean age of 38) who experienced moderate-to-severe IBS. Throughout the study, IBS severity was measured using the IBS Severity Scoring System (IBS-SSS) which uses a points system to measure IBS symptoms such as the frequency and intensity of abdominal pain, bloating, and quality of life living. The study was inclusive to those with a score of 175 or higher.

During the 4-week trial 294 participants were randomly assigned to one of three groups. The first group, in addition to following typical dietary advice such as eating slowly on a regular basis while sitting down, and limiting alcohol, coffee, spicy and fatty foods, was also instructed to follow a diet low in fermentable oligosaccharides, disaccharides, monosaccharides, and polyols (FODMAPS). The second group followed a low carbohydrate diet with an average consumption of 50 grams of carbohydrates per day. They also increased the amount of protein and fats they ate, and optimized fibre intake. The final group received pharmacological treatment for their IBS symptoms. Patients in the dietary groups were not aware of the names of their diets, but those receiving medical treatment were given open-label treatment.

The percentage of patients who completed the trial was high: 95% of low FODMAP diet, 95% of low carbohydrate diet, and 90% of optimized medical treatment. Two participants from each dietary intervention group identified adverse effects as the reason for not completing the study. Five participants



in the medical treatment group did not complete the intervention period due to adverse effects.

Following the 4-week treatment period, 76% of those in the low-FODMAP group, 71% of those following a low-carbohydrate diet, and 58% of participants who received medical treatment experienced a significant reduction in IBS symptoms compared to baseline. There was a significant difference between the groups ($p=0.023$). All groups also reported an increase in overall quality of life. When asked at a 6-month follow-up after partially returning to their original diets, 68% of those in the low FODMAP group and 60% in the low-carbohydrate group reported continuing symptom relief.

Study findings suggest that dietary intervention may be used as an initial treatment, however, further research is needed to enable optimized and personal treatment strategies. For further information and to read the full study, visit The Lancet at [https://www.thelancet.com/journals/langas/article/PIIS2468-1253\(24\)00045-1/abstract](https://www.thelancet.com/journals/langas/article/PIIS2468-1253(24)00045-1/abstract)



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The logo features a teal cross icon with a circuit-like pattern on its arms. To the right of the cross, the word "npcurrent" is written in a bold, black, sans-serif font, with a registered trademark symbol (®) to its upper right. Below "npcurrent", the word "Update" is written in a larger, bold, black, sans-serif font. Two horizontal teal lines are positioned above and below the "npcurrent" text.

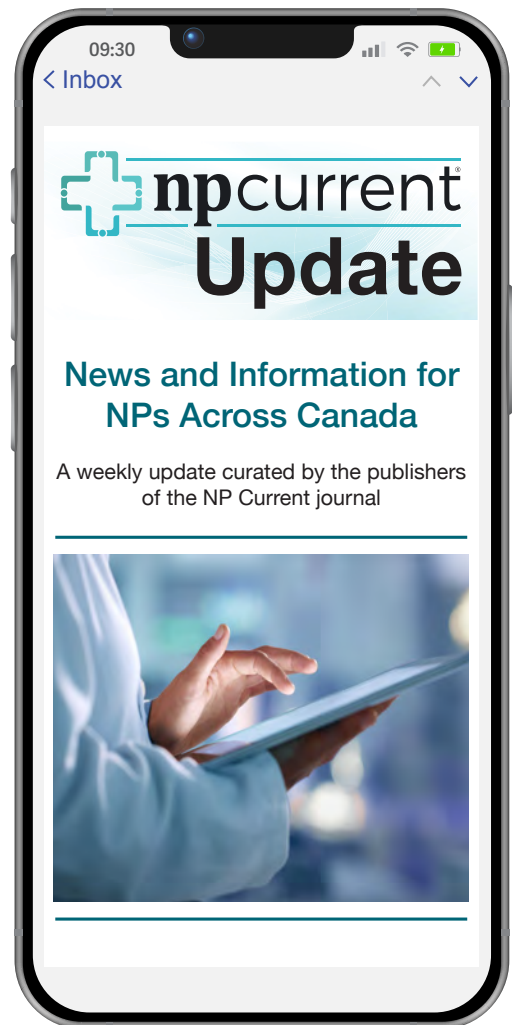
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* Comparative clinical significance has not been established.

† According to pooled data from two pivotal phase 3, open-label, single-arm, multicenter studies: Study 302 conducted at 77 sites across the United States and Canada and Study 301 conducted across 69 sites in Europe and Russia. In both studies, NEXTSTELLIS was supplied via oral administration, once daily as 24 active tablets followed by 4 inert tablets (4-day hormone-free interval) for 13 consecutive cycles. The primary efficacy endpoint was the number of on-treatment pregnancies assessed by the Pearl Index PI in the ITT Population of women aged 16 to 35 years (n=1864) in Study 302 and 18 to 35 years (n=1553) in Study 301.

‡ Clinical significance is unknown.

§ Studies conducted in healthy pre-menopausal women (16–50 years of age) with a duration of study at least three 28-day cycles and included the dosage and regimen of NEXTSTELLIS (E4/DRSP 15/3 mg, 24/4). The safety analysis included safety data from 3,790 subjects, of which a total of 3,575 subjects was confirmed treated. The safety population (N=3,790) also included 215 subjects who were dispensed study medication, but for whom the actual intake of study medication was not confirmed.

ITT: intent-to-treat; B/S: bleeding and/or spotting.

NEXTSTELLIS SAFETY INFORMATION¹

Clinical use:

- Safety and efficacy have been studied in women between 16 and 50 years old. No data in women under 16 are available. Use of this product before menarche is not indicated.
- No geriatric data are available. Not authorized for use in women over 50 years of age. NEXTSTELLIS is not indicated for use in postmenopausal women.

Contraindications:

- NEXTSTELLIS is contraindicated in patients
 - who are hypersensitive to this drug or to any ingredient in the formulation, including any non-medicinal ingredient, or component of the container
 - who have a history of or actual thrombophlebitis or thromboembolic disorders
 - who have severe or multiple risk factor(s) for arterial or venous or thrombosis, such as hypertension, hereditary or acquired predisposition for venous or arterial thrombosis, such as Factor V Leiden mutation and activated protein C (APC-) resistance, antithrombin-III-deficiency, protein C deficiency, protein S deficiency, hyperhomocysteinemia and antiphospholipid-antibodies (anticardiolipin antibodies, lupus anticoagulant) and prothrombin mutation G20210A, severe dyslipoproteinemia, diabetes mellitus with vascular involvement, increasing age, particularly above 50 years, obesity, other medical conditions associated with venous thromboembolism (VTE) or other adverse vascular events, positive family history (arterial thromboembolism [ATE] in a sibling or parent especially at relatively early age, e.g., below 50), prolonged immobilization, major surgery, any surgery to the legs or pelvis, neurosurgery, or major trauma, and smoking, particularly in women who are over 35 years of age
 - who have a history of or actual cerebrovascular disorders
 - who have a history of or actual myocardial infarction or coronary artery disease and valvular heart disease with complications
 - who have a history of or actual prodromi of a thrombosis (e.g., transient ischaemic attack, angina pectoris)
 - who have active liver disease, hepatic dysfunction or history of or actual benign or malignant liver tumours
 - who have known or suspected carcinoma of the breast, carcinoma of the endometrium or other known or suspected estrogen-dependent neoplasia
 - who have undiagnosed abnormal vaginal bleeding
 - who have steroid-dependent jaundice, cholestatic jaundice, history of jaundice of pregnancy
 - who have any ocular lesion arising from ophthalmic vascular disease, such as partial or complete loss of vision or defect in visual fields
 - with known or suspected pregnancy
 - with current or history of migraine with focal aura
 - with a history of or actual pancreatitis if associated with severe hypertriglyceridaemia
 - who have renal or adrenal insufficiency

Most serious warnings and precautions:

Cardiovascular: Cigarette smoking increases the risk of serious cardiovascular events associated with the use of hormonal contraceptives. This risk increases with age, particularly in women over 35 years of age, and with the number of cigarettes smoked. For this reason, NEXTSTELLIS should not be used by women who are over 35 years of age and smoke.

Sexually transmitted infections (STIs): Patients should be counselled that birth control pills do not protect against STIs including HIV/AIDS. For protection against STIs, it is advisable to use latex or polyurethane condoms in combination with birth control pills.

Other relevant warnings and precautions:

- **Patients should discontinue NEXTSTELLIS at the earliest manifestation of:**
 - thromboembolic and cardiovascular disorders
 - conditions which predispose to venous stasis and to vascular thrombosis
 - visual defects- partial or complete
 - papilledema or ophthalmic vascular lesions
 - severe headache of unknown etiology or worsening of pre-existing migraine headache
 - increase in epileptic seizures
- Women receiving daily, long-term treatment for chronic conditions or diseases with medications that may increase serum potassium should have their serum potassium level checked during the first treatment cycle.
- NEXTSTELLIS should not be used in patients with conditions that predispose to hyperkalemia (e.g., renal insufficiency, hepatic dysfunction, and adrenal insufficiency).
- Consider monitoring serum potassium concentration in high-risk patients who take a strong CYP3A4 inhibitor long-term and concomitantly.

- Women who currently have or have had breast cancer should not use NEXTSTELLIS because breast cancer is a hormonally-sensitive tumour.
- Increased risk for arterial thromboembolism (myocardial infarction) or for cerebrovascular accident (e.g., transient ischaemic attack, stroke). Arterial thromboembolic events may be fatal.
- The use of any COC carries an increased risk of VTE compared with no use – this risk is highest during the first year a woman ever uses a COC or restarts the same or a different COC.
- For women with multiple risk factors for VTE and ATE: If a woman has more than one risk factor, it is possible that the increase in risk is greater than the sum of the individual factors – in this case her total risk should be considered.
- Diabetic patients, or those with a family history of diabetes, should be observed closely to detect any worsening of carbohydrate metabolism.
- Alternative contraception should be used in women with severe dyslipoproteinemia.
- Worsening of Crohn's disease and ulcerative colitis has been reported during combined oral contraceptive (COC) use.
- Persistent irregular vaginal bleeding requires assessment to exclude underlying pathology.
- Patients with fibroids (leiomyomata) should be carefully observed.
- Acute or chronic disturbances of liver function may necessitate the discontinuation of COC use until markers of liver function return to normal.
- Risk of oral contraceptive-related cholestasis. NEXTSTELLIS should be discontinued if jaundice develops.
- Caution is warranted when starting therapy with the Hepatitis C virus (HCV) combination drug regimen ombitasvir, paritaprevir, ritonavir, with or without dasabuvir.
- Patients taking oral contraceptives have a greater risk of developing gallbladder disease requiring surgery within the first year of use. The risk may double after four or five years.
- In women with hereditary angioedema, exogenous estrogens may induce or exacerbate symptoms.
- Before oral contraceptives are used, a thorough history and physical examination should be performed, including a blood pressure determination and the family case history carefully noted. Disturbances of the clotting system must be ruled out if any members of the family have suffered from thromboembolic diseases (e.g., deep vein thrombosis, stroke, myocardial infarction) at a young age and breasts, liver, extremities, and pelvic organs should be examined and a Papanicolaou (PAP) smear should be taken if the patient has been sexually active. The first follow-up visit should be done 3 months after oral contraceptives are prescribed, and at least once a year, or more frequently if indicated thereafter. Follow-up visit examinations should include those procedures that were done at the initial visit as outlined above or per recommendations of the Canadian Task Force on the Periodic Health Examination. Serum potassium concentration should be monitored in high-risk patients who take a strong CYP3A4 inhibitor long-term and concomitantly.
- The onset or exacerbation of migraine or the development of headache of a new pattern that is recurrent, persistent, or severe, requires discontinuation of COCs and evaluation of the cause.
- With use of COCs, there have been reports of retinal vascular thrombosis which may lead to partial or complete loss of vision.
- There is an increased risk of thromboembolic complications in COC users after major surgery.
- Patients with a history of emotional disturbances, especially the depressive type, may be more prone to have a recurrence of depression while taking oral contraceptives.
- Hormonal contraceptives may cause some degree of fluid retention.
- During the first months of use, irregular spotting or bleeding may occur.
- Chloasma may occasionally occur in women who take COCs, especially in women with a history of chloasma gravidarum.
- If pregnancy occurs while taking NEXTSTELLIS, further intake must be stopped.
- The use of COCs should not be recommended until the breast-feeding mother has completely weaned her child and an alternative contraceptive method should be advised to women wishing to breastfeed.
- The safety and efficacy of NEXTSTELLIS in women with a body mass index (BMI) >35 kg/m² has not been evaluated.

For more information:

Please consult the Product Monograph at pdf.hres.ca/dpd_pm/00060352.PDF for important information relating to adverse reactions, drug interactions, and dosing information which have not been discussed in this piece. The Product Monograph is also available by calling us at 1-855-331-0830.

References: 1. NEXTSTELLIS Product Monograph, Searchlight Pharma Inc. March 5, 2021. 2. Searchlight Pharma Inc. Data on File. 2024.

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Consult the Product Monograph at www.trintellixmonograph.ca for important information about contraindications, serious warnings and precautions, other warnings and precautions, adverse reactions, interactions, dosing instructions and conditions of clinical use not discussed in this piece. The Product Monograph is also available by calling 1-800-586-2325.

* The TRINTELLIX Patient Choice Card Program is available in all provinces except Quebec.

Reference: 1. TRINTELLIX Product Monograph. Lundbeck Canada Inc., May 27, 2024.



Optimizing Surgical Care: Introducing the role of the Perioperative Acute Care Team Nurse Practitioner

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ABSTRACT

Background: In the realm of perioperative medicine, the evolving healthcare landscape necessitates novel strategies for enhancing patient outcomes. The PeriOperative Acute Care Team (PROACT) initiative represents a transformative approach to comprehensive perioperative care delivery. Led by General Internal Medicine physicians and Nurse Practitioners (NPs), PROACT addresses the imperative to identify and mitigate perioperative risks among high-risk patients through consultative services.

Methods: Evaluation of PROACT's efficacy reveals a notable surge in patient referrals and underscores the pivotal role of NPs in optimizing perioperative care delivery.

Results: Within a multidisciplinary framework, PROACT NPs conduct thorough pre-operative assessments, collaborate with surgical teams, and provide post-operative care, bolstering patient outcomes and refining perioperative processes. The proactive approach of PROACT, supported by advanced clinical training, not only enhances patient outcomes but also enhances overall quality of care, exemplifying innovation in perioperative medicine.

Conclusion: Opportunities for expansion lie in augmenting NP involvement in pre-operative and post-discharge care and extending the PROACT model to diverse healthcare settings. Through collaboration and leveraging NP expertise, initiatives like PROACT embody excellence in optimizing perioperative patient outcomes.

Key Words: Optimization, Perioperative, Nurse Practitioner

Background

The evolving landscape of healthcare demands innovative approaches to optimize patient outcomes, particularly in perioperative medicine. Perioperative care encompasses the comprehensive management of patients before, during, and after surgical procedures, aiming to enhance surgical outcomes and mitigate

associated risks and complications^{1,2}. This comprehensive approach to care recognizes that the perioperative period extends beyond the operating room and intraoperative management, encompassing the pre-operative assessment and optimization phase, as well as post-operative recovery and rehabilitation. In response to this imperative, the PeriOperative Acute Care Team (PROACT) initiative emerged, embodying a

paradigm shift towards a multidisciplinary approach to perioperative medicine. Traditionally, perioperative care has focused predominantly on the surgical procedure itself, often overlooking the intricate interplay of medical comorbidities and pre-existing conditions that can significantly impact patient outcomes. Recognizing this gap, the PROACT initiative was conceived to redefine perioperative care holistically.

The PROACT initiative, spearheaded by General Internal Medicine (GIM) physicians and Nurse Practitioners (NPs), offers consultative services aimed at optimizing perioperative care by identifying, optimizing, and mitigating perioperative risks among patients, particularly those deemed high-risk due to frailty or multi-comorbidity.³ In the pre-operative phase, PROACT conducts thorough assessments of the patient's medical history, physical examination, and laboratory investigations to identify and manage underlying medical conditions.⁴ This includes addressing chronic diseases such as diabetes or hypertension, optimizing cardiac function in patients with heart disease, and addressing nutritional deficiencies for improved wound healing. During the post-operative phase, PROACT focuses on pain management, early mobilization, and monitoring for potential complications such as infection, thromboembolism, or respiratory compromise. Throughout both phases, NPs play a crucial role in assessing and managing patients, collaborating closely with interdisciplinary teams to develop tailored care plans.

Integrating NPs into the PROACT framework enhances patient outcomes, streamlines perioperative processes, and improves overall quality of care.^{5,6,7} NPs with advanced clinical training and expertise are pivotal in assessing and managing patients throughout the perioperative journey.^{4,8} Leveraging their comprehensive understanding of acute and chronic medical conditions, NPs collaborate closely with interdisciplinary teams to develop tailored care plans that address each patient's unique needs.^{4,9,10} Their scope of practice encompasses many responsibilities, including conducting thorough pre-operative assessments, coordinating with surgical teams to optimize patient readiness for procedures, and providing post-operative care and monitoring to ensure optimal recovery. Furthermore, NPs are proficient in prescribing medications, ordering diagnostic tests, and interpreting results, enabling them to make timely and evidence-based decisions to prevent or address perioperative complications. Their proactive approach to patient care extends beyond the immediate perioperative period, as they also focus on long-term health maintenance and disease prevention strategies.^{11,12}

In summary, the PROACT initiative represents a proactive and collaborative approach to perioperative medicine, leveraging the expertise of NPs to enhance the quality and efficiency of care delivery. As healthcare continues to evolve, initiatives like PROACT exemplify innovation

and excellence in optimizing patient outcomes across the perioperative continuum. This paper will describe the development and implementation of the PROACT initiative, specifically focusing on the NP role.

Methods

Setting

The PROACT initiative was implemented at the Royal Columbian Hospital (RCH) in Fraser Health. RCH is a 490-bed regional tertiary teaching healthcare facility, offering a comprehensive array of medical services encompassing emergency care, surgical procedures, maternity care, cardiac treatments, and mental health and substance abuse support.¹³ As a referral center, it specializes in various medical and surgical disciplines, including but not limited to mental health, internal medicine, cardiology, gastroenterology, nephrology, orthopedics, otolaryngology, gynecology, urology, ophthalmology, and plastic surgery.¹³ The hospital boasts a robust maternal, infant, and child/youth program, providing obstetrical care across different levels, nursery services, neonatal intensive care, and pediatric inpatient care.¹³ RCH offers highly specialized acute care services such as tertiary trauma care, cardiac surgery, neurosurgery, interventional cardiology, and thoracic surgery.¹³ These advanced services often necessitate the involvement of multiple medical specialists, coordination among multidisciplinary care teams, and the utilization of specialized equipment and cutting-edge technology.¹³

Operationalization of the PROACT NP Consultation Service

The vision for PROACT encompasses establishing a consultation service available Monday through Friday and dedicated to inpatient surgical patients. It is spearheaded by a multidisciplinary team comprising GIM physicians and perioperative NPs. This collaborative model aims to provide tailored perioperative care for medically complex patients, primarily focusing on improving surgical outcomes and reducing post-operative complications.^{11,14,3} Key elements of the PROACT program framework include consults and follow-ups conducted by both GIM physicians and NPs, targeted at inpatient perioperative patients identified through direct referrals from the surgical team and other specialty services. By streamlining referrals and leveraging the expertise of NPs, PROACT seeks to optimize resource utilization and enhance the efficiency of perioperative care delivery.¹¹

The role of the PROACT NP extends far beyond traditional clinical responsibilities, encompassing a spectrum of multifaceted functions critical to the perioperative care continuum. Beyond administering direct patient care, PROACT NPs play a pivotal role

in triaging referrals, meticulously assessing patient histories, and identifying individuals at heightened risk of perioperative complications due to factors such as comorbidities or frailty.^{14,3,15,16} This proactive approach enables early intervention and optimization, mitigating potential risks and enhancing surgical outcomes. Moreover, PROACT NPs serve as linchpins in fostering seamless communication and collaboration among diverse healthcare teams. Facilitating dialogue between surgical specialists, anesthesiologists, and GIM physicians ensures that every aspect of a patient's care is carefully coordinated and integrated. This coordination is particularly vital in managing complex cases involving multiple specialties, as it minimizes the likelihood of oversights and maximizes the efficacy of interventions.

“Patients referred to PROACT presented with an average of 4.7 medical issues...”

Operating within defined parameters and availability, PROACT NPs remain steadfast in their commitment to upholding the principles of continuity of care and timely intervention (BCCNM, 2024; CNA, 2024; Sebach et al., 2015; Woo et al., 2017).^{17,18,15,16} Whether it involves conducting thorough pre-operative assessments, coordinating with surgical teams to optimize patient readiness, or providing comprehensive post-operative monitoring, PROACT NPs are dedicated to delivering patient-centred care of the highest quality. Their proactive stance contributes to improved patient outcomes and enhances overall satisfaction by ensuring a smooth and well-supported surgical journey for each individual. In essence, the multifaceted role of the PROACT NP exemplifies the evolution of perioperative medicine towards a more integrated and patient-centric care delivery model. These specialized practitioners catalyze positive change through their proactive engagement, improving access to care and patient experiences within the perioperative setting.

Results

Since its inception on January 4, 2022, the PROACT service has been vital to the commitment to enhancing patient perioperative care. Initially focusing on the general surgery, vascular, and neurosurgery populations, PROACT swiftly evolved to encompass orthopedic surgery by January 2023, demonstrating its adaptability and responsiveness to the dynamic needs of perioperative patients.^{15,19}

Throughout the growth and expansion the PROACT has been dedicated to providing comprehensive care to

patients before and after surgery. Valuable insights into the impact and effectiveness of the program were gained in the analysis of the data. A testament to PROACT's dedication and role in optimizing perioperative care delivery. In this section, we present the comprehensive analysis of the data collected since the launch of the PROACT service on January 4, 2022. The analysis includes key metrics such as the number of consultations conducted, the distribution of concurrent medical issues addressed, the time-of-day consultations are initiated, and monthly trends in consultation volume. By examining this data, we aim to evaluate the efficacy of the PROACT in meeting the needs of perioperative patients and driving improvements in surgical outcomes. Using this data and the trends, we will also discuss opportunities for future growth and enhancement of the PROACT service. This includes identifying areas where the PROACT can further optimize their services, expand its scope to additional surgical specialties, and implement innovative strategies to improve patient care delivery.

Current Data Analysis and Program Evaluation

Since its inception in January 2022, PROACT has provided care for 1,316 patients over two years. The number of patient referrals to the program has significantly increased over time. In 2022, 478 patients were referred to the PROACT team during the initial implementation phase, representing an average of 1.9 consults per day. This number surged to 838 patients in 2023, indicating a notable rise in demand for the program's services, with an average of 3.4 daily consults. Furthermore, analysis of month-to-month trends reveals consistency in the number of patients seen throughout both years, as illustrated in Figure 1.

The sharp rise in patient referrals to PROACT can be attributed to the growing awareness of the program and a recent collaboration with orthopedic surgery. Through this partnership, PROACT is now consulted during the pre-operative period and on the day of surgery to optimize and stabilize orthopedic surgical patients. Figure 2 depicts the referral patterns by specialty and year, further illustrating the impact of this new collaboration.

Of all patients seen by PROACT, 50% received care during the pre-operative period, 41% during the post-operative phase, and 9% did not undergo surgical intervention. Most consultations (90.5%) occurred during daytime hours, with 49% of patients being seen by physicians and 41% by Nurse Practitioners (NPs). A smaller percentage of patients received consultations after hours from other team members (10%).

Patients referred to PROACT presented with an average of 4.7 medical issues (range 0 – 12 issues, *SD* 2.10), reflecting the complexity of their health conditions. Additionally, they required an average of 2.3 follow-up visits (range 0 – 24 visits, *SD* 2.81), indicating ongoing

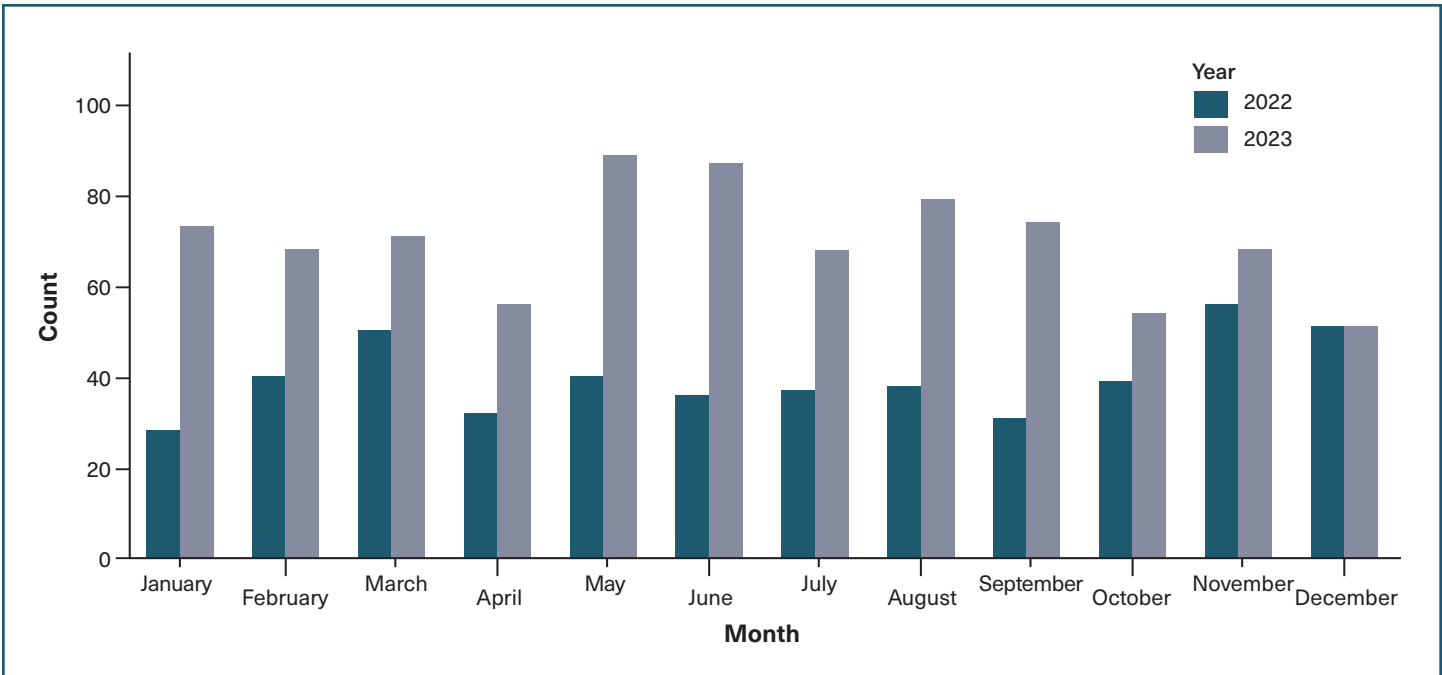


Figure 1. PROACT Patient Referrals by Month and Year

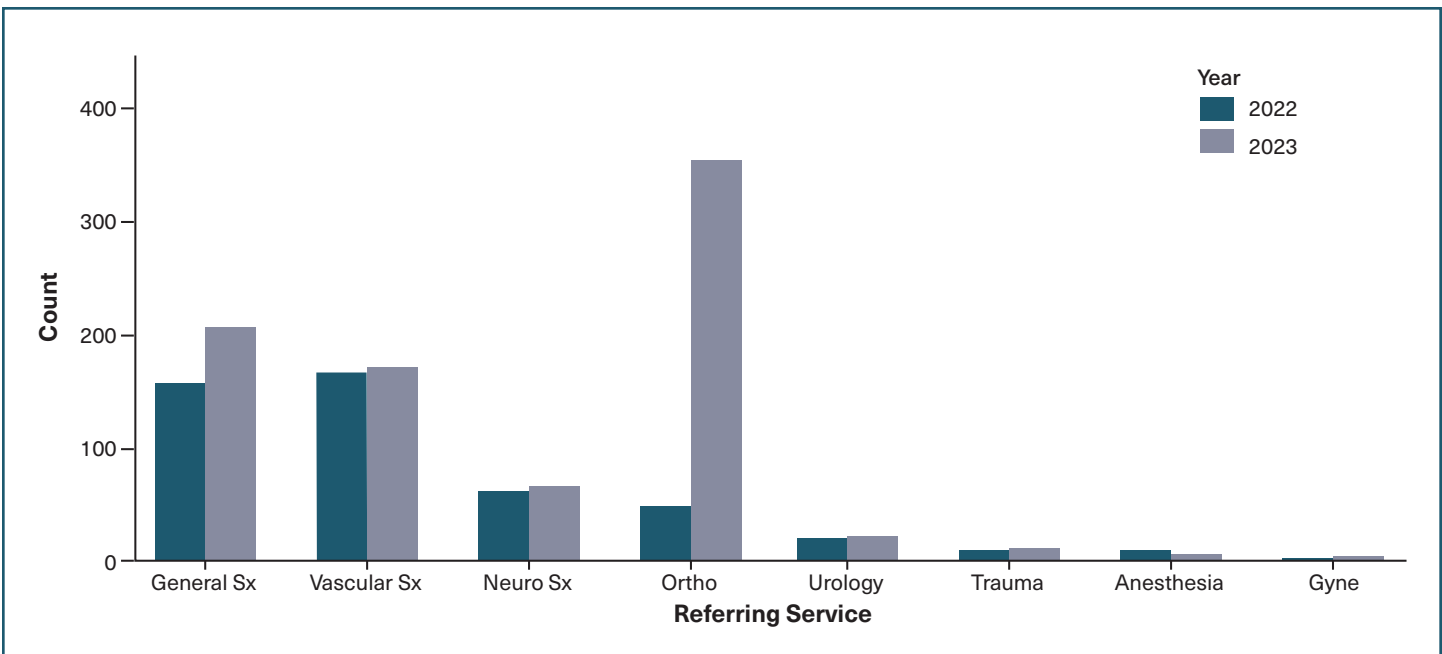


Figure 2. PROACT Patient Referrals by Service and Year

management and monitoring needed to address their healthcare needs. Of all patients consulted by PROACT, a mere 1.1% necessitated cancelling scheduled surgical procedures. This cancellation could be attributed to various factors, including the complexity or instability of medical issues, the deferral of surgery, opting for an outpatient procedure later, or a change in the patient's care goals. In some cases, the treatment plan shifted towards conservative non-operable treatment or transitioned to palliative care.

Discussion

Given the success of the current PROACT initiative and as the landscape of perioperative care continues to evolve, there is a growing recognition of the critical role NPs can play in extending care beyond the hospital walls to encompass the entire patient surgical journey. This includes providing pre-hospital screening and support for high-risk surgical patients. With the growing

evidence supporting the benefits of prehabilitation programs in improving surgical outcomes, there exists a prime opportunity to leverage the expertise of NPs in the development and delivery of a wraparound program that provides pre-operative stabilization.^{20,21,22,23} By integrating PROACT NPs into pre-operative care teams, healthcare systems can enhance patient preparation, optimize physiological reserve, and mitigate perioperative risks. NPs, equipped with their advanced clinical training and holistic approach to patient care, are well-positioned to conduct comprehensive assessments, design personalized prehabilitation plans, and provide ongoing support to patients throughout their surgical journey. Through proactive interventions to optimize patients' physical and psychological well-being, NPs can significantly improve perioperative outcomes and foster a culture of preventive care.²³

“The initiative’s success at Royal Columbian Hospital underscores the critical role of NPs in perioperative care, from pre-hospital screening to post-discharge management.”

In addition to expanding NP roles in pre-operative and perioperative care, there is a pressing need to recognize the importance of patient care in the post-hospital discharge phase, particularly for patients without a primary care provider. The transition from hospital to home can be fraught with challenges, and the immediate post-operative period is crucial for preventing complications and readmissions.^{24,25,26} NPs, with their expertise in continuity of care and patient advocacy, are well-suited to bridge this gap by providing comprehensive post-discharge support and management. By offering timely follow-up visits, medication reconciliation, wound care, and symptom management, NPs can ensure continuity of care and facilitate the transition to home-based recovery. Moreover, NPs can collaborate with interdisciplinary teams to address social determinants of health and connect patients with community resources for ongoing support. By advocating for NP-led post-discharge care, healthcare systems can enhance patient outcomes, reduce healthcare utilization, and promote seamless transitions across the continuum of care.

The success of the PROACT initiative at this single site also provides a compelling argument for expanding the PROACT initiative to encompass multiple healthcare sites. Building upon the success observed at our single site, extending this model of comprehensive perioperative care to diverse clinical settings holds promise for improving surgical outcomes and ensuring equitable access to

high-quality care. By establishing PROACT programs across different healthcare facilities, we can broaden the reach of specialized perioperative services, particularly to underserved populations and regions with limited access to comprehensive surgical care. This expansion enhances patient outcomes, promotes collaboration among healthcare providers, and facilitates the dissemination of best practices in perioperative medicine. Through strategic partnerships and a commitment to innovation, the expansion of PROACT to multiple sites embodies our dedication to advancing surgical care and addressing healthcare disparities on a broader scale.

Summary

In response to the evolving landscape of perioperative care, the PROACT initiative emerged as a paradigm-shifting approach to comprehensive perioperative medicine. Spearheaded by GIM physicians and NPs, PROACT embodies a proactive and collaborative model to optimize patient outcomes throughout the surgical journey. By integrating NPs into pre-operative care teams, PROACT enhances patient preparation, optimizes physiological reserve, and mitigates perioperative risks. The initiative's success at Royal Columbian Hospital underscores the critical role of NPs in perioperative care, from pre-hospital screening to post-discharge management. Moreover, the program's expansion to multiple healthcare sites presents an opportunity to broaden access to specialized perioperative services and address healthcare disparities. As healthcare continues to evolve, initiatives like PROACT exemplify innovation and excellence in optimizing patient outcomes across the perioperative continuum.

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CGRP: calcitonin gene-related peptide; mAb: monoclonal antibody

*Based on TRx from January 2023 to December 2023.²

†Comparative clinical significance has not been established.

‡Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, Quebec, Saskatchewan, Non-Insured Health Benefits (NIHB), and Veterans Affairs Canada (VAC).

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RSV Vaccinations

Insight into the disease, treatments, and vaccines in Canada

This column offers insight into what your patients are seeing and reading about disease, treatments, and vaccines in Canada. With RSV season currently happening as well as an increase in advertising, RSV vaccinations have been widely internet-searched and advertised.

A recently released AREXVY ad starring Wayne Gretzky features the hockey legend bringing awareness to the fact that not only infants can be affected with RSV, but that older adults such as himself are also at risk.

What Are They?

Three RSV Vaccinations are currently available in Canada:

ABRYSVO (RSVpreF): administered during pregnancy to protect against RSV through the passive transfer of maternal antibodies. The vaccination is also available to adults 60 years of age and above.

AREXVY (RSVPreF3): is available to adults 50 years of age and above.

mRESVIA RSV mRNA vaccine: is available to adults 60 years of age and above.

How Are They Given?

ABRYSVO (RSVpreF) is administered IM to pregnant people between 32 and 36 weeks gestation to allow time for the protective efficacy of the vaccine to develop before birth. ABRYSVO is administered as a single 0.5 mL dose.

AREXVY (RSVPreF3) or ABRYSVO (RSVpreF) or mRESVIA is administered IM as a single 0.5 mL dose.

In general, RSV vaccinations are ideally administered just before the start of RSV season.

How Efficacious Are They?

ABRYSVO (RSVpreF) administered to pregnant people results in a reduction of RSV associated hospitalization of their infants by 57% and reduces medically attended RSV respiratory tract infections by 51% during the infants first RSV season. Due to the waning of passively transferred antibodies over time, the protective effect from the

RSVpreF vaccine for the infant may not exceed 6 months of age.

ABRYSVO (RSVpreF) and AREXVY (RSVPreF3) vaccines for older adults appear to result in similar reductions of RSV associated hospitalization and medically attended RSV respiratory tract infections. Although the data is not yet clear, early data suggests that efficacy against RSV may be maintained through 2 RSV seasons.

The primary analysis of mRESVIA found the vaccines efficacy against RSV lower respiratory tract disease (LRTD) to be 83%, with longer-term analysis showing continued protection over the following 8.6 months median follow-up.

What Are the Recommendations for RSV Vaccination?

RSV immunization is recommended for infants born during, or entering their first RSV season as well as for infants entering their second RSV season who are at an increased risk.

RSV immunization is recommended for adults 75 years of age and older and especially for those identified to be at a higher risk of severe RSV. RSV immunization is also recommended to adults who are living in chronic care facilities or nursing homes who are 60 years of age and older.

Where Can I Get More Information?

Respiratory syncytial virus (RSV) vaccines: Canadian Immunization Guide

<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/respiratory-syncytial-virus.html#a3>



Respiratory syncytial virus (RSV) prevention strategies:

<https://cps.ca/documents/position/rsv-prevention-2024-2025>





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