

ing system represents only one aspect of many activities in this area. Comprehensive risk-benefit evaluations include information from postmarketing surveillance on a global scale, which takes into account exposure to the drug in question and the results of epidemiologic research and clinical trials to determine whether a drug's benefits continue to outweigh its risks. Despite the limitations of spontaneous reporting systems and in the absence of complete evidence, it is well recognized that adverse reaction reports are but one of the factors that may contribute to a signal of potential problems. Drug safety is a shared responsibility, and health care professionals need to be made aware of all drug safety issues to enable informed therapeutic decision-making with their patients.

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## Antipsychotic drugs and diabetes

I read with interest Eric Woollorton's article about trials of risperidone involving patients with dementia<sup>1</sup> and would like to clarify an important point. In the article, Woollorton stated that "Risperidone . . . appears to cause diabetes." The cause of diabetes mellitus is in fact unknown. Rather, this condition is a multifactorial phenotype, and it is unlikely that any single factor will be sufficient to explain the illness in most populations. An article of which I was a coauthor<sup>2</sup> was inappropriately cited as a reference for the suggestion that risperidone causes diabetes mellitus; however, the cited article does not make such a statement.

It is emerging that several of the novel antipsychotics are associated with weight gain. Not only is this effect disquieting for patients, but it may also increase the risk of obesity-related morbidity. Furthermore, some predisposed patients receiving antipsychotic medications may have *de novo* glucose dysregulation, exacerbation of pre-existing diabetes mellitus or the induction of diabetic ketoacidosis. Although the risk associated with each of the commercially available novel antipsychotics is not definitively known, there have been significantly more cases of these problems with clozapine and olanzapine.<sup>3-5</sup> However, that being said, it remains inaccurate to say that either of these drugs "causes" diabetes.

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*Competing interests:* Dr. McIntyre is a paid consultant to Eli Lilly, Janssen, AstraZeneca, Wyeth, and Organon. He has received speaker fees from Eli Lilly, Janssen Ortho, AstraZeneca, GlaxoSmithKline, Lundbeck, Wyeth, Organon, and ORYX Pharmaceuticals.

## Responsibility in advertising

I was very concerned by the pictorial content of an advertisement for Marvelon (desogestrel-ethinyl estradiol) in

a recent issue of *CMAJ*.<sup>1</sup> The ad presents 2 images of the back seat of a car, the second with a child's car seat in place. The car seat appears identical to a model that is designed for rear-facing positioning only. In the ad, the seat is facing forward. This picture evoked a sickening feeling, because of the thought of what might happen to a child in this seat if the car were involved in a collision. I have seen the results of such events, and they can be devastating.

I believe that, given all of the community and manufacturer education that is available about proper installation of car seats, advertisers should also be responsible in their depiction of these restraint devices. The ad itself does not contain many words (and it relates to another subject altogether), but the picture is misleading. I am concerned that a parent might inadvertently, or purposely, install a car seat such as the one depicted in the incorrect manner shown in the ad.

We all know that the proper use and installation of child restraints can reduce the morbidity and mortality associated with motor vehicle collisions.<sup>2</sup> I urge both advertisers and *CMAJ* to promote and adhere to advertising excellence in a socially responsible manner. As physicians, we owe a duty of care to all who might see ads such as this one while reading *CMAJ*.

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#### References

1. "Oh baby!" advertisement for Marvelon (desogestrel-ethinyl estradiol). *CMAJ* 2002;167(2):114.
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## [A representative of Organon responds:]

In response to the letters of Erika Mann and other concerned readers, Organon Canada has already submitted a new version of the "Oh baby!" Marvelon advertisement to Canadian med-