



ever possible through primary prevention and access to effective rehabilitation services. But it also recognizes that this goal will not always be realized. A supportive approach often reduces the occurrence of the negative aspects of addiction — criminal activity, social disorganization, needle sharing and sexual transmission of diseases.

It is time to implement this harm-reduction approach for the drug abuse problem and to develop policies on the basis of evidence, not the stale rhetoric and worn-out battle cries of the failed “war on drugs.”

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Watch out for drug–drug interactions, too!

Elvinda Trindade and colleagues report on the important issue of adverse effects related to the use of antidepressant medications.¹ Although their meta-analysis yielded helpful information that might be used by the clinician in making choices about antidepressant medications, it did not address the important issue of drug–drug interactions.

In choosing the “right” antidepressant for an individual it is imperative to consider carefully any concurrently prescribed medications. The selective serotonin reuptake inhibitors (SSRIs) are known to interact with many medications, including benzodiazepines, some antipsychotics, tricyclic antidepressants and antihistamines.

When the potential for drug–drug interactions exists, the decision as to which antidepressant will be most appropriate acquires another level of complexity. Physicians who prescribe SSRIs must be well acquainted not

only with the adverse effects commonly experienced when the drugs are given in isolation, but also with their particular drug–drug interaction profiles.

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Reference

1. Trindade E, Menon D, Topfer LA, Coloma C. Adverse effects associated with selective serotonin reuptake inhibitors and tricyclic antidepressants: a meta-analysis. *CMAJ* 1998;159(10):1245-52.

Improving communication skills

We would like to add to Victor Neufeld's list of actions under way in Canada to improve physicians' communication skills.¹ Medical schools are continuing to develop and improve their communication programs for medical students. Residency programs are following suit with an eye toward reinforcing the foundations laid in the earlier years. Canadian resources provide research and conceptual foundations that influence program development in Canada and elsewhere.²⁻⁴

Activity has been burgeoning at medical schools across the country. On Oct. 16 and 17, 1998, 50 people from across Canada and from Norway, Britain and South Africa participated in the first Canadian Patient-Centred Faculty Development Conference on the theme of “Communication Skills Education — How to Prepare Faculty.” The purpose of the conference, sponsored by the Centre for Studies in Family Medicine and the Faculty of Medicine and Dentistry at the University of Western Ontario and the Faculty of Medicine at the University of Calgary, was

to enhance the ability of faculty to teach communication skills to undergraduate and postgraduate medical students. The Division of Medical Education at Dalhousie University trains faculty in communication skills and maintains the Dalhousie Medcom Collection, a database of research and resources in communication skills relating to medical education and practice. The University of Manitoba medical school has been conducting in-house workshops for faculty development. During the Conjoint Medical Education Conference of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada (CFPC), held in Toronto in September 1998, several sessions were devoted to communication skills, an indication that medical educators across the country want to teach these skills.

Several other programs have been developed to improve the skills of physicians already in practice. The Collège des médecins du Québec and the Quebec chapter of the CFPC provide workshops (by request) on topics related to physician–patient relationships. In a similar effort, 2 representatives from each of Cancer Care Ontario's 8 clinics attended several days of training with the Bayer Institute for Health Care Communication in the US, returning home to begin a variety of communication programs for staff at their institutions.

The federally funded Canadian Breast Cancer Initiative, in collaboration with the Royal College and the CFPC, has been developing tools and strategies to enhance the communication skills of practising physicians in response to the expressed need of women with breast cancer. Health Canada has produced *Talking Tools I*, a 1-hour presentation kit to remind physicians that communication skills can be taught and learned, and *Talking Tools II*, which contains material for a 3-hour training session. Finally,