Advertisement woes

The March 29, 2005, issue of *CMAJ* carries a full-page advertisement for Hydromorph Contin on page 848. The advertisement states that “some patients may also experience fewer side effects than with morphine...”, and this statement cites two references.^{1,2} In fact, the two articles cited do not make this claim, or even suggest it as far as I can see. The first citation does not contain the word “hydromorphone” anywhere in the text, and neither article mentions the specific product being advertised.

It is hard for me to escape the conclusion that the advertiser knowingly sought to mislead *CMAJ*'s readers by citing this work in the hope that no-one would check the facts. That I did so in this case is merely a function of the implausibility of the claim and my interest in the area.

CMAJ is an authoritative voice in Canadian medicine. I suggest that greater steps need to be taken to ensure that every word of every advertisement in it is verifiably truthful. This is too important to be left to the advertisers themselves.

Saifee Rashiq

Associate Professor
Director
Division of Pain Medicine
Department of Anaesthesiology
and Pain Medicine
University of Alberta
Edmonton Alta.

Competing interests: I have given lectures on pain management and opioid use under the sponsorship of Purdue Pharma and have also

been compensated for the recruitment of subjects for their trials of opioid analgesics.

REFERENCES

1. Portenoy RK, Coyle N. Controversies in the long-term management of analgesic therapy in patients with advanced cancer. *J Pain Symptom Manage* 1990;5(5):307-19.
2. de Stoutz ND, Bruera E, Suarez-Almazor M. Opioid rotation for toxicity reduction in terminal cancer patients. *J Pain Symptom Manage* 1995;10(5):378-84.

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[The PAAB commissioner responds:]

The Pharmaceutical Advertising Advisory Board (PAAB) has a submission review process and a complaint resolution process. Both can be seen in the PAAB Code of Advertising Acceptance at www.paab.ca. If Dr. Rashiq wants to register an official complaint he can contact me directly about the process. The complaint resolution process includes an opportunity for the sponsor, in this case Purdue Frederick, to address the allegations. The PAAB Commissioner has to honour the process that has been agreed to by the PAAB voting members, and that includes the *CMAJ*.

Dr. Rashiq's complaint may have merit. I did a brief check of our files and I note that the references have been used in advertising as far back as 1997, two years before I became Commissioner. We have received no other complaints about that particular claim. The complaint resolution process would require a re-analysis of the use of these articles to support the claim in the ad. If Dr. Rashiq wants to know who looks at advertising, the PAAB has reviewed over 20 000 new advertising pieces since 1997, with few substantiated complaints.

Ray Chepesiuk

PAAB Commissioner
Mississauga, Ont.

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[The advertiser responds:]

The statement criticized by Dr. Rashiq (“some patients may also experience fewer side effects than with morphine”) is fully consistent with the literature on opioid rotation that has become available over the past 15 years.

Portenoy and Coyle¹ were among the first to comment on individual patient variability in opioid response, and an early report by Galer and colleagues² described the management of inadequate therapeutic response to and severe adverse effects from morphine, by switching to alternate opioids — including hydromorphone.

The other cited paper³ describes 191 patients in the Palliative Care Unit at Edmonton General Hospital, of whom 42% required a switch in opioid because of serious toxicity or inadequate analgesia. The most frequently used initial and alternative opioids were morphine and hydromorphone, respectively. Improvement in both pain levels and the primary symptom necessitating a change in opioid, occurred on conversion from morphine to hydromorphone (or other opioids).

Later studies, also published by the University of Alberta group,^{4,5} further discuss the clinical role of opioid rotation, including the equianalgesic dose ratios for switching between morphine and hydromorphone.

Recently, Nauck and colleagues⁶ reported on a series of patients who showed improvements in pain control and side effects when switched from morphine to controlled-release hydromorphone.

An interesting case of differential response to morphine and hydromorphone was described by Katcher and Walsh.⁷ Uncontrollable itching on morphine (an infrequent side effect attributed to cutaneous histamine release) fully resolved within 24 hours of conversion to hydromorphone.

The mechanisms underlying a dif-