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Direct-to-consumer advertising

Although direct-to-consumer advertising (DTCA) of prescription medicines is prohibited in Canada, it is nonetheless pervasive in this country, partly owing to the influence of the US media. DTCA campaigns cost the pharmaceutical industry US\$2.7 billion in the United States in 2001. Such massive advertising efforts, it can be assumed, would increase the public's awareness of advertised drugs and lead patients to open conversations with their physicians. But does DTCA increase the number of prescriptions? Mintzes and colleagues present the results of a comparative cross-sectional survey performed in Vancouver and in Sacramento, Calif. Their results unveil an unsavoury link between DTCA and the prescription pad.

In a related commentary, Gardner and colleagues explore the tensions involved in DTCA and the present situation in Canada. The effects of unregulated advertising on patient attitudes and the transfer of DTCA costs to the consumer through higher drug prices are issues central to the debate. The authors point out that the current mechanisms for regulating DTCA in Canada are lacking, and therefore they need to be either strengthened or re-examined in public

and political forums. See pages 405 and 425

Neuroleptic malignant syndrome

Some disease entities are roamers, haphazardly striking unwary targets. They are often both dangerous and mysterious. Neuroleptic malignant syndrome (NMS) fits into this category. Although NMS is always related to neuroleptic use, it is difficult to predict who will suffer this potentially fatal reaction. Chandran and colleagues present a case of NMS and review the clinical features of the disease. The hallmark presentation of hyperthermia, altered mental status and muscle rigidity gives rise to a diverse differential diagnosis. Supportive care and the prevention of serious complications such as rhabdomyolysis are crucial to the treatment of this syndrome. Bromocriptine, dantrolene and amantadine have all been used to treat NMS, but none has provided consistent benefits.

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HPV and **HIV** coinfection

Severe immunosuppression from HIV infection results in a 5-fold increase in lower genital tract neoplasias. Ferenczy and colleagues review the connection between human papillomavirus (HPV) infection and the development of these neoplasias in HIV-positive women. Not only do women with HIV have a higher prevalence of HPV infection than do HIV-negative women, they are also more likely to be infected with HPV's most oncogenic subtypes. The authors present recommendations for surveillance and treatment of lower genital tract neoplasias in HIV-positive women. This article was written before new developments concerning the potential for HPV vaccination (not yet in clinical use) emerged.

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Recurrent hamburger thyrotoxicosis

Parmar and Sturge report an unusual case of thyrotoxicosis. The cause of the patient's condition was traced back to her consumption of ill-prepared hamburger meat.

Revealed was an unsuspecting butcher who had included cuts of cow neck (including the thyroid gland) when preparing meat patties. The authors note that the patient's fondness for hamburgers was not shared by her husband, whose preference for choicer cuts of meat spared him the experience of increased sweating, palpitations and tremor.



