

status, patient satisfaction and consumption of nonpharmaceutical resources.¹ It is conceivable that patients who must switch drugs because of formulary constraints suffer more relapses, visit their physicians more frequently to review alternatives, undergo more new tests and procedures, and eventually become dissatisfied.

A recent review of health service utilization in British Columbia identified no significant changes associated with the introduction of reference-based pricing for histamine-2 receptor antagonists.² However, Westbrook³ reported significant increases in rates of endoscopy after the introduction of a special authority policy for PPIs in Australia. These discrepant findings suggest that drug reimbursement policies differ in their impact on utilization of nonpharmaceutical resources. Indeed, the Australian policy required endoscopic proof of esophagitis for reimbursement, whereas British Columbia exempted gastroenterologists from prescribing restrictions. Further research is needed to clarify the impact of alternative drug formulary policies and to identify an optimal approach. We commend Westbrook for her efforts in this regard.

John K. Marshall

Assistant Professor
Department of Medicine

Paul Grootendorst

Assistant Professor
Department of Clinical Epidemiology
and Biostatistics

Anne M. Holbrook

Associate Professor
Department of Medicine
McMaster University
Hamilton, Ont.

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Telephone stroke

During head rotation, neck hyperextension and other provocative manoeuvres of the neck, the vertebral artery may be compressed at various sites along its course.¹ A 63-year-old man with a history of type 2 diabetes, hypertension and ischemic heart disease presented with symptoms of slurred speech, unsteadiness and left-side weakness immediately after a 56-minute telephone conversation. Physical examination revealed left facial droop with mild weakness of the left arm and hand grip of 4/5. Electrocardiography showed sinus rhythm. CT of the head (Fig. 2) showed calcification of the right vertebral artery and a small right pontine infarct. Duplex Doppler ultrasonography showed small atherosclerotic plaques at the distal common carotid arteries. The echocardiogram was normal.

Ischemia and infarction of the brain stem can occur if an abnormal posture of the neck is sustained for more than 10 minutes.² These problems have been reported after chiropractic neck manipulation,³ protracted dental work, intubation, perimetry and x-ray positioning² and have been described in "beauty parlour stroke syndrome."⁴ Given the temporal relation between the prolonged telephone conversation and the stroke, and exclusion of other causes, this man's right pontine infarct was probably the result of compression of the ipsilateral

vertebral artery during the phone call. He had kept his neck bent to the right side throughout the conversation, which caused compression of the already calcified right vertebral artery and resulted in stroke.

This case illustrates another situation in which a person may unconsciously keep the neck in an abnormal position that could cause compression or occlusion of the vertebral circulation. Anyone who talks on the telephone for prolonged periods, especially elderly people, should consider changing sides frequently or using a hands-free telephone to avoid sustained provocative neck positions.

Malvinder S. Parmar

Medical Director, Medical Program
Timmins and District Hospital
Timmins, Ont.

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Reserving judgement on HRT

In a recent commentary on hormone replacement therapy (HRT),¹ the authors began by saying that physicians have been prescribing hormones to women as a "wonder pill" without appropriate studies to fully evaluate the risks and benefits. They concluded by saying that the Women's Health Initiative (WHI) study tells us to avoid HRT as far as possible. Are the authors of the commentary not just as guilty of jumping to conclusions?

Granted, the WHI was well designed and well implemented. But what exactly does this study tell us? The WHI researchers have not stopped the arm of the study in which women who have had a hysterectomy are given estrogen only, so we might gather that this large



Fig. 2: CT of the head, showing calcification of the right vertebral artery (black arrow) and a right pontine infarct (white arrow).