

**HEALTH:** Markham Stouffville Hospital has a 14.9 per cent death rate for heart attack patients, nearly matching the provincial average

# Hospital defends cardiac care statistics

BY JENNIFER BROWN  
STAFF WRITER

On the surface, the statistics may have seemed damaging, but to York County Hospital, they confirm Newmarket is the right place for a cardiac care centre.

A study released this week shows heart patients going to southern York Region hospitals have a greater chance of survival than their neighbours in the north.

But that only goes to show the province was right to locate the new regional cardiac centre in York County, according to hospital president Dan Carriere.

"Do you put a cardiac centre where the lowest occurrences are, or the highest?" Carriere asked.

"No doubt, the centres with

good rates are in or close to Metro. So this information is very clear—the answer is not to add more Toronto centres."

The study conducted by the Institute for Clinical and Evaluative Sciences shows York County has a higher mortality rate among heart attack patients than York Central, Markham Stouffville Hospital and all other GTA hospitals, except Humber Memorial.

York Central had a 14-per cent death rate, followed by Markham Stouffville at 14.9 per cent and York County at 19 per cent.

Mount Sinai had the lowest death rate among Ontario's teaching hospitals with 11.2 per cent of heart attack patients dying within 30 days of their attack, well under the provincial average of 14.8 per cent.

Even if a patient dies after being transferred to a Toronto hospital, the study tracks the case back to the community hospital the patient first attended.

"That number has no reflection on what is happening in this hospital," Carriere said.

"If you look at 19 per cent, you

## CARDIAC STATUS

*Patients admitted to hospitals in southern York Region have better chance of survival, study shows.*

also have to look at lifestyle, socioeconomic and distance to hospital."

The ICES report indicated many factors may be affecting York County's mortality rate, including the distance patients must travel to reach the hospital.

It states age and socio-economic factors also have a major influence on cardiovascular health and in York County's case, Georgina residents factor prominently as a group in need of cardiac services.

"In Georgina, we've got a combination of issues and demographics you don't see in the rest of York Region," Carriere said.

According to the District Health Council's 1995 acute care study, Georgina's unemployment rate is 40 per cent higher than the rest of the region, the average income is 50 per cent lower, and the percent-

age of seniors in the community is 75 per cent higher.

Georgina also has the highest hospital admission rate of the nine municipalities.

York County officials insist their mortality rates are actually 15.3 per cent, but because the study used a different sample of patients that reflected the provincial age and sex-adjusted model, many younger patients seen at York County were eliminated from the study group.

"They're jiggling the numbers on one hand but not adjusting (for socioeconomic reasons) on the other," said Carriere.

And cardiologist Dr. Jack Symmes said York County's in-hospital mortality rate is 3.7 per cent—lower than the national average of 4.7 per cent.

But overall accessibility to services has been a huge problem for northern York Region residents, Symmes said.

"With chronic waiting lists, you got to the point where we couldn't get patients in and had to treat people with medications. You try to get the sickest people to the top

of the list but inevitably people don't present with all the symptoms," he said.

Markham Stouffville Hospital acting president Dr. Jim Maclean agreed that hospitals like his have had easier access to cardiac services in the past compared to York County.

**'They're jiggling the numbers on one hand but not adjusting (for socioeconomic reasons) on the other'**

• Dan Carriere, York County Hospital president

"We in the south end have higher accessibility to intervention services but you have to be cautious how you interpret these numbers," he said.

"It may also be a reflection that our cardiologists are more newly trained than those in the north."

The other problem with the study, Carriere noted, is that it looks at the patient over a 30-day period, while the average length of stay in hospital is about five days.



DR. JIM MACLEAN

Markham Stouffville Hospital has easier access to cardiac care

to cardiac care

# Tourette Syndrome often a misunderstood disease

*One in 100 children, most often boys, suffers symptoms such as tongue clicking, throat clearing, swearing*

BY JOAN RANSBERRY  
STAFF WRITER

It's a neurological disorder that's often misdiagnosed, misunderstood and a lot more common than people think.

Tourette Syndrome is characterized by tics: involuntary, rapid, sudden movements or vocalizations like barking, head jerking and smelling fingers are just a few of the symptoms.

There's no cure for the disorder. TS was named in 1883 after French neurologist Dr. George de la Tourette. The disorder stems from the abnormal metabolism of at least one brain chemical or neurotransmitter that's called dopamine. Very likely, other neurotransmitters, such as serotonin, are also involved.

TS also strikes children. When Laurianne Valleau's eight-year-old son was diagnosed with TS about a year ago, the Stouffville family was somewhat relieved. Finally, the boy's behaviour could be explained.

"We didn't understand what was going on," Valleau said. "We were pulling our hair out. Then we found out it's a chemical imbalance. And, it's nobody's fault."

Still, adjusting to TS is difficult, especially when dealing with a child.

When Valleau's son was going

**'For most, it's an ongoing battle with the school system. The children need support all the way through.'**

• Laurianne Valleau

through the neurological testings at a Toronto hospital, the family learned that TS sufferers can be plagued by eye blinking, shoulder shrugging, head jerking, arm thrusting and facial grimacing, as well as rage and other aggressive behaviour, barking, whistling, throat clearing, tongue clicking, uttering words or phrases out of context, swearing, smelling fingers or objects, twirling about and self-inflicted injury, including biting one's self.

And, learning disabilities, including attention deficit disorder and hyperactivity, go hand-in-hand with about 50 per cent of TS sufferers. People with TS often have obsessive compulsive disorder, other behaviour problems and

sleep disorders.

"A lot of people think this is a rare disorder," Valleau said. "It hits one in 100. That doesn't make it rare. In a school of 1,000 students, there are about 10 children with TS."

Valleau's son attends a school where his teachers are aware of and understand TS.

"Summitview Public School is wonderful," Valleau said. "For most, it's an ongoing battle with the school system. The children need support all the way through."

The family, realizing a support group would be beneficial, has opted to start one in York Region. The founding meeting will be held March 3, 7:30 to 9:30 p.m. at Stouffville Missionary Church, 6500 Main St.

Families of TS sufferers often feel isolated; other family members and neighbours don't understand the disease.

"Yes, family find it difficult. For us, it's getting a little better. And, we're more open about it. Remember, this is a disorder that, by-in-large, is lifelong. Today, teachers are learning what it is and family doctors are becoming more aware," Valleau said.

Tourette Syndrome Association of Ontario executive director Richard Hensley knows firsthand about the disorder. Both his wife and his son have TS. His wife Ruth's TS, however, has been in remission for 25 years.

"The complexity of some symptoms often confuses family members, friends, employers and teachers who may find it difficult to believe that the actions or vocal utterances are involuntary," Hensley said.

Diagnosing TS is made through observation and evaluating the individual's history, paying close attention to the onset of the symptoms. "No X-rays, blood analysis or other type of medical tests exist to identify TS," Hensley said.

While there's no cure for TS, there are remissions, said Ruth Hensley, president of Tourette



Laurianne Valleau Starting TS support group in York Region

Syndrome of Ontario.

Remission can occur at any time. Studies show that in late teen years and adulthood, the tic symptoms seem to stabilize and become less severe. Those diagnosed with TS can anticipate a normal life span," Ruth said.

Genetic studies indicate tic disorders are inherited. "A person with TS has about a 50 per cent chance of passing the gene on to one of his or her children," Hensley said.

Gender also influences the expression of the gene, being far more common in boys.

There are medications to help control the symptoms, but it is important to treat TS early.

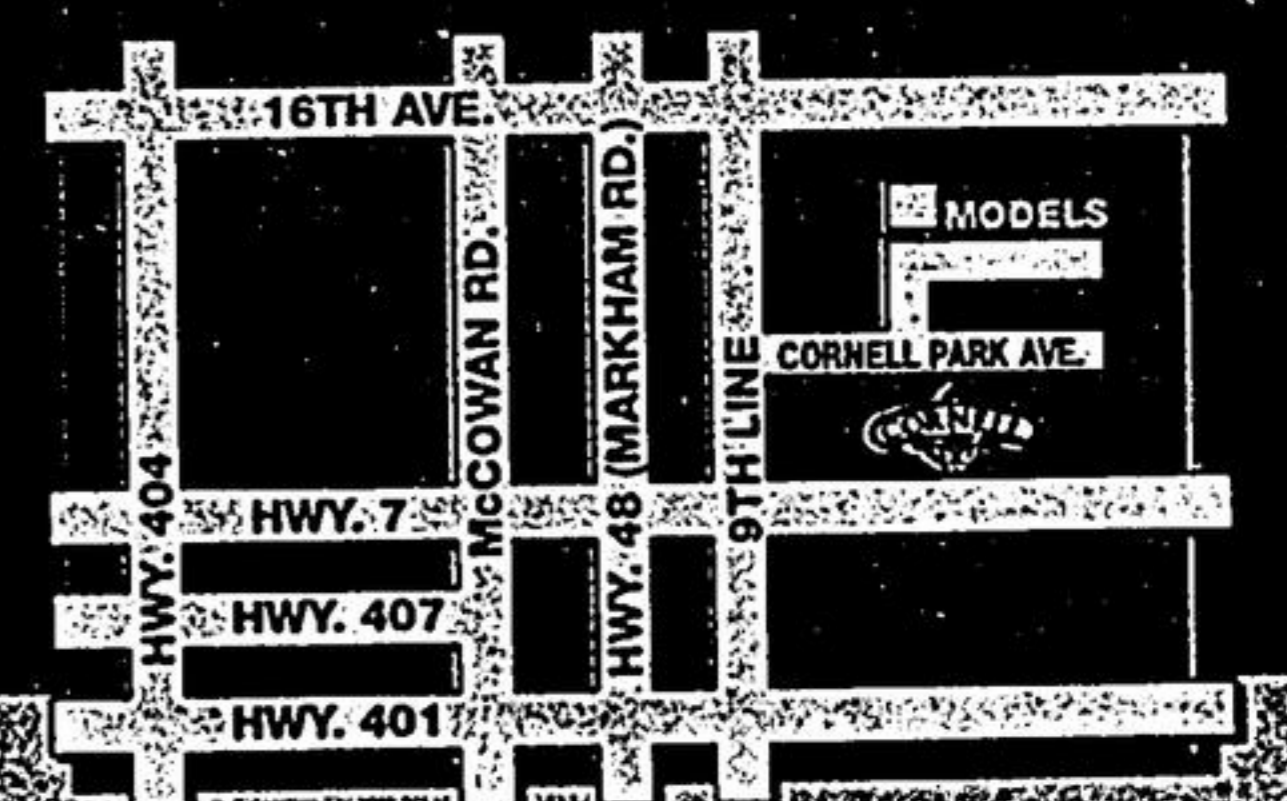
If the symptoms are disruptive or frightening, they may provoke ridicule and rejection from peers, neighbours, teachers and even casual observers, Hensley said.

"Parents may be overwhelmed by the strangeness of their child's behaviour," Valleau said. "The child may be threatened, excluded from family activities and prevented from enjoying normal interpersonal relationships."

For more information on the upcoming meeting call 640-0412.



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Prices and information correct at press time. Map not to scale. E & O E

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