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Competing interests: None declared.

DOI:10.1503/cmaj.1050069

[The author responds:]

It is not a matter of misquoting, but it may be selective quoting. Dave Davis is correct that the GAC "guideline note"[1] mentions the overuse of antibiotics for acute otitis media. But the recommendations themselves[2] advise that symptomatic patients be treated with antibiotics; only for asymptomatic patients can antibiotics be deferred. My plea[3] was to be even more restrictive.

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DOI:10.1503/cmaj.1050106

HRT and antidepressants

Roger McIntyre and associates[1] discuss reciprocal relationships between hormone replacement therapy (HRT) and antidepressant treatment. Although some women experience significant mood changes related to changes in estrogen levels at menopause, I believe there is another obvious explanation for the increase in prescriptions for selective serotonin reuptake inhibitors (SSRIs) after publication of the Women's Health Initiative (WHI) trial.[2]

Hot flashes occur in 65%–75% of women during natural or induced menopause.[3] Many women discontinued their hormone therapy because of the WHI results but continued to experience significant symptoms and sought medicinal help from their physicians. The only medications with scientific proof of efficacy, other than estrogen and progestins, are SSRIs, clonidine and, more recently, gabapentin.[3–7]

As demonstrated by Loprinzi and colleagues,[7] breast cancer patients with depression reported a reduction in hot flashes when taking SSRIs. Subsequently, other SSRIs were shown to have similar beneficial effects. However, SSRIs are much less effective in this regard than HRT (which is more than 85% effective).[3]

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Competing interests: Dr. Wolfman has received an honorarium from Wyeth for speaking to physicians about issues to do with menopause.

DOI:10.1503/cmaj.1050022

I was dismayed when I read the commentary by Roger McIntyre and associates[1] regarding antidepressants and menopause. The final paragraph, advising practitioners to "familiarize themselves with the beneficial effects of serotonergic antidepressants on climacteric symptoms" is essentially a push to prescribe these medications for symptomatic menopausal women.

This suggestion is backed up by one reference, a position statement of the North American Menopause Society.[2] This article is a literature review (I am unaware of any properly conducted clinical studies on this subject) which in fact recommends other interventions (e.g., lifestyle and dietary supplements) as first-line therapy, with SSRIs coming in later, together with progesterone and gabapentin.

Overall, I believe this commentary is misleading. It encourages physicians to prescribe a potent class of medications for climacteric symptoms without the benefit of any careful clinical studies.

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