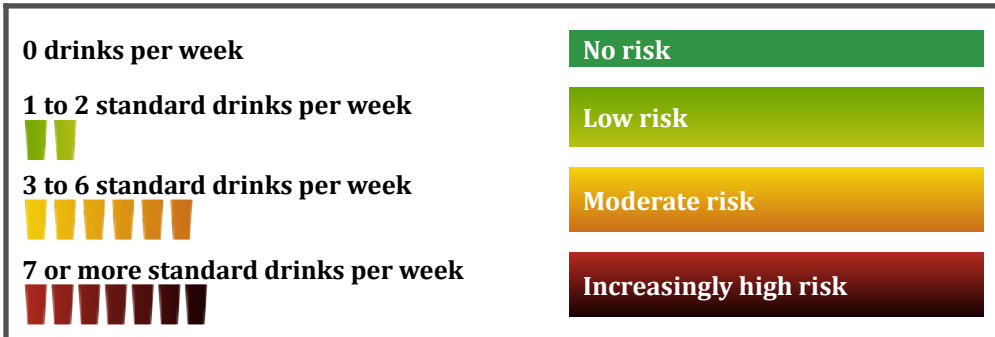


THE TADDLER

Alcohol: Exploring Less is More

By: Jill McKinlay, Registered Nurse

This past winter the Canadian Centre on Substance Abuse updated Canada's Low-Risk Alcohol Drinking Guidelines.¹ When these new guidelines were announced, what did you think? Reactions likely ranged from outright rejection to feeling validated. Those who were already curious about alcohol's effects may have been aware that data was gathering specifically about risks related to cancer, cardiovascular disease and dementia. These new guidelines provide an opportunity to pause and consider the impact on health, well-being and personal use patterns.



Some might be surprised that no amount of alcohol is beneficial for physical health. Previous claims about health benefits of a moderate amount of alcohol have been debunked.² Psychological research shows that when presented with new data, people have a tendency to let desires, emotions and beliefs trump facts.³ It can be hard to accept new information that does not align with what we wish to do. With contemplation, there may be an openness to applying the information to day-to-day living and making steps to reduce.

To recap, one or two standard drinks per week (see sidebar) keeps alcohol's harmful physical effects at a minimum. A tall can or pint of beer or cider is more than one serving; a glass of wine in a restaurant is





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What is one standard drink?

Beverage	Size	Alcohol by volume
 Bottle of beer	12 oz./341 ml	5%
 Bottle of cider	12 oz./341 ml	5%
 Glass of wine	5 oz./142 ml	12%
 Shot glass of spirits	1.5 oz./43ml	40%

Cont'd on page 2

Cont'd from page 1 (Alcohol Consumption Guidelines)

usually more than 142 ml or 5 ounces. It is a good idea to measure the pour for both wine and spirits rather than estimating. When alcohol consumption gets into the range of six or seven drinks per week, the risks start to rise significantly.¹



Stirring Up Alternatives

Drinking alcohol tends to be a reward and/or signals a time to relax, but there are options to help lower intake. For example:

- develop a special, non-alcoholic drink; use sparkling water, ice, fresh herbs like mint or basil and healthy garnishes (e.g. berries, citrus fruit or cucumber);
- meditate or practice mindfulness first;
- do some kind of physical activity that makes you feel good, and
- develop a list of things to do as a reward that excludes alcohol.

A Word About Sleep

Many people raise that alcohol helps them to fall asleep. While it may be the case that it can help with falling asleep, alcohol does not help a person stay asleep and it interferes with the quality of sleep.⁴ Alcohol prevents REM sleep which is important for learning, memory and mood. There are more effective sleep strategies instead of alcohol; check out [TC FHT's resources on sleep](https://taddlecreekfht.ca/patients/healthcare-resources/) (<https://taddlecreekfht.ca/patients/healthcare-resources/>).

What Is Realistic?

For some, the decision is straightforward and low or no alcohol consumption is easy. For others, two drinks a week or less than six is overwhelming. Take time to think about alcohol and the role it plays in your life and in the lives of those you care about. Consider reducing and if you need assistance, TC FHT is here to help.

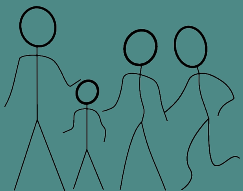


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Reminder

for Parents of School-Age Children/High School Students



As a parent, it is important to ensure that any updates to your school-age child's immunizations are reported to Toronto Public Health or your local public health unit. In Toronto, you can report immunizations and access past records online at www.toronto.ca/studentvaccines. Alternative methods of reporting immunizations can be found here: <https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/immunization/get-immunized-children-youth/report-student-immunization/>.

Mental Health Corner

Coping with Chronic Pain

By: Marlie Standen, Social Worker

Pain is an adaptive function of the nervous system that alerts the body and mind to potential or actual injury. Interestingly, the pain pathways of the nervous system are activated by physical, emotional and social threats alike.^{1,2,3} Anything from physical injury to perceived social rejection to memories of pain can activate the pain pathways.^{1,2,3}

Pain that lasts longer than three months may be deemed chronic. Chronic pain includes pain that exists despite complete tissue healing, pain that has no identifiable biological cause or pain that occurs in association with underlying disease or injury.^{1,4} The pain pathways may be highly sensitive and habitually activated by various physical, emotional, social and psychological causes.¹

Chronic pain may impede a person's ability to work and engage in enjoyable activities. It often contributes to sleep difficulties, mood challenges or recurring feelings of frustration and hopelessness. Learning to cope with emotions and stressors is an important part of living well with chronic pain and may help to influence the pain itself via the mind-body connection.

Get curious about the pain-emotion connection in your life. Ask, "what social, emotional and stress triggers may be activating my pain pathways?" and "which of these are within my control?" Insight into triggers creates an opportunity to set boundaries, limit exposure or proactively cope. There will always be some stressors outside of one's control, but the stress - the physiological, fight-flight-freeze (FFF) response - is something one can regulate.

Experiment with calming strategies. Pain, stress and emotions stimulate the body's FFF response, which in turn increases muscle tension, heart rate,

inflammation and can keep the pain pathways activated. Learning to notice when the stress response is activated and how to calm it may ease pain and distress. Consider trying these strategies to discover what works:

- Breathing techniques such as diaphragmatic breathing, resonance breathing or 4-7-8 breathing
- Progressive muscle relaxation
- Visualization or guided imagery
- Yoga or tai chi
- Mindfulness or meditation
- Grounding exercises
- Self-soothing using the five senses

**Search any of these strategies on Youtube or the Internet for more information!*



Shift the inner dialogue towards acceptance and self-compassion. Thoughts alone have the power to activate the stress response. Ask, "what is the story I'm telling myself?" and "Are there recurring stories of helplessness and hopelessness or of anticipated danger and threat (social, emotional or physical)?" It is common to experience non-acceptance and feelings of grief and loss. Acceptance does not mean liking or being complacent, rather it involves turning towards difficult feelings and acknowledging the reality of the situation with self-compassion. This may allow one to shift towards "what now?" thinking and plan how to move forward. For more on self-compassion, visit <https://self-compassion.org/>



Cont'd on page 8

WHAT'S HAPPENING AT TADDLE CREEK

By: Sherry Kennedy, *Executive Director*

This column lets you know about Taddle Creek Family Health Team (TC FHT) events, program updates and announcements.

Situational Awareness and Verbal De-Escalation Training

TC FHT partnered with the Michener Institute to offer staff a workshop on situational awareness and verbal de-escalation this spring. The workshop was designed to empower frontline healthcare professionals to manage escalating or threatening situations in a manner that prevents harm to themselves and their patients. We discussed strategies for de-escalating a situation, including situational awareness and communication intervention techniques. The workshop was well received and we learned a lot.

Strategic Planning

I talked about TC FHT's [new 3-year strategic plan](#) in my Winter 2023 column. For each strategic priority, we developed supporting strategies and key actions. I want to let you know what progress we have made in the last 3 months.

- Key Action: Develop a home visit safety protocol for members of the Mental Health Program doing home visits – *protocol developed*
- Key Action: Choose quality improvement (QI) initiatives that the team/patients identify need improvement – *team & Patient & Family Advisory Committee (PFAC) helped create this year's QI plan*
- Key Action: Encourage PFAC to be FHT ambassadors – *PFAC wrote a letter re: the 2022 Patient Care Survey results for the Winter 2023 Taddler and PFAC now has a member on our QI Committee*
- Key Action: Provide opportunities for staff to practice self-care, discuss worries, feel heard/supported, have fun and connect – *3 Wellness Circles were held and well attended*
- Key Action: Provide more team educational opportunities to better equip people for success – *de-escalation training provided (see above)*
- Key Action: Support good governance – *TC FHT's Board to update by-laws to ensure compliance with Ontario's Not-for-Profit Corporations Act (ahead of the Oct. 2024 deadline)*
- Key Action: Implement digital tools – *enabled Ontario Government's Centralized PPE Supply Portal and worked*

with Ontario Telemedicine Network to schedule hybrid staff meetings (in office and at home) and set up a trial to look at improving our online appointment booking tool

- Key Action: Safeguard organization's assets – *staff learning modules about cybersecurity, Ontario Health's Privacy & Security Training and OntarioMD's Privacy & Security for Virtual Care were released with high completion rate*
- Key Action: Join with partners for system transformation – *Executive Director is a member of the MWT-OHT's Executive Advisory Committee and attends multiple meetings to support their strategic planning (for system transformation)*

Personnel Announcements

Anseh Dibaji, Lead Social Worker, resigned Apr. 11, 2023 after 9 years with TC FHT. She achieved a lot while at TC FHT. She contributed meaningfully to the development of the Mental Health Program (MHP), developed/delivered many of the MHP's group programs, developed community partnerships and spearheaded four mental health webinars that are still accessible on our [website](#). Anseh left to follow her passions and projects like her volunteer work with Myles Ahead, a children's mental health charity, and her training in the area of psychedelic-assisted psychotherapy, along with the goal of growing her private practice. Anseh, we wish you all the best in your future.

Alexandra Kobayashi, our Social Worker returning from maternity leave, has taken on the Lead Social Worker role as of Mar. 13, 2023. Alex has been with us for 3 years and has a lot of experience in crisis management, solution-focused individual therapy and working with children. We are very happy you are back Alex.

Suad Farah, Admin. Assistant for Suite 306, was hired Feb. 6, 2023. Suad comes to us with a Bachelor of Arts from Toronto Metropolitan University (formerly Ryerson University) and experience working at Mount Sinai providing medical secretary support in their Dept of Gynaecology. She also has years of experience as an Admin. Assistant at UHN, Toronto LHIN and at the Bureau of Broadcasting Measurements. Welcome aboard Suad.

Dr. Erika Frasca will be closing her practice and leaving the team at the end of June. We are saddened by our inability to find a replacement for her and hope her patients are able to secure a new primary care provider. Dr. Frasca, thank you for your contributions and we wish you all the best in your future endeavours.

Ontario is expanding the “Safe Use of Biosimilars” program

By: Jessica Lam and Shawn Goodman, Pharmacists

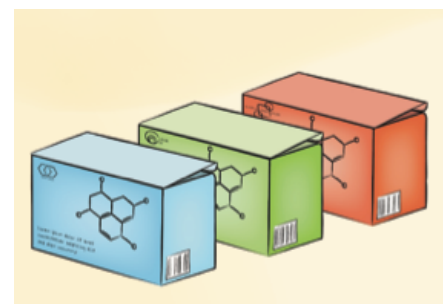
Ontarians receiving coverage under the Ontario Drug Benefit (ODB) program for Humalog®, Lantus®, NovoRapid®, Copaxone®, Enbrel®, Humira®, Remicade® and Rituxan® will be required to transition to the biosimilar version by **December 29, 2023**. It is recommended that patients on any of these medications contact their prescriber *before* this date to ensure that you continue to receive treatment seamlessly. Your prescriber may be your primary care provider or your specialist who provides ongoing treatment for your condition.

What's the difference between a biosimilar and biologic drug?

Biologic drugs are different from traditional pharmaceutical medications; they come from the cells of living organisms and are produced through a complex process. These include insulin analogues and monoclonal antibodies commonly used to treat diabetes and different inflammatory conditions. A biosimilar drug is a new version that is highly similar to a biologic drug that has already been authorized for use. Biosimilar drugs must fulfill rigorous Health Canada regulations and testing requirements to prove they are as safe and effective as the original biologic drug. There are now more than 100 research studies in rheumatology, gastroenterology, dermatology and other diseases, which show little to no clinical differences between biosimilars and original biologics.

Biosimilars:

- are safe and effective and add no increased risk of adverse reactions;
- work the same way as your current medication;
- don't involve major changes to the regimens or dosing;
- may have additional services provided by a patient support program; and
- have been used in the European Union for more than 15 years and a number of Canadian provinces and territories as well.



The following table outlines the biosimilar drugs that are available:

Medication	Originator Biologic (treatment you are already receiving)	Biosimilars Funded Under ODB (treatment you may be switched to)
Insulin aspart	NovoRapid®	Kirsty® Trurapi®
Insulin glargine	Lantus®	Basaglar® Semglee®
Insulin lispro	Humalog®	Admelog®
Adalimumab	Humira®	Abrilada® Amgevita® Hadlima® Hulio® Hyrimoz® Idacio® Simlandi® Yuflyma®
Etanercept	Enbrel®	Brenzys® Erelzi®
Glatiramer acetate	Remicade®	Avsola® Inflectra® Renflexis®
Rituximab	Rituxan®	Riabni® Riximyo® Ruxience™ Truxima™

Please see the "Biosimilar Biologics in Canada" guide prepared by Arthritis Consumer Experts (ACE) included in this issue *after Page 8*.

Taddle Creek

DIABETES
DIGEST

Type 2 Diabetes Remission

By: Francesca Chee, Registered Dietitian & Certified Diabetes Educator

Since Diabetes Canada released its updates in November 2022, “Type 2 diabetes remission” has become the latest buzzword in the diabetes realm. Below is a brief summary of key points from this update.

What is Type 2 diabetes remission?

Type 2 diabetes remission is achieving an A1C (3-month blood sugar average) in non-diabetes ranges after stopping diabetes medications for at least three months.^{1,2}



Is remission the same as a cure?

No, remission is not a cure. Rather, it is a temporary resolution of high blood sugars with the possibility of relapse and progression of Type 2 diabetes in the future.¹

Who may be a good candidate for Type 2 diabetes remission?

Type 2 diabetes remission is not suitable for everyone. Studies have shown that remission is more likely for individuals who have been diagnosed with Type 2 diabetes for a shorter duration (less than 6 years) and are not on insulin therapy. This is because the ability for beta-cells in the pancreas to produce insulin declines over time and some beta-cell function is required to achieve diabetes remission. People with Type 2 diabetes who carry excess weight, with the desire and circumstances to engage in weight loss, are also potential candidates for remission.¹

How to achieve Type 2 diabetes remission?

Diabetes Canada recommends three approaches to Type 2 diabetes remission²:

- **Bariatric surgery:** Individuals need to be assessed by the medical team and meet specific criteria to qualify for surgery.
- **Low-calorie diet:** Using meal replacement shakes as the sole source of nutrition for the first three to five months, followed by food reintroduction and regular exercise to support weight maintenance and prevent relapse.
- **Structured exercise program combined with calorie-restricted diet:** Aiming for 240 to 420 minutes of exercise a week, spread over five days of the week.

What are the potential benefits and risks of Type 2 diabetes remission?

Not having to take diabetes medications can mean lower medical costs and no concerns about medication side effects. For some, the prospect of remission may offer hope, choice and improve confidence in self-management. Having said that, “the long-term benefits of remission are currently unknown.”¹ Conversely, remission can deter people with high-risk medical conditions from taking certain diabetes medications that have organ protective properties (lowering the risk of heart and/or kidney disease). Furthermore, the recommended lifestyle approaches to remission demand substantial commitment to change, which can pose potential negative impacts on one’s self-esteem, mental health and quality of life.

What are the long-term outcomes of Type 2 diabetes remission?

At present, we do not know how Type 2 diabetes remission affects long-term outcomes such as cardiovascular events, kidney failure or life expectancy.² What we do know is that keeping A1C below a specific target (without the presence of low blood sugars) can greatly reduce the risk of chronic kidney disease and retinopathy (damage to the blood vessels in the eye).

It is normal to have mixed feelings about this new information. While we as health care providers are also grappling with the practical application of these guidelines, we encourage you to reach out, ask questions and discuss your goals for your diabetes management.

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Skin Cancer

By: Joanna Peddle, Nurse Practitioner



What is skin cancer?

Skin cancer is the most common type of all cancers. It can affect anyone regardless of skin colour. It is often caused

by exposure to the sun's ultraviolet (UV) light. UV light causes sunburn, which turns normal skin cells into abnormal cells. Sunburns are associated with wrinkles, skin cancer and cataracts. A sunburn is possible even on a cloudy day. Tanning beds also use UV light to give people a tan. The damaging effects of UV light build up over time and the risk increases the more exposure you have in your life.

The main types of skin cancer are basal cell carcinoma (BCC), squamous cell carcinoma (SCC) and melanoma.

BCC and SCC – What does it look like and what are the symptoms?

Non-melanoma types of skin cancer (BCC and SCC) are more common than melanoma and mostly affect areas of the body that get exposed to the sun's rays, like the head, face, neck, backs of the hands, arms and legs. These types of skin cancers are easier to treat because they tend to be slow growing. If untreated, they can become large or spread inside the body.

Skin cancer looks like an abnormal area of skin that can be pink, red, swollen, peeling, bleeding, thick or crusty. It can be a pink growth with elevated and rolled borders and central indentation. It can also appear as a persistent open sore that bleeds, oozes, crusts and never seems to heal. Some people can get scaly, rough or bumpy spots called actinic keratoses (AK), which have the potential of turning into skin cancer. AKs are often treated to prevent this from happening.

Melanoma – What does it look like and what are the symptoms?

Melanoma accounts for 5% of skin cancers and is a serious form of skin cancer. It can occur anywhere on the skin, including inside the mouth, nose and genitals. If untreated, it can spread to other organs in the body.

Melanoma looks like a mole, but it has features that differentiate it from normal moles. The features of melanoma are remembered as A, B, C, D, E.



Asymmetry: one half looks different from the other half.



Border irregularity: it has jagged or uneven borders.



Colour variation: it has a mix of colours like brown, black and red in the same mole.



Diameter: it is bigger than a pencil tip eraser (greater than 6 mm).



Evolution: there is changing size, colour or shape over time. Melanomas can also turn into sores that bleed.

Is there a test for skin cancer?

See your health care provider if you notice a new or changing spot on your skin. A biopsy can be done, which removes a small or entire area of the abnormal skin. The skin is then examined under a microscope to look for cancer.

How is skin cancer treated?

Skin cancer is most often treated with surgery or similar techniques, like cryotherapy, which destroys the cancer. Radiation and immunotherapy, and less often chemotherapy (in advanced cases), can also be used to kill cancer cells.

Can skin cancer be prevented?

Skin cancer can be prevented by protecting the skin from sunlight, which is important not just in summertime, as UV rays can reflect off snow, sand, water and concrete. Prevention strategies include:

- staying out of the sun in the middle of the day (from 10 am to 4 pm);
- wearing sunscreen and reapplying often;
- wearing a wide brimmed hat, long sleeved shirt and long pants; and
- avoiding tanning beds.

Sunscreen should be SPF 30 or higher and protect against UVA and UVB rays. Sunscreen should be reapplied after sweating, swimming, rubbing the skin and drying off with a towel. Wearing sunglasses with 100% UV ray protection can help prevent cataracts from forming.

References

1. UpToDate (Patient education: Skin cancer (non-melanoma); Patient education: Melanoma skin cancer; Patient education: Sunburn)
2. Canadian Skin Cancer Foundation (Skin Cancer; Prevention) <https://www.canadianskincancerfoundation.com>

Cont'd from page 3 (Coping with Chronic Pain)

Seek social connection. Being with safe, supportive others (people or animals) activates a nervous system response – the ventral branch of the vagal nerve – known as the “social engagement system.” This de-activates the stress response and brings the nervous system to a calm, safe and regulated state, which can in turn influence the pain pathways.

Engage in interests and hobbies. Practicing acceptance and shifting the focus of attention towards other aspects of one’s life and identity – such as hobbies or other interests – can help increase one’s sense of meaning, purpose, enjoyment and identity.

For support coping with chronic pain, speak with your primary care provider and check out the Mental Health Webinars on the TCFHT website by visiting <https://taddlecreekfht.ca/patients/healthcare-resources/> and clicking “Videos”.

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4. Health Canada. (2021). “Canadian Pain Task Force Report.” Retrieved from <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021.html>

Taddler Tips

A list of helpful resources about:

Budget-Friendly Food

Toronto Food Asset Map:

<https://www.google.com/maps/d/u/0/edit?mid=1MpTS0uhS8WNsUGAm0S8rce122crYP0IS&ll=43.70508286067336,-79.38920560000001&z=11>

Budget-Friendly Recipes:

<https://www.budgetbytes.com/>

Flipp (App) for Flyers and Sales:

<https://flipp.com/>

Too Good To Go (App):

<https://www.toogoodtogo.com/en-ca>



THE TADDLER

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790 Bay Street, Suite 306
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Editor: Marlie Standen and Victoria Charko

Editorial Team: Sherry Kennedy,
Margarita Tkalenko and Sarah Shaw

DISCLAIMER

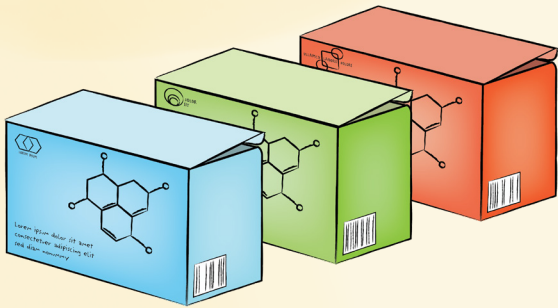
The information presented in The Taddler is for educational purposes only and should not be used as a substitute for the professional advice, treatment or diagnosis from your health care provider. Contact your physician, nurse practitioner or other qualified health care professional if you have any questions or concerns about your health.

The purpose of the TC FHT Newsletter, “The Taddler” is to provide:

Education on varied health-related topics
Regular communication about what is happening at TC FHT
Information on issues that impact TC FHT and its patients
A means for patients to get acquainted with TC FHT team members
We hope you enjoy reading it!

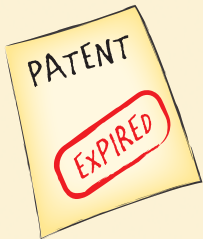
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Biosimilar biologics in Canada

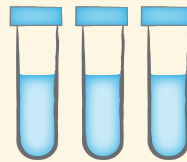


A biosimilar biologic is highly similar to its originator biologic

Biosimilar medicines are biologic treatment options for patients living with chronic, disabling and life-threatening diseases, including inflammatory arthritis, cancer, diabetes, inflammatory bowel disease, multiple sclerosis and psoriasis.



After an originator biologic's patent expires, other companies are allowed to produce their own biosimilar version of it. Because biosimilars are produced post-patent, biosimilar manufacturers do not have the same costs to bring the product to market and can therefore offer it at a lower price.¹



Biosimilar biologics have the same active ingredients as the originator biologic and have been shown to be as safe and effective.



Since 2009, Health Canada has approved 50 biosimilars.



Biosimilars can improve access to high quality medicines and save public and private drug plans billions of dollars now and over the coming years



Biologic medicines make up some of public and private drug plans' largest drug expenditures, accounting for \$4.4 billion of public drug program spending (29.4% of total spending) in 2021.²



Biosimilar savings can be reinvested into public and private drug plan budgets making it possible to add new medications.



British Columbia was the first province to implement biosimilars transition policy in 2019 and will save more than \$227 million by 2024.



Biosimilar savings can help improve non-medication elements of care that patients need, such as specialized nursing, counseling, physio- and occupational therapy.



Biosimilars savings can modernize "special access criteria," removing the need for patients to fail on older therapies before approving reimbursement for biosimilars.

Transitioning to a biosimilar biologic



“Medical transition” occurs when a patient, not doing well on their current originator or biosimilar, is transitioned to another originator or biosimilar to regain maximum disease control.



“Policy transition” occurs when a public or private drug plan’s reimbursement policy change necessitate patients to move from their originator to its biosimilar, usually because it is significantly less expensive.



Under a transition policy, patients have a certain period to discuss transitioning from an originator to a biosimilar with their prescriber and get a prescription for the biosimilar to keep their drug plan coverage.

Through the successful introduction and implementation of biosimilar transition policies, Ontario, British Columbia, Quebec, Alberta, New Brunswick, Northwest Territories, Nova Scotia and Saskatchewan are using biosimilars savings to improve the sustainability of their drug plans by adding new medicine listings and boosting existing medication coverage.

Transitioning is safe and effective



Transitioning from an originator to its biosimilar has been safely and effectively practiced over the past 17 years with hundreds of thousands of patients with autoimmune diseases in Europe and North America with no compromise to patient safety, effectiveness or quality of care.



According to Health Canada: “No differences are expected in efficacy and safety following a change in routine use between a biosimilar and its reference biologic drug in an authorized indication.”³

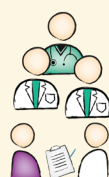


Prior to transitioning, both physicians and their patients must be fully informed and have all available information about the biosimilar medicine, such as details about the reimbursement policy, patient support program information, including contact names and phone numbers.



Learn more about biosimilars

Visit the **Biosimilars•Exchange** – Canada’s trusted source for timely news and information on biosimilar biologics.



Share facts about biosimilars

Share this biosimilars infographic with another patient, with your health care professional, your family or anyone else you know who is having a conversation about biosimilars as an advanced therapy option.

1. Canadian Agency for Drugs and Technologies in Health (CADTH): Biosimilar Drugs: Your Questions Answered
https://www.cadth.ca/sites/default/files/pdf/biosimilar_drugs_patient_en.pdf

2. Canadian Institute for Health Information. Prescribed Drug Spending in Canada, 2021. Ottawa, ON: CIHI; 2022. Infographic
<https://www.cihi.ca/en/prescribed-drug-spending-in-canada>

3. Health Canada Fact Sheet on Biosimilars: Switching
<https://www.canada.ca/en/health-canada/services/drugs-health-products/biologics-radiopharmaceuticals-genetic-therapies/applications-submissions/guidance-documents/fact-sheet-biosimilars.html#a17>

Taddle Creek Family Health Team

Jun 2023 - Dec 2023 Groups/Workshops/Drop-In Offerings

Groups/Clinics are open to Taddle Creek Family Health Team patients
 Additional information is available on the Programs and Services drop down menu,
 see website: <https://taddlecreekfht.ca/>
 Dates are subject to change

Event	Date(s)	Time	Learn About/Assistance With
CBT for Insomnia Group Virtual Call 416-260-1315 Note: MD referral required	Sep 5 - Oct 3, 2023	Tuesdays 5:00 - 7:30 pm	<ul style="list-style-type: none"> How cognitive behavioural therapy (CBT) is used when treating insomnia Techniques to help you get quality sleep that will promote good physical and mental health How our minds and thoughts contribute to insomnia Practicing mindfulness to reduce stress and help you get to sleep
Mindful Nutrition Group Virtual Call 416-260-1315 to register for the group	Sep 13 - Nov 15, 2023 7 Sessions to complete	Wednesdays 5:30 - 7:00 pm	<ul style="list-style-type: none"> Increase in mindful eating practices Healthier relationship with food and your body Adoption of intuitive eating principles Decrease in emotional eating episodes
Intuitive Eating with Diabetes Group Virtual Call 416-204-1256	Sep 12 - Oct 24, 2023 7 sessions to complete	Thursdays 2:30-5:00 pm	<ul style="list-style-type: none"> Creating a healthy relationship with food, mind and body Getting in touch with your body's signals of hunger, fullness and satisfaction Mindful meditation and relaxation exercises Strategies to cope with anxiety, depression, stress, fear and guilt around managing diabetes
Blood Sugar Management Workshop Virtual Call 416-204-1256	Jun 7, 2023 (Part 1) Jun 14, 2023 (Part 2) Jun 22, 2023 (Part 1) Jun 29, 2023 (Part 2) Jul 5, 2023 (Part 1) Jul 13, 2023 (Part 2) Jul 20, 2023 (Part 1) Jul 27, 2023 (Part 2) Aug 2, 2023 (Part 1) Aug 9, 2023 (Part 2) Aug 17, 2023 (Part 1) Aug 24, 2023 (Part 2)	Wednesdays 9:00 - 11:00 am 9:00 - 11:00 am Thursdays 5:00 - 7:00 pm 5:00 - 7:00 pm Wednesdays 9:00 - 11:00 am 9:00 - 11:00 am Thursdays 5:00 - 7:00 pm 5:00 - 7:00 pm Wednesdays 9:00 - 11:00 am 9:00 - 11:00 am Thursdays 5:00 - 7:00 pm 5:00 - 7:00 pm	An introductory two-part series designed to help individuals living with prediabetes or diabetes. Workshops will be held over Zoom. Part 1: Getting Started <ul style="list-style-type: none"> What is diabetes? What causes diabetes? How is prediabetes/diabetes diagnosed? How do I prevent long term complications related to diabetes? Is diabetes reversible? Part 2: Taking Charge <ul style="list-style-type: none"> How can I manage my blood sugars? What can I eat when I have prediabetes/diabetes? Can exercise help with prediabetes/diabetes? How does stress impact my prediabetes/diabetes?

Event	Date(s)	Time	Learn About/Assistance With
Blood Sugar Management Workshop Virtual Call 416-204-1256	Sep 6, 2023 (Part 1) Sep 13, 2023 (Part 2)	Wednesdays 9:00 - 11:00 am 9:00 - 11:00 am	An introductory two-part series designed to help individuals living with prediabetes or diabetes. Workshops will be held over Zoom. Part 1: Getting Started <ul style="list-style-type: none"> • What is diabetes? • What causes diabetes? • How is prediabetes/diabetes diagnosed? • How do I prevent long term complications related to diabetes? • Is diabetes reversible? Part 2: Taking Charge <ul style="list-style-type: none"> • How can I manage my blood sugars? • What can I eat when I have prediabetes/diabetes? • Can exercise help with prediabetes/diabetes? • How does stress impact my prediabetes/diabetes?
	Sep 21, 2023 (Part 1) Sep 28, 2023 (Part 2)	Thursdays 5:00 - 7:00 pm 5:00 - 7:00 pm	
	Oct 4, 2023 (Part 1) Oct 11, 2023 (Part 2)	Wednesdays 9:00 - 11:00 am 9:00 - 11:00 am	
	Oct 19, 2023 (Part 1) Oct 26, 2023 (Part 2)	Thursdays 5:00 - 7:00 pm 5:00 - 7:00 pm	
	Nov 1, 2023 (Part 1) Nov 8, 2023 (Part 2)	Wednesdays 9:00 - 11:00 am 9:00 - 11:00 am	
	Nov 16, 2023 (Part 1) Nov 23, 2023 (Part 2)	Thursdays 5:00 - 7:00 pm 5:00 - 7:00 pm	
	Dec 6, 2023 (Part 1) Dec 13, 2023 (Part 2)	Wednesdays 9:00 - 11:00 am 9:00 - 11:00 am	
	Dec 14, 2023 (Part 1) Dec 21, 2023 (Part 2)	Thursdays 5:00 - 7:00 pm 5:00 - 7:00 pm	