



## Rave drugs: ecstasy

Ecstasy is a drug frequently consumed at “raves” (all-night dance parties) because of its purported ability to increase wakefulness, endurance, euphoria and sexual arousal. Harold Kalant reviews the pharmacology and toxicology of this popular illicit drug also known as methylenedioxy-methamphetamine (MDMA). This synthetic drug is an amphetamine derivative with a chemical structure that resembles the structure of the hallucinogen mescaline. Potentially serious acute effects include increased muscle activity, disturbed thermoregulation, headaches, nausea, loss of appetite and insomnia. Undesired toxic effects of chronic use

include neural damage, psychiatric disturbances, hepatic damage, hyperpyrexia and cardiovascular effects such as hypertension, intracranial hemorrhage and heart failure.

See page 917

---

## Statins and dementia prevention

Patients taking certain cholesterol-lowering drugs appear secondarily to have a reduced prevalence of Alzheimer’s disease. In a commentary, Undurti Das reviews the potential molecular and biochemical mechanisms by which the statin class of drugs might be acting to prevent dementia.

See page 908

---

## Stroke following cervical manipulation

Scott Haldeman and coauthors estimate the rate of stroke following cervical manipulation by chiropractors. To do this, they examined data from malpractice claims for stroke filed with the Canadian Chiropractic Protective Association over the 10-year period from 1988 to 1997 and surveyed 10% of Canadian chiropractors to estimate the number of annual cervical manipulations. Their estimated rate of 1 arterial dissection per 5.85 million cervical manipulations is lower than previous estimates of between 1 in 500 000 and 1 in 1 million manipulations. In a related commentary, Moira Kapral and Susan Bondy reflect that, although the risk of this devastating outcome following cervical manipulation appears to be very low, practitioners should have realistic and informed discussions with their patients about the potential risks and benefits of this treatment.

See pages 905 and 907



## Pharmacare coverage and prescribing patterns

In April 1996 Manitoba changed its drug insurance plan from a fixed deductible and co-payment system to an income-based deductible system. Anita Kozyrskyj and coauthors describe a cohort of 10 703 school-aged children in Manitoba with asthma and their receipt of inhaled corticosteroids before and after the change in drug policy. The authors compare prescribing patterns among children covered by the provincial pharmacare plan with those covered by other non-pharmacare insurance policies. After the change to an income-based drug insurance policy, severely asthmatic children in the pharmacare group received fewer



prescriptions for inhaled corticosteroids than those in the non-pharmacare group. The same was true for children with mild and moderate asthma, especially those from higher-income neighbourhoods.

See page 897

---

## Updated breast cancer guideline

Ductal carcinoma in situ (DCIS) can be considered a precursor to invasive breast cancer. Such lesions are common: of 991 cancers detected among more than 200 000 Canadian women aged 50–69 who underwent screening mammography in 1996, 171 were DCIS. Ivo Olivotto and Mark Levine summarize the 2001 update of the clinical practice guidelines for the management of DCIS. The updated version of these guidelines is available online ([www.cma.ca/cmaj/vol-165/issue-7/breastcpg/guideline5rev.htm](http://www.cma.ca/cmaj/vol-165/issue-7/breastcpg/guideline5rev.htm)), as is the updated patient version ([www.cma.ca/cmaj/vol-165/issue-7/breastcpg/guideline5revpt.htm](http://www.cma.ca/cmaj/vol-165/issue-7/breastcpg/guideline5revpt.htm)).

See page 912