



Line extension

Dr. Catherine Younger-Lewis ("Over the counter and into trouble," *Can Med Assoc J* 1997;156:17) describes line extension as adding a number, a few letters or phrase to a recognized brand name and applying it to "an entirely different drug." This, in fact, is a rare type of line extension. Most involve products that retain their familiar active ingredient and indication, but add further ingredients or indications (e.g., Claritin Extra or Tylenol Cold Medication).

There are 2 audiences that manufacturers consider when developing line extensions. First are the consumers who will select and use the drug. The success of many of these products suggests that consumers appreciate the expanded range of choices. As Younger-Lewis points out, there is no evidence from consumer complaints, reports of adverse drug reactions or postmarketing research that line extensions have contributed to drug errors. However, the Nonprescription Drug Manufacturers Association of Canada (NDMAC) has joined Health Canada in an effort to examine this question through consumer research. The association is also working with the Canadian Public Health Association and other stakeholders on label comprehension and legibility.

Health care professionals are the other major audience for information on line extensions. Since professionals are often asked to recommend appropriate nonprescription therapies, they must have accurate and up-to-date information on these products. The NDMAC has worked with the Canadian Pharmaceutical Association to ensure that the *Compendium of Nonprescription Drugs* contains a comprehensive and accurate listing of our members' products and their active ingredients. Since this information is

also vital to poison control centres, NDMAC members are required to forward information on new products (including line extensions) and product reformulations to the Canadian Paediatric Society, which maintains the database for Poisindex in Canada.

Recent Canadian research has shown that the nonprescription availability of nonsedating antihistamines has saved the health care system and consumers \$16 million in treatment and absenteeism costs alone, with no negative effect on health outcomes.¹ As the importance of self-care and self-medication continues to grow, so do the roles of physician and pharmacist recommendations in this area. Cost-saving measures such as responsible self-medication merit a collaborative approach between the various sectors of the health care system. The NDMAC continues to seek opportunities for such collaboration.

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Reference

1. Anderson MJ, Morgan S. An economic analysis of self-medication in Canada [presentation]. 6th Canadian Conference on Health Economics, 1995, Waterloo (ON).

Dr. Younger-Lewis recommends taking a walk down a drug store aisle in a patient's shoes looking for examples of line extension. I took her advice and, being a pediatrician, chose the aisle for infant products. I recalled a Mead Johnson advertisement "introducing the NEW face of Enfalac's family of formulas: a face a mother could love."

The company's new labelling is indeed cleaner and more appealing but instead of the previous 2 types of Enfalac baby formula (plain or iron-fortified) there are now 4 more vari-

eties. There are Enfalac Lactose Free and Enfalac Soy (a soy-protein-based formula with corn syrup solids instead of lactose). There are also 2 types of Enfalac with hybrid names: Enfalac Nutramigen (casein-hydrolysate-based formula) and Enfalac Next Step (skim-milk-protein-based formula for infants 6 months and older).

I am not aware of any harm resulting from this proliferation of Enfalac products, but I suspect that it causes confusion for some parents. I also suspect that parents assume that there are only minor variations between these formulations, since they share a common name. I have recently noted that several parents, whose infant's diet was temporarily switched to Enfalac Lactose Free because of an acute diarrheal illness, decided to continue feeding their baby this formula for an extended period, at a 45% increase in cost, according to my drug-store-aisle observation.

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Coincidence? I think not

The following letter is reprinted from The Actuary, the newsletter of the Society of Actuaries, March 1997, with permission. — Ed.

I read with some interest the press coverage of the article "Declining sex ratios in Canada" (*Can Med Assoc J* 1997;156:37-41), by Dr. Bruce B. Allan and associates.

I recently bought my teenage son a T-shirt at a souvenir shop. It read, "Hours in the day — 24; Beers in a case — 24: Coincidence?"

Many occurrences in our daily lives that at first appear to be coincidental turn out not to be. Let me add to the list.