

Magazica

Issue August 2025

Health

Hope, Happiness

From Dopamine
and Brain
Chemistry to
Business Strategy
That Drives
Entrepreneurs

Understanding
Sensory
Sensitivities
and How
Occupational
Therapy Can
Help Children
with Autism
Navigate the
World

Hot *Plates*,
Hidden *Risks*

And plenty more to
explore on *Magazica*

Why Better Sleep
Is Still a Privilege
for Many

Your
Skin
Is Talking

NEIL SEEMAN

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Magazica

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Interview

*With
a Canadian
author,
educator, and
innovator in
health systems*

Neil Seeman



Neil Seeman is a Canadian author, educator, and innovator in health systems, whose work combines data science, mental health, and public policy. He founded RIWI Corp., co-founded Sutherland House Experts, and serves as a senior fellow at the University of Toronto's Institute for Health Policy. A prolific essayist and researcher, Neil has been published extensively in leading journals and media outlets. His latest book, *Accelerated Minds*, examines the entrepreneurial mindset and was named a "must-read" by The Next Big Idea Club. He is recognized for promoting compassionate, data-driven approaches to health and innovation.



From Dopamine and Brain Chemistry to Business Strategy That Drives Entrepreneurs:

A Deep Dive with Neil Seeman on What Makes Us Tick

Imagine a man whose second word as a child was "dopamine." Raised in a medical lab, Neil Seeman grew up immersed in the science of the mind. Now he's a lawyer, educator, essayist, and CEO—but most of all, a mental health advocate cracking open the hidden systems that fuel our behavior. Whether he's teaching public health at the University of Toronto, studying entrepreneurs' brains, or

challenging society's view of obesity, Neil is here to simplify what others complicate. In this raw and revelatory conversation, he shares lessons that might just rewire how you think about ambition, vulnerability, and what success really takes.

Magazica: Dear viewers and readers, today we have with us Neil Seeman. He is an associate

professor in health systems policy at the University of Toronto's Dalla Lana School of Public Health. Neil spends his time digging into—well, we can phrase it like this—what makes people tick. He explores the hidden forces, the brain chemistry, and the systems that shape our actions.

He examines the intense mix of drive and vulnerability in high achievers, looking at the role of brain chemistry. He challenges standard public health approaches, asking why the one-size-fits-all approach often fails, and advocates for solutions based on individual complexity. It's a compelling look at the fundamental mechanisms impacting our well-being.

Ultimately, what Neil offers his readers and listeners is a compelling lens—one that helps us understand how to build better habits, navigate challenges, and design environments for well-being.

Neil Seeman, thank you for being with us. It's a genuine pleasure to have this conversation.

Neil Seeman: Thank you. I'm honored to be here and look forward to the conversation. That was a very good synopsis of the things I try to do.

Magazica: Thank you very much. Let's start with your book. The first one, *Accelerated Minds*, explores the unique drivers of entrepreneurs. What personal observation or experience—or maybe an “aha” or “eureka” moment—first led you to dive into this fascinating connection between entrepreneurial drive and mental health?

Neil Seeman: Thank you, Shuman. There were two key moments. The main word I associate with entrepreneurship is failure. Most entrepreneurial ventures fail—about 90 percent, and that's probably a conservative estimate.

What struck me about entrepreneurship is that even among—and especially among—entrepreneurs who are commercially successful, I was seeing a lot of debilitating self-harm, high degrees of suicidality, depression, anxiety—truly terrible conditions. I found that deeply concerning.

After my father died in January 2021—he was one of the greatest brain researchers in Canadian history and discovered the dopamine D2 receptor in the brain, where dopamine attaches—I began reading his manuscripts. I started thinking that the same dysregulation that occurs in the brains of people who suffer from psychosis might also affect high-achieving entrepreneurs. I began researching and speaking to scientists around the world, and they helped validate my hypothesis.

Magazica: Is that the reason you started your book with the crisis of entrepreneurship in the first chapter? Then you defined dopamine—how it works and its dangers—and closed with a chapter on remaking the entrepreneur's world. What do you mean by that? Could you offer a brief synopsis for our readers and viewers?

Neil Seeman: Yes. The current entrepreneurial world is very fast-paced. There's a lot of messaging telling people they need to exit quickly and succeed rapidly. I want to slow it down.

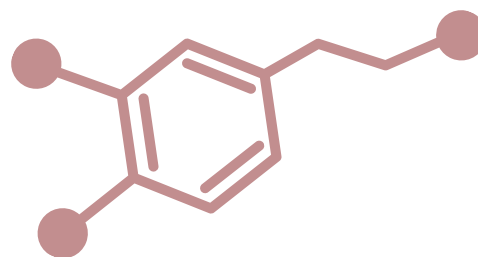
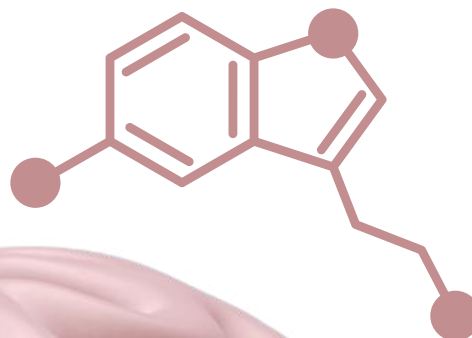
Historically, entrepreneurship was viewed as a gradual process. Over the last 10 to 15 years, we've seen acceleration due to the internet and technology. Expectations around venture success have sped up dramatically, and I believe that's gone too far.

I want to change the messaging, especially for young people, who actually understand this better than people my age. I want to help them appreciate that entrepreneurial ventures are slow builds. You're solving problems—new or old—and you're building those solutions over time.

Magazica: Research shows entrepreneurs face mental health challenges at notably higher rates, which you also mentioned in the book. Beyond the statistics and figures, what does this tell us about the systems or environments surrounding entrepreneurship? And what can we learn from this about human resilience and vulnerability—another topic you write and speak about so powerfully?

Neil Seeman: That's a great question, and it ties deeply into the concept of resilience and dopamine. The current entrepreneurial system is not aligned with human psychology. Human psychology is inherently reflective and resilient—that's who we are. Dopamine in the brain doesn't just attach to achievement; it attaches to the expectation of achievement.

That's what entrepreneurs—particularly what I call “fast-money entrepreneurs,”—increasingly chase. Much like addiction, it's the anticipation of that success, the moment when you first share your vision with others, that provides the



biggest dopamine hit.

That expectation is what dopamine attaches salience to, and we spend our time chasing that first high. Like with addiction, you can't recapture that moment, which makes resilience especially hard for certain types of entrepreneurs.

Magazica: Staying with that connection to dopamine, your book explores dopamine's dual nature. For entrepreneurs, it powers success but also links to vulnerability. Could you explain how this single neurotransmitter can drive both incredible progress and potential struggle in an entrepreneurial brain?

Neil Seeman: Dopamine is like rocket fuel—it's the superpower that energizes the entrepreneurial brain. But it can become dysregulated. Here's how dopamine works: it's a brain chemical that binds to one of five dopamine receptors. My father, Philip Seeman, discovered the D2 receptor, to which dopamine attaches.

But it's not just the attachment that matters. The speed of dopamine release is crucial. For instance, gambling and addiction are associated with some of the highest speeds of release. In the entrepreneurial brain, if dopamine isn't regulated—if it's too fast—it creates a kind of pressure. That's why I advocate for messaging that slows down entrepreneurial systems and resists the demand for unrealistic, rapid commercial success.

Magazica: Your work also touches on a

fascinating philosophical shift in entrepreneurship—from stoicism to Epicureanism. It addresses the mindset most people have around the need for quick financial gain. What does this shift mean for the daily habits and inner well-being of high-performing individuals?

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Neil Seeman: Entrepreneurs often beat themselves up. In media, we usually hear only about spectacular successes or spectacular failures. What's missing are stories about the vast majority of entrepreneurs—quiet builders working across trades and industries beyond tech—who are the real drivers of prosperity.

Historically, entrepreneurs were stoic—slow-moving, thoughtful. Many still are. But investor ecosystems now pressure them to move fast and chase dopamine highs. The shift toward Epicureanism reflects this demand: the thrill of the fast release, the expectation of success.

Social media exacerbates this pressure. Young people often tell me it's overwhelming. They only see people boasting about rapid wins, which can make thoughtful, slow-building entrepreneurs feel inadequate.

Many of these individuals are “all-or-nothing” thinkers. They're vulnerable to self-criticism and anxiety. So, this cultural pressure pulls us away from stoic entrepreneurship toward what I call fast-money entrepreneurship—an emphasis on exits and inflated expectations. The hockey stick curve, market capitalization tables, and obsession with scaling quickly have become pervasive.

Now, all of that said, I should emphasize—entrepreneurship is tremendously exciting. We live in a time of great ideas and innovation. But we also need to promote a healthy approach to entrepreneurship.

Magazica: The way you present this argument—it's not just about entrepreneurs, is it? Couldn't this apply to professionals in fintech, HR, accounting—anyone caught in the fast-paced corporate race?

Neil Seeman: Absolutely. These dynamics ripple throughout the entrepreneurial ecosystem. You can be an entrepreneur inside a large organization—I call those people “intrapreneurs.” They operate beyond the founder role but still drive innovation.

Founders, though, do have unique traits. They might be writers, magazine founders like you, or podcasters—creative people launching new ideas. The partners of entrepreneurs are also

essential to consider. They're often closest to the entrepreneur and most exposed to the ups and downs.

Investors, board members, and advisors need to understand the specific vulnerabilities of people prone to dopamine dysregulation. This can show up in large corporations too. HR departments must be aware of this because it directly affects retention. These individuals are often highly productive, but they may leave if they're misunderstood or unsupported.



Magazica: While reading *Accelerated Minds*, I noticed you shared personal details: your father was a major thinker in neuroscience, and your mother's work was also aligned with the field. Yet you and your siblings didn't go into medicine or scientific research.

Later, when you began reading your father's papers, it seemed like a calling, as though you should be a flag bearer of that legacy and spearhead the continuity of knowledge. Everything you've written in *Accelerated Minds*—and we'll get to your second book—feels rooted in that. Is it connected to your personal experience and the way you grew up? Could you shed a little light on that?

Neil Seeman: Thank you, Shuman. Yes, it's entirely aligned with my life. Everything I do is in honor of my parents. I returned to the University of Toronto as faculty in tribute to them. Many of the entrepreneurial and social impact initiatives I pursue aim to share their message and advocate for individuals at risk of mental health challenges.

There's a real connection. I was raised in a lab—literally—in the Medical Sciences Building, just a few hundred meters from where I am right now. According to my parents, my second word as a toddler was “dopamine.”

I grew up immersed in the field. That's how I learned about mental health—and addiction, in particular—which has always fascinated me. My brothers and I are all entrepreneurs in different ways, and our paths are inherently linked to that upbringing and our parents' work.

After my mother passed away, I felt an even stronger obligation to continue their legacy. She was a women's health and mental health researcher. Her work focused on estrogen in the brain, and together with my father, she contributed meaningfully to destigmatizing mental health.

We forget that in the 1960s and 1970s, even respected outlets like *The New York Times* ran headlines suggesting children's mental illnesses were caused by bad parenting—particularly blaming mothers. It took time and people like my parents and their colleagues around the world to prove that these conditions had biological foundations. It wasn't the mother's fault—it was brain chemistry.

Their work inspired me. To this day, I strive to help families, caregivers, and parents understand that when someone suffers from a mental health condition, it's not a reflection of their parenting. It's not their fault.

Magazica: What I've come to realize is that everyone wants a genius child—but no one wants to be a genius parent.

Neil Seeman: I don't know if I've ever met a genius parent.

Magazica: The environment you grew up in sounds remarkable—your parents were actively working to destigmatize these issues through science. That's a privilege.

Neil Seeman: Yes, it absolutely is. I often measure the success of my day by whether I've furthered their mission or deepened public

understanding of the knowledge they shared. What's fascinating is that when I published *Accelerated Minds*, I assumed my core audience would be business owners—people in their forties and fifties.

But I soon discovered four unexpected groups were reaching out the most. First were new immigrants to Canada and North America. Second were women entrepreneurs. Both are populations I've come to realize are often bullied in entrepreneurial circles.

The third group were caregivers and partners of entrepreneurs—those closest to them, who bear the emotional weight often overlooked. We forget that entrepreneurship is not a solo endeavor. It's a family unit.

The fourth group was teenagers. Young people seem to genuinely admire entrepreneurs, but they're also far more familiar and open about mental health conditions. Speaking at high schools has been incredibly rewarding. I find so much hope and inspiration in this next generation.

Magazica: That's powerful. What's also interesting is how your book feels like a post-COVID phenomenon. I believe the first edition came out in 2023?

Neil Seeman: Yes, right after COVID. Entrepreneurship was surging globally—torquing into high gear. There are many theories on why that happened. COVID accelerated innovation, pushed people to escape traditional work environments, and expanded the remote workforce.

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And in just a few weeks, *Accelerated Minds* will be released in Japan. I'm very excited about that. The publisher is Toyo Keizai, a respected name in business and economics.

Magazica: Wow, congratulations!

Neil Seeman: Thank you. The message has resonated globally, and I'm grateful for that. It's had a lasting impact. I've been invited to speak at stock exchanges, banks, and various institutions. There's been strong receptivity to the ideas. I'm proud to be part of a growing movement that's spreading this message around the world.

Magazica: Just as a footnote—I started reading your first book, *Accelerated Minds*, and passed it along to my son's therapist, who's been working with him for the past nine years. She loved it.

Neil Seeman: Oh, thank you! That's really meaningful.

Magazica: I loved it too. She works with the Geneva Convention, and she was thrilled. I told her I'd pass the good words along to the author.

Neil Seeman: Well, thank you.

Magazica: Now you have to read the second one—*Double-XL*. She said she will! So while we were searching for it, we noticed *Accelerated Minds* was published by Sutherland, but the book we're now discussing is your earlier work, *Triple-XL: Obesity and the Limits of Shame*, published by University of Toronto Press in 2011. That's quite significant. How did your focus shift from the medical environment you grew up in toward the topic of obesity in *Triple-XL*? Do you see any behavioral patterns or impulse dynamics that link entrepreneurial drive with the challenges many people face around food and weight?

Neil Seeman: Yes, absolutely. The same impulse control issues show up across both domains—entrepreneurship and obesity—in very complex ways. Obesity is what we call a “wicked problem.” It's systemic, societal, and not reducible to personal failure. It's shaped by cultural, socioeconomic, and familial factors. We have to resist oversimplifying it.

Emotional dysregulation affects both entrepreneurs and those prone to obesity. They tend to be “all-or-nothing” thinkers. Entrepreneurs chase success or spiral into failure, often blaming themselves. Similarly, people who struggle with overeating may pursue extreme diets—and we know that diets fail around 90% of the time. These internal

narratives become self-defeating.

Magazica: That's definitely true. In *Double-XL*, you challenge traditional shame-based public health campaigns around obesity. That theme is central right from the book's introduction—the genesis of shame. Why do these one-size-fits-all messages often fail to create meaningful change in individual behavior? What can we learn from that in terms of forming healthier habits?

Neil Seeman: The last thing someone living with obesity needs to hear is that obesity is bad. They already know that. They're inundated with messaging—especially via social media—about the medical risks and chronic conditions linked to obesity.

The problem is they internalize shame. These top-down messages only intensify that. What we need instead are tailored, sensitive approaches that consider individuals' unique circumstances.

The reception to *Double-XL* was fascinating. It came out at a time when childhood obesity was on the public agenda, largely thanks to First Lady Michelle Obama, and received considerable attention in the U.S.

Scientists and researchers who study obesity embraced the book. But libertarian economists mocked it—they misunderstood the message, assuming I was advocating widespread government subsidies. That wasn't the case.

My co-author, a leading Canadian economist, focused on the economic drivers of obesity,

which are incredibly complex. We aimed to show how public health messaging could be reshaped—not simplified, but personalized.

Since the book's publication, we've seen meaningful shifts in public health campaigns. I wouldn't claim we're solely responsible, but the community began to recognize the harm of shame-based messaging. In the U.S., particularly in New York, subway ads openly mocked people with obesity—those campaigns were devastating. Thankfully, they've largely disappeared.

Magazica: Considering your two books and your work at the University of Toronto—how does this intellectual osmosis work? You've got your father's manuscripts, your mother's research, growing up in a scientific household—that's your personal intellectual bank. Then there's the academic rigor from teaching at the Dalla Lana School of Public Health. How does that blend? How much does your personal study and curiosity influence your teaching and broader work?

Neil Seeman: That's a beautiful question. The exchange between personal curiosity and academic rigor is constant—it's enriching and humbling. My teaching is informed by what I grew up with, and my writing is shaped by the conversations I have in the classroom.

The Dalla Lana School is filled with brilliant minds. Interacting with students, colleagues, and researchers challenges me to think more deeply and question assumptions. It's not one-way—it's an ongoing dialogue. It sharpens both my writing and my worldview.

The values my parents instilled—curiosity, compassion, and scientific skepticism—are alive in my classroom. Whether I'm writing about entrepreneurial resilience or systemic obesity, those core lessons remain at the heart of what I do.

Thank you, Shuman. What this journey has increasingly taught me is that we must pay attention to individual behavior when designing



systems. We can't sketch out a framework on a chalkboard and expect it to work universally. A solution that works in one country won't necessarily apply in another with a different culture.

Take eldercare, for example. I've become more sensitive to the social isolation of older individuals. Many aren't using apps or digital tools. They're alone, often in their apartments, without partners. We need to study how they actually live.

In France, they've conducted experiments where postal workers check in with isolated seniors. In Canada, we've seen success with naturally occurring retirement communities—where social workers engage with residents directly. These are examples of going to where people are, rather than expecting them to conform to a system. It's a public health lesson—match the system to behavior, not the other way around. Many others share this view, and it's something I've realized across a range of societal challenges.

Magazica: Absolutely. And looking ahead, considering the pressures entrepreneurs face and the complexity of public health challenges like obesity, do you see any signs of hope? Are systems starting to evolve to better support individual well-being?

Neil Seeman: Definitely. In the public health field—among both academics and practitioners—there's a growing recognition that we must evaluate individual behavior before designing policy. We need empathy and understanding before we scale.

In addition, for instance, there has been a shift toward destigmatization. Public health efforts now focus on learning from individuals rather than prescribing universal solutions.

On the entrepreneurial side, the Founders Mental Health Pledge is one example. It has now reached tens of thousands of organizations across more than 40 countries. Importantly, it's not fueled by government money—it's driven by founders themselves. They're committing resources upfront to help both entrepreneurs and early-stage employees access mental health support when they feel disconnected or overwhelmed.

I've seen widespread discussions, a shift in narrative. Young people are increasingly aware of the mental health challenges associated with entrepreneurship. It's hopeful. Very hopeful.

Magazica: And finally, for our listeners and readers—whether they identify with having an “accelerated mind,” as you say, or are navigating personal health journeys, recovery, or making lifestyle changes like overcoming obesity—what is one practical idea you'd encourage them to explore?

Neil Seeman: I recommend something I call radical self-compassion. When I first began engaging with this concept, I heard about helpful strategies—meditation, journaling, and mindfulness. These are valuable. But the real core is objectivity: learning to see your condition and your self-defeating narratives with dispassion.

A practical way to do this is to imagine advising a close friend or family member going through

the same situation. What advice would you give them? Apply that same gentleness and wisdom to yourself.

And laugh. Laugh for 15 minutes a day if you can. Entrepreneurship—and life—is filled with absurd juggling acts. Humor creates healthy distance. It helps you stop being caught up in yourself and start observing your struggles with perspective. That's the heart of radical self-compassion.

Magazica: What a beautiful takeaway to end on. Neil Seeman, it has been an absolute pleasure. Thank you for sharing your insights with us and with our readers and viewers.

Neil Seeman: Thank you, and to your entrepreneurial endeavors—congratulations. And thank you to all those who support entrepreneurs: the families, the friends, and everyone affected by their work. I appreciate it deeply.

Magazica: Thank you.





Why Better Sleep Is Still a Privilege for Many

By Editorial Team

We all know sleep is essential—something we can't live without. Yet, while some people wind down each night in a quiet room with blackout curtains and memory foam mattresses, others are tossing and turning under flickering streetlights or squeezing in a few hours of rest between late shifts. The truth is, getting a good night's sleep isn't as equal or accessible as we'd like to think.

Though we often hear that sleep is “free,” research shows that better sleep has quietly

become a privilege—strongly influenced by where you live, how much money you make, and the color of your skin. From overcrowded housing to chronic stress, the factors that disturb sleep are not spread equally. And the consequences are far-reaching, from poor mental health to long-term chronic illness.

The Sleep Gap You Didn't Know About

A growing body of research shows a clear divide in who gets healthy, restful sleep—and

who doesn't. Racial and ethnic disparities in sleep are well documented, particularly in North America. According to both the U.S. Centers for Disease Control and Prevention (CDC) and a 2021 review in *Sleep Medicine Reviews*, Black and Hispanic individuals consistently report shorter sleep durations and lower sleep quality than their white counterparts—even after accounting for variables like age and health status (Grandner et al., 2021; CDC, 2023).

This isn't due to personal choices or habits. Rather, these disparities are rooted in social and environmental conditions. People from racialized or low-income communities are more likely to live in noisy or overcrowded housing, work irregular or overnight shifts, and face daily stressors such as financial insecurity or discrimination. These stressors can increase cortisol—the body's stress hormone—which is known to disrupt the body's natural sleep cycle (NIH, 2023).

When Rest Is Out of Reach

Poor sleep is not just about feeling tired. It carries serious health risks. Chronic sleep deprivation has been linked to heart disease, diabetes, obesity, depression, and even premature death. It also affects focus, decision-making, and emotional regulation, influencing everything from school performance to workplace productivity.

For example, someone working two jobs with unpredictable hours may be constantly sleep-deprived—not because they don't value rest, but because life simply doesn't allow it. Single parents, gig workers, and essential employees

are among the groups hit hardest. Their sleep is often fragmented, shallow, or delayed, with little time for recovery.

Environmental factors play a big role, too. Imagine trying to sleep while sharing a bedroom, or when your window faces a busy road. Add to that exposure to neighborhood noise, inadequate heating or cooling, and poor air quality, and it's no wonder some people struggle to get the rest they need.

Sleep and the Wealth Divide

Meanwhile, those in wealthier households often enjoy better sleep—not just due to quieter neighborhoods, but thanks to access to healthcare, mental health services, and even luxury sleep aids. From high-tech mattresses and sleep-tracking wearables to therapist-guided sleep coaching, there's a growing market for premium sleep solutions that most people can't afford.

And it's not just about products. Access to stable housing, safe neighborhoods, and flexible work schedules plays a major role in determining sleep quality. Sleep has become another example of how health outcomes are deeply tied to social and economic privilege.

Bridging the Gap

Thankfully, awareness is growing. Experts argue that sleep should be treated as a public health priority, not just a personal responsibility. Recommendations to address sleep inequality include:

- Policy changes for shift workers, including predictable schedules and mandatory rest periods
- Affordable housing initiatives to reduce overcrowding and improve sleep environments
- Community-based sleep education that addresses real-life barriers, not just lifestyle tips
- Better access to sleep clinics and mental health resources in underserved areas
- Workplace wellness programs that promote rest and recovery, especially in high-stress industries

Some cities and public health organizations have begun integrating these ideas into broader health equity plans. But much more is needed to make sleep a right, not a luxury.

Wake-Up Call

It's time to stop thinking of sleep as a personal choice or indulgence. It's a biological necessity—one that impacts every aspect of our well-being. But as long as social and economic systems continue to distribute stress, housing, and opportunity unevenly, sleep will remain just another line dividing the haves from the have-nots.

In the end, sleep inequality is not just about bedtime routines—it's a reflection of how we live, work, and care for one another. And it's a reminder that even something as universal as rest can be shaped by inequality.

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How Ontario's Structured Psychotherapy Program Is Transforming Mental Health Access

By Editorial Team

Mental health care in Canada has long been plagued by long waitlists, inconsistent availability of therapy, and high out-of-pocket costs. In Ontario, however, a transformative initiative is changing the game: the **Ontario Structured Psychotherapy (OSP) Program**.

This publicly funded, evidence-based program is now a cornerstone of Ontario's strategy to improve access to mental health care, offering timely and targeted treatment for adults experiencing depression, anxiety, and related conditions. The goal? To ensure that mental health care is no longer a privilege—but a

basic, accessible right.

From Crisis to Care

Mental health disorders affect one in five Canadians each year. Yet, despite growing awareness, many Ontarians still find it difficult to access therapy that is affordable, high-quality, and timely. That's where OSP comes in.

Funded through Ontario's Roadmap to Wellness initiative and administered in partnership with regional health organizations like St. Joseph's Health Care London, the Centre for Addiction and Mental Health (CAMH), and Ontario Shores Centre for Mental Health Sciences, OSP is designed to fill the gap between need and service delivery.

Rather than relying on traditional models that often left people waiting months for therapy, OSP introduces a "stepped care" approach that matches the level of intervention to each individual's needs. It's practical, efficient, and—most importantly—proven to work.

What It Offers

At its core, OSP provides short-term cognitive-behavioural therapy (CBT)—one of the most effective treatments for anxiety and depression. The therapy is structured, skills-based, and focuses on changing patterns of thinking and behavior to improve daily functioning.

What sets OSP apart is its flexible delivery:

- Self-led support with guidance from trained coaches, using tools like the BounceBack program, allows participants to begin therapy on their own schedule.
- Group or individual therapy, available virtually or in-person, provides deeper support when needed.
- Measurement-based care tracks progress over time through regular assessments, ensuring that each person receives the right level of care throughout their journey.

Accessibility and Inclusion

OSP is open to any Ontario resident aged 18 and up who is dealing with depression, anxiety, PTSD, or related conditions. Individuals can access the program through referrals from healthcare providers—or they can self-refer via regional intake portals like [OSPWest.ca](https://ospwest.ca) or [Ontario Shores](https://ontarioshores.ca).

For many, this direct access represents a crucial shift away from a bureaucratic system toward one centered on the patient.

The program also accounts for cultural sensitivity and language accessibility. Some regional sites are actively working to expand their services to include multilingual clinicians and culturally responsive approaches for Indigenous, Francophone, and newcomer communities.

A Measured Success

The structure of OSP is not just about efficiency—it's rooted in evidence-based outcomes. Progress is measured using standardized tools

like the GAD-7 for anxiety and the PHQ-9 for depression. This “measurement-based care” ensures that treatment remains responsive and personalized.

If a participant is not improving with self-led tools, they can be stepped up to one-on-one therapy. Likewise, those whose conditions worsen can be referred to more intensive programs.

As of early 2025, OSP has supported tens of thousands of Ontarians, many of whom report significant improvements in mood, daily function, and coping ability.

Challenges and Limitations

Of course, OSP isn’t a solution for everyone. There are exclusionary criteria, including active suicidal ideation, recent psychotic episodes, or complex personality disorders, which may require more intensive care than OSP provides. These individuals are guided toward more appropriate services.

There are also logistical challenges in ensuring consistency across regions, managing demand, and training enough clinicians. Yet the overall trajectory remains promising.

A Glimpse Into the Future

As Ontario continues to expand OSP, the province is setting a benchmark for what accessible, effective mental health care can look like. With its focus on outcomes, flexibility, and client empowerment, OSP represents a fundamental rethinking of how therapy is delivered in public health systems.

For many Ontarians, this means something profound: getting help when they need it, without delay, stigma, or financial strain. It’s not just therapy—it’s a pathway to wellness.

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Federal Boost for French-Language Services in Minority Communities

By Editorial Team

In an effort to improve inclusivity and accessibility, the Government of Canada has increased its investments in French-language services for minority communities. The new funding, being made available across the

country, has been put in place to support bilingualism, promote linguistic rights and the needs of Francophones living outside of Quebec.

The most recent of these announcements, made in May 2025, is an \$8.25 million federal

investment delivered through the Société Santé en français (SSF) to directly fund 12 projects in the country from 2023-2028. The funding was made available to French-speaking minority communities to help bridge gaps in access to healthcare services for Francophone and Acadian populations. Each of the 12 projects, funded through Health Canada's Official Languages Health Program, will work to create sustainable and culturally appropriate healthcare models for French-speaking Canadians across the country.

The Canadian federal government has also seen action on this issue at the provincial level. In July 2024, Ontario—which has the largest population of Francophones outside of Quebec—received a \$1 million increase to its Francophone Community Grants Program (FCGP) in 2024–2025.

The increase in the program's budget, part of the Canada-Ontario Agreement on Minority-Language Services, now provides the program with \$3 million annually to invest in over 70 projects improving services and programs in French, increasing Francophone workforce recruitment, as well as advancing the cultural and economic prosperity of Ontario as a whole.

On a related note, the Canadian federal government's Department of Justice has been taking steps to address another facet of French language equality in Canada: access to justice. The department's Access to Justice in Both Official Languages Support Fund, through which federal government funds and distributes can be applied for under three categories of targeted funding: legal information services,

bilingual training and skills development for justice professionals, and services for vulnerable populations in official language minority communities. By working to build legal capacity, the department hopes to promote greater bilingualism in the courtroom and ensure Francophones have the necessary access to justice in their preferred language.

In February 2025, a major investment in French-language education from the federal government was announced: a new \$1.4 billion funding package to support minority-language and second-language learning throughout Canada. The funds, which will be allocated over a new four-year protocol period of 2024–2028, will be spent on improving services and programs in minority-language schools and post-secondary institutions, as well as focused on the recruitment and retention of teachers for French-language programs. The sweeping investment comes as a part of the federal government's attempts to bolster the demand for French immersion programs in education.

Francophone community groups have reacted positively to the government's commitments thus far. In an interview with SSF's Executive Director Antoine Désilets, the news release that SSF is overseeing projects in 12 different communities across Canada to strengthen French-language health services was met with a cautiously optimistic tone. "French-language health needs across the country are immense, and there are not enough resources to meet them all," said Désilets. "That said, we are still very optimistic about the impacts of the projects already underway."

The larger backdrop to these announcements is the 2023–2028 Action Plan for Official Languages that was also implemented in the same month. It is a comprehensive and collaborative framework in support of protecting official languages, promoting bilingualism and advancing linguistic minority communities as a whole. The plan articulates that bilingualism is key to Canadian identity and diversity, and healthy linguistic minority communities are important not only to Canada’s cultural sector but its democratic and economic systems, too.

The reality, however, is that Francophone Canadians continue to face a number of systemic challenges that prevent their communities from having equitable access to health, economic, social, political and other resources. These challenges are especially salient in rural and remote areas. At the same time, the government recognizes the value of these communities and the importance of targeted investments. This is why the Canadian federal government’s increased investments are largely being used to increase bilingual professionals in healthcare and social services, build regional infrastructure, and make space for community-led solutions.

The real change, in addition to these targeted investments, is coming in the form of new perspectives. Policy-makers and public administrators are increasingly articulating the case for linguistic equity as a fundamental part of not only culture, but as an important underpinning of public health, education, the justice system, and other core social systems.

This increased representation of linguistic rights

in the public sector is the key to taking Canada’s official bilingualism from symbolic to substantive.

The future of these programs will be marked by not just funding, but transparency, community engagement and multi-stakeholder partnerships. But, for now, the announcements send a strong message that Canada is not only willing, but eager to take on its responsibilities and invest in a future where no one is left behind for the language they speak. The country is not just upholding its official languages—in doing so, it is finally living up to them.

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HEALTHY

Article

*By a
paediatric
occupational
therapist*

Michaela Harper



Michaela Harper is a paediatric occupational therapist with **Paediatric Physiotherapy Associates**, where she sees clients at both Variety Village in east Toronto and the Abilities Centre in Whitby. completed my undergraduate honours (BSc. Hons.) degree in Kinesiology with a diploma in Disability and Physical Activity at Queen's University - not history and environmental studies.



Beyond Meltdowns:

Understanding Sensory Sensitivities and How Occupational Therapy Can Help Children with Autism Navigate the World

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that impacts 1 in 50 children and youth in Canada. As awareness about ASD and advocacy for autistic individuals is increasing, spearheaded by the autistic community itself, it is important to continue to educate ourselves so we can understand more about supporting the autistic individuals in our communities. The topic of this article, sensory processing differences, is a defining characteristic of ASD that is often

misunderstood. If we can better understand sensory processing, we can better understand autistic people and better modify our world to be a more inclusive and safer place for everyone. In this article, I hope to shed some light on sensory processing and how occupational therapy can assist autistic children to develop strategies to navigate sensory processing differences, drawing on my experience and education as a neurotypical occupational therapist working primarily with autistic children.

Often, autistic children have differences in the way that their body and brain interpret sensory signals from the world around them. This can include being overly responsive to sensory input and being less responsive to sensory input. This might look like sensitivity to noise (auditory sensory processing differences) or bright lights (visual sensory processing differences), avoidance of fast or rotational movements (vestibular sensory processing differences), or bumping/falling into things or having poor spatial awareness (proprioceptive sensory processing differences). These examples are just a small window into how sensory processing differences may be expressed. Sensory processing is different for every autistic person and can impact every autistic person differently.

Now I want you to take a moment and try to imagine that the world around you is too loud or too bright, or things are moving past you too fast for your sensory system to take in and process. The cars driving by are making you dizzy, the sounds of birds chirping are giving you a headache, and the sun is so bright you must squint your eyes to see. At the beginning of the day, you have the energy to deal with these uncomfortable feelings. But as the day goes on and the world around you become more and more overwhelming, you lose your ability to tolerate these feelings. Maybe you begin to be more frustrated with the people around you, maybe you cry more easily, maybe you don't want to engage in your favourite activity and instead you just want to sit in a dark room and watch TV. You are emotionally and physically exhausted and all you can think about is that you are going to have to do it all

again tomorrow. This sounds really hard, right? This is a small glimpse into what some autistic people feel every day. Sensory differences can make it difficult to process and make sense of the world and this can lead to experiences such as anxiety, avoidance of certain places or stimuli, shutdown, or meltdown. These experiences are a completely normal reaction to the feelings of overwhelm and overstimulation that sensory differences can elicit. All of these reactions are ways of communicating that can be used to better understand barriers to engagement and to assist autistic people with modifying the environment or working to integrate sensory systems in order to make sensory processing easier and therefore make the world easier to live in.

When it comes to modifying the environment and assisting autistic individuals with sensory integration, occupational therapists (OTs) are uniquely positioned and trained to attend to these challenges. OTs work with individuals of all ages and diagnoses to be able to engage in meaningful activities related to productivity (like school, volunteering, or work), leisure (like engaging in sports, creative hobbies, or spending time with friends), and self-care (like getting dressed, brushing your teeth, and sleeping well). The scope of occupational therapy is very broad and therefore OTs are uniquely situated to be able to improve function and modify a task or the environment to better suit an individual's needs, and therefore help break down barriers to engagement in productivity, self-care, or leisure. With autistic children, OTs often assist with sensory integration, emotional regulation, environmental

modification, or task modification with goals like increased social engagement, independence in self-care tasks like getting dressed, improvement in fine motor skills like printing at school, and greater ability to regulate one's emotions.

With regards to sensory processing differences, OTs assess these differences using play-based assessments, observations, parent interviews, and standardized assessments to better understand a child's sensory needs. Then, OTs can work with children to integrate these sensory systems through motivating activities that can be play-based, in order to more easily engage with the world, or modify the environment or task to better manage sensory information. Every autistic child is so different, and so it is beneficial for each assessment and intervention to be suited to a child's needs, likes/dislikes, and personality.

For sensory integration, OTs often use swings or other toys to incorporate vestibular and proprioceptive input into a child's repertoire. Over time, these sensory systems become better integrated with more efficient communication between a child's body and brain. Then, when the body feels vestibular or proprioceptive input in day-to-day life, it is better able to sort through this sensory information and process it. Over time, OTs work with clients and families to create a customized repertoire of activities that provide and regulate sensory input that children can do in their home or school environments. These activities can assist children with sensory integration (for example, laying on a yoga ball and gently rocking back and forth to provide



proprioceptive and vestibular input) and can therefore meet a sensory need. This improvement in sensing the outside world also leads to an improved sense of interoception, or the ability to sense what is going on inside one's body. Increased interoception also means an increased ability to sense and understand one's emotions. With an increased ability to make sense of one's emotions, one's body, and the outside world, this can lead to increased regulation.

Other common modification-based interventions include sound-dampening headphones for auditory input, tinted glasses and dimmed lights for visual input, or weighted blankets for proprioceptive input. These modifications assist with adapting the environment and/or task to be more tolerable for autistic individuals, so they can more easily engage with their environment or task.

These modification-based interventions can also lead to increased regulation, as processing and tolerating the world becomes less stressful. Increased ability to take in your surroundings and make sense of the world around you then leads to an increased ability to turn your focus inwards and make sense of what is going on inside your body. An increased ability to make sense of what is going on inside your body, your emotions, and your environment leads to increased regulation.

My hope is that this article allows readers to put themselves into the shoes of an autistic person and that they begin to understand sensory processing differences experienced by those in the autistic community. By increasing

understanding and empathy, stigma and judgment around experiences like meltdown, shutdown, anxiety, and avoidance can be reduced. I challenge you to reflect on your community - is it friendly to those who have sensory processing differences? How can you modify your community to support those with ASD?

Understanding sensory processing differences is the key to helping autistic children engage with their environments and meaningful activities, or in other words, helping autistic children thrive. As an occupational therapist, I see how sensory processing can be the key to unlocking the world for autistic children. However, please do not just take my word for it! Please check out these wonderful autistic advocates and learn more about their experiences regarding sensory processing and how sensory differences impact how they engage with the world.

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Your Skin Is Talking

By Editorial Team

Your skin might not have a voice, but it speaks volumes. From dullness and dryness to inflammation and rashes, the skin often reveals what's going on inside the body—long before a blood test or doctor's visit does. In recent years, dermatologists and wellness professionals alike have emphasized a surprising truth: skin health is not just about beauty, it's about biology.

The skin is the body's largest organ and its first line of defense. It's constantly exposed to environmental stressors like UV radiation, pollution, allergens, and irritants. But beyond these external factors, the skin also reacts to

internal imbalances. When we're dehydrated, stressed, inflamed, or lacking in sleep, the skin often shows it.

Take chronic stress, for example. Cortisol, the hormone released during stress, can trigger acne flare-ups, accelerate aging, and impair the skin's natural barrier. "The skin and the brain have a deep physiological connection," explains several dermatological studies, noting that emotional stress can worsen conditions such as eczema, psoriasis, and rosacea.

Inflammation is another internal condition that shows up on the skin. Many chronic skin issues

are now being linked to what researchers call “inflammaging” — the idea that persistent low-level inflammation contributes to both skin and systemic aging. Poor diets high in sugar and processed foods can aggravate this response, leading to breakouts or flare-ups in inflammatory skin conditions.

Interestingly, your gut may be one of your skin’s closest allies. The “gut–skin axis” theory suggests that a healthy digestive system is essential for a clear, vibrant complexion. Beneficial gut bacteria help regulate inflammation, support nutrient absorption, and maintain the integrity of the skin barrier. When the microbiome is thrown off — whether due to antibiotics, poor diet, or stress — the skin often suffers.

Hormones also play a major role. Acne, melasma, and even skin texture can all be influenced by changes in estrogen, testosterone, and thyroid levels. Women may notice these shifts during menstruation, pregnancy, or menopause, while men can experience skin changes tied to testosterone or lifestyle habits.

Then there are the social and environmental factors. People living in high-pollution urban areas often suffer from higher rates of hyperpigmentation and premature aging. Those working night shifts or irregular hours may notice dullness, dark circles, and flare-ups due to disrupted circadian rhythms and lack of sleep.

It’s also important to acknowledge disparities in skin health. Individuals with darker skin tones

often face misdiagnoses or delayed care due to gaps in medical training. Additionally, those in lower-income areas may have limited access to dermatology services or healthy living conditions, which can exacerbate preventable skin issues.

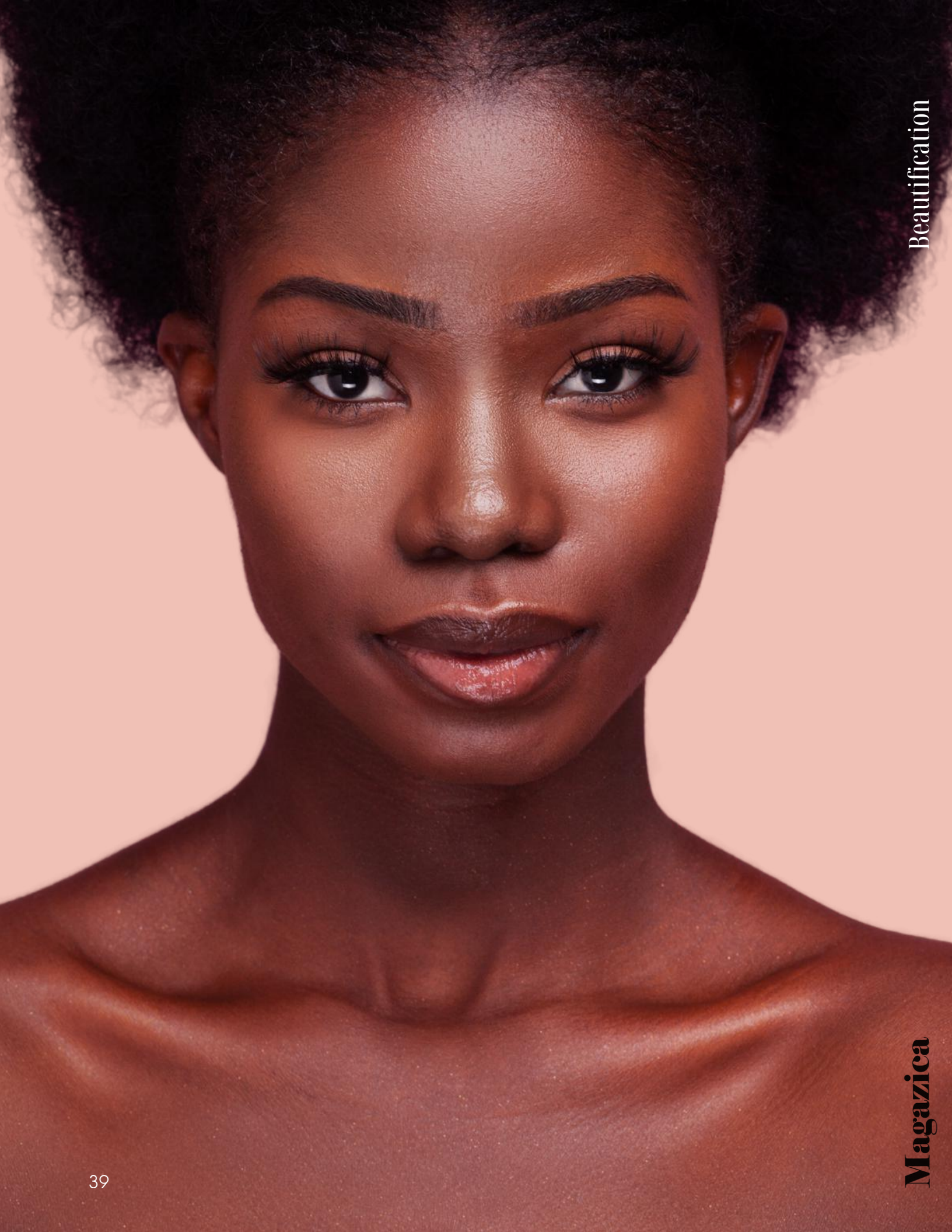
Fortunately, growing awareness is reshaping how we approach skin health. More people are seeking help not only from dermatologists but also from nutritionists, therapists, and holistic practitioners. Skin is no longer being treated as an isolated issue but as part of a broader conversation about whole-body wellness.

Preventative care is key. Maintaining hydration, eating a nutrient-rich diet, managing stress, sleeping well, and using gentle skincare products can go a long way. Regular checkups with a dermatologist—especially when new moles, rashes, or persistent symptoms appear—can also prevent more serious health issues down the line.

So, if your skin is acting up, take it seriously. Whether it's an occasional breakout or a persistent condition, it may be a sign that something deeper is going on. In 2025, wellness is about listening—both to experts and to your own body. Your skin isn't just reflecting your health; it's asking for care.

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Weight-Loss Pills Are Coming. What It Means for Investors

By Mahdi Khazaei

For the past two years, the biggest story in healthcare investing has been injectable weight-loss drugs. Lines formed at pharmacies, companies raced to build factories, and investors watched two names dominate the trade. Now the next chapter is taking shape. Drug makers have begun to publish results for pill versions, and regulators have an application on the desk for the first oral product. If pills

work well enough, they could widen access, ease supply bottlenecks, and change the profit map for everyone from pharma giants to insurers and retailers.

The investment case starts with convenience. Injections built a huge market, yet a weekly shot is still a hurdle for some people. A daily tablet removes that friction. Pills are easier to

ship and store, which matters when a category scales into the tens of millions of prescriptions. As [Reuters reported](#), several companies are racing for the finish line, and the market for weight-loss medicines could top 150 billion US dollars early in the next decade. Many of the new candidates are small molecules rather than peptides, so manufacturing looks more like traditional pills than sterile injectables. That can lower unit costs over time and smooth out supply, two points investors care about when modelling margins and capacity.

The near-term catalyst is [Novo Nordisk's](#) application for an oral version of Wegovy after the [US FDA accepted the filing in May](#), with a decision window in the fourth quarter of 2025. Novo has reported around 15 percent average weight loss with once-daily oral semaglutide at the highest dose in trials, which would be competitive with many injectable regimens if that number holds up in the real world. A green light would give prescribers an easy on-ramp for patients who are needle shy. It would also give pharmacies a product that fits into existing pill workflows rather than the cold chain injectables require.

[Eli Lilly](#), Novo's main rival, moved the story forward with phase 3 results for its pill orforglipron. The company said the study met its main goals, with average weight loss of about 12 percent over 72 weeks. Market reaction was mixed since investors had hoped for numbers closer to the best injectables. For the business, the message is still significant. A viable daily pill gives Lilly a second engine alongside its fast-growing injectables, and the company [raised full-year guidance](#), a reminder

that demand remains strong even as the product mix starts to change.

The field is getting crowded. [Structure Therapeutics](#) is pushing a small molecule called aleniglipron through late-stage testing, with more data expected by year end. [Roche](#) has an oral candidate from the Carmot acquisition that showed meaningful early weight loss and is now moving through mid-stage trials. [AstraZeneca and Eccogene](#) have another oral GLP-1 in phase 1b work in China. [Viking Therapeutics](#) is testing both an injectable and an oral version of its dual agonist, giving it two shots on goal across different price points and patient preferences. More players mean more negotiating power for insurers, more choice for doctors, and more potential for price tiers that look like other big primary care drug classes. For investors, it also means more catalysts and more volatility as data and regulatory dates hit the tape.

Pricing and access will decide who wins the profit share. Payers tolerated high prices for the first wave because savings on complications can be large. Pills could push that debate in two directions at once. On one hand, scale and simpler manufacturing may pull prices down, which expands the market and can still grow revenue if volume jumps. On the other hand, more competitors give pharmacy benefit managers room to push for steeper rebates and tighter formularies. Expect step therapy rules that nudge new patients toward a preferred pill first, with injectables reserved for those who need the biggest effect or who cannot tolerate a tablet. Those dynamics echo cholesterol and blood pressure markets, which

settled into multi-tier pricing with room for several brands.

Supply and logistics are another lever. Companies spent the past two years racing to add sterile filling lines and cold storage for injections. Pills shift the bottleneck to chemical synthesis and tableting capacity, which is far more common in the industry. That does not guarantee a smooth launch, but it lowers the risk of empty shelves that frustrate patients and dent brand loyalty. Pharmacies also prefer pills because they move through existing inventory systems, require less pharmacist time per script, and keep more refill traffic in store. If pills take off, expect more retail partnerships, direct-to-employer contracts, and digital refills that create stickier customer relationships across the chain.

Investors should watch side effects and adherence. Nausea and other gastrointestinal issues have been the main reason people stop therapy, and daily pills could push adherence in either direction. Some patients will prefer taking a tablet with breakfast. Others may find a weekly shot easier to remember. Real-world persistence will feed back into revenue forecasts and may influence payer coverage rules. Safety will remain under the microscope until millions of patient years of data accumulate. That is standard for a mass market class, but any surprise in the label can swing share quickly.

Earnings momentum suggests the category still has room to run, even as expectations reset week by week. Lilly's latest results showed a large revenue jump on injectables, and Novo

posted double-digit growth for the first half while cautioning about costs and competition. Big cash flows give both companies room to price with strategy, invest in more capacity, and fund new indications. Those same cash flows also fund deal-making, so do not be surprised if smaller pill makers become targets before the first approvals arrive.

The simple version is this. Pills will not replace shots overnight, and the best injectables may remain the gold standard for fast and deep weight loss. Daily tablets can grow the pie, smooth logistics, and give insurers a cheaper option that still moves the needle on outcomes. That mix is good for patients who want choice, and it can be good for investors who build a diversified position across leaders and promising entrants. The next twelve months will bring decisions, more data, and likely a few deals. By this time next year, the weight-loss market may feel less like a two-horse race and more like an entire league.

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Hot Plates, Hidden Risks

By Editorial Team

Summer is prime time for dining under the sun—whether at outdoor patios, backyard barbecues, or roadside food stands. But this season's warmth also brings a risk: when food is cooked or served outdoors in high heat, the chance of foodborne illness—or food poisoning—increases steeply.

Why Summer Raises the Risk

Bacteria thrive in warm, humid weather, growing most rapidly between 4°C and 60°C (40°F to 140°F)—known as the "danger zone". In summer, food left out for more than two hours (or just one hour if temperatures exceed 32°C/90°F) can become hazardous. Health Canada estimates nearly 4 million foodborne

illnesses per year in Canada—and summer dining habits accelerate that risk.

When restaurants or food trucks are involved, risks can be amplified. Eating out introduces potential for contaminated ingredients, inadequate refrigeration, or unsafe water sources—especially if food prep occurs off-site or in makeshift kitchens.

Common Hot-Weather Hazards

- **Buffet spread-outs:** Dishes like potato salad, deli meats, eggs, dairy desserts, and dips left at room temperature are breeding grounds for *Salmonella*, *E. coli*, and *Campylobacter*.
- **Undercooked meats:** Grilling doesn't guarantee safety. Food should reach internal temperatures—165°F for poultry, 145°F for steaks—to kill pathogens.
- **Cross-contamination:** Using shared utensils or prep surfaces for raw and cooked items can spread bacteria easily.

The Human Impact

Symptoms of foodborne illness include cramps, diarrhea, vomiting, fever—and they're not limited to a bad stomach ache. Some bacteria can trigger long-term complications. Vulnerable populations—children, seniors, and individuals with compromised immunity—face greater risks.

In Canada, poor food handling outdoors is blamed for many cases each summer. In British Columbia alone, roughly 1,400 people fall ill daily due to foodborne pathogens.

Summer Dining Safety Made Simple

Here's how to enjoy your summer meals without worry:

1. Clean Up and Wash Up

Always wash hands before eating or handling food—and use sanitizer if water isn't available. From servers to guests, cleanliness prevents transmission.

2. Keep it Chill

Store raw ingredients and leftovers in coolers with ice packs. Never let perishable food sit unrefrigerated for more than 1–2 hours depending on heat.

3. Cook to Safe Temperatures

Use digital food thermometers—especially when grilling outdoors—to ensure meats, fish, and poultry hit safe internal temps.

4. Separate Raw & Cooked Foods

Use different utensils and plates for raw meats and ready-to-eat items. Minimize contact with shared surfaces.

5. Serve Small Batches

Refill cold or hot dishes regularly instead of leaving large platters out. Keep cold foods below 4°C and hot foods above 60°C.

6. Know Which Foods to Skip

Stay cautious with seafood salads, raw eggs, soft cheeses, or anything that's been in the sun too long.

Putting Tips into Practice

At a backyard BBQ? Keep potato salads chilled, serve proteins in small portions, and cut cut fruit just before serving. Using coolers during long picnics makes a big difference.

Ordering from a street vendor? Look for busy stalls, ask about refrigeration, and avoid hot foods that have been sitting under tents for hours.

When eating at restaurants, trust your instincts: lukewarm food, improper plating, or poor hygiene practices are red flags.

The Bigger Picture

Eating out should be safe—and safe eating should thrive in the norms of summer festivities. That means treating food safety as part of good planning—whether at a picnic, patio, or festival. Governments in Canada, the Northwest Territories, and globally (through WHO and FDA) have issued seasonal guidance stressing basic precautions that still get overlooked in the heat.

Final Bite

Summer food is a pleasure—but only if served safely. By keeping temperatures in check, handling food mindfully, and staying alert to common pitfalls, you can savor every bite without unwanted outcomes. After all, summer memories taste best when they don't come with a side of food poisoning.

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Magazica is a dynamic platform connecting businesses, experts, and health advocates to share cutting-edge insights and advancements in the health industry. Focused on enhancing wellness, we provide a space for showcasing innovations that shape the future of healthcare.

With a strong presence in North America, particularly Canada, Magazica hosts global experts to share valuable knowledge with the Canadian community.

Our structured approach supports health-focused businesses in their mission to improve lives.



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