

printed in the white section of *CPS*, are created by drug manufacturers and approved by Health Canada, and the Canadian Pharmacists Association (CPhA) has no authority to change or update their content. It is incumbent on pharmaceutical manufacturers to update their own monographs and to apply for approval of the changes; alternatively, such changes can be requested by Health Canada.

As mentioned by the authors,¹ one step that the CPhA has taken to augment this resource is to provide its own evidence-based drug monographs, written by staff pharmacists and reviewed by a panel of expert Canadian physicians and pharmacists. Some of these cover single drugs, whereas others cover drug classes. These more general monographs are printed on grey pages to differentiate them from the manufacturers' product monographs. The content of the CPhA-generated monographs, including the overdose treatment section, is owned by CPhA and is regularly reviewed and updated. Contact information for poison control centres is also listed in the *CPS* (in the yellow pages).

CPhA recognizes that product monographs may not be the best source of poison management information. Therefore, CPhA is working with the Canadian Association of Poison Control Centres to explore other ways of improving the quality of advice about overdoses contained within *CPS*. In the interim, however, physicians treating patients with a suspected drug overdose, especially for a drug with which they are unfamiliar, should contact the local poison centre to ensure that the care they are initiating is optimal.

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[The authors respond:]

We agree that the product monographs provided by manufacturers are not good sources of poison management information and that physicians managing unfamiliar poisonings should make use of the many resources available to them, including poison control centres, electronic databases and numerous excellent texts. Nevertheless, some physicians and other medical professionals do consult the *CPS* when managing poisoned patients, and it is clearly in no one's best interest if the product monographs contain misinformation.

Pharmaceutical companies are responsible for keeping their monographs up to date, and we find it unfortunate that in many cases they have failed to do so. Health Canada has the authority to require companies to update the information in these monographs, but it appears that there is no regular review mechanism in place. Johnson states that the CPhA has no authority to change the content of the monographs. This may be true, but the association is in a position to review the monographs regularly and could inform Health Canada and the pharmaceutical manufacturers of obvious errors. This would require additional resources, but even reviewing the monographs every 5 years could result in significant improvements.

In addition to the product monographs written by pharmaceutical companies, the *CPS* contains general monographs prepared by *CPS* staff. Johnson states that these general monographs are evidence based and that they are regularly reviewed and updated. To investigate the accuracy of poison control information in the general monographs, we reviewed the data collected for our study¹ (from the 2001 *CPS*²), focusing specifically on the general monographs, which accounted for 7 of the 119 monographs that we analyzed. We found that the poison management information in

these monographs did not agree with recommendations in current toxicology textbooks and databases. Specifically, of the 7 general monographs for the classes of medications that we reviewed in our study, 4 contained misleading or dangerous advice, and only 2 contained sufficient information for a physician to manage an overdose.

It is our understanding that the *CPS* editorial staff is in the process of extensively revising and updating the general monographs to correct some of the deficits that we have identified. We applaud these efforts. However, we do not think it is safe to correct the general monographs and not address the deficiencies in the product monographs. It is unrealistic to ask practitioners to consult certain monographs and ignore others. As long as the manufacturers' product monographs are included in the *CPS*, they are likely to be consulted for poison management advice. We believe that until the deficiencies in all of the monographs are addressed, physicians and other practitioners should be advised not to consult any of the *CPS* monographs for poison management advice.

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HIV/AIDS not in "free fall"

Several inaccuracies in Patrick Sullivan's recent news article about HIV/AIDS¹ might lead readers to falsely conclude that the battle against HIV/AIDS is nearly won. In fact, both national surveillance and targeted research data indicate that HIV/AIDS re-

mains a serious problem in Canada.

First, trends in reported cases of AIDS can be accurately assessed only by examining numbers adjusted for reporting delay. We perform this adjustment in our year-end reports, and from the 2001 report it is clear that although there was a steep decline in reported AIDS cases between 1995 and 1998 (from 1713 to 701 cases, a 59% decrease), this rate of decline slowed over the next period (from 701 cases in 1998 to 452 in 2001, a 36% decrease) (Fig. 1).²

Second, although the number of reports of positive HIV test results decreased from 2987 in 1995 to 2119 in 2000, the number increased to 2180 in 2001 and continued to increase in the

first half of 2002 (1193 v. 1088 reported in the first half of 2001) (Fig. 2).³ Furthermore, positive HIV test reports represent only those who came forward for testing and whose diagnosis of HIV infection was subsequently reported; they do not represent the annual number of new HIV infections (incidence). We estimate national HIV incidence through a separate process, and our most recent estimate is that 4190 new infections occurred in 1999, a number essentially unchanged from our estimate of 4200 in 1996.⁴

Third, of positive test results reported for adult females during the first half of 2002, the proportion for those 15 to 29 years of age was 35.4%

(104/294), not 42.6% as reported by Sullivan. The figure of 42.6% refers to the proportion of females among all positive HIV test results reported for the 15- to 29-year age category during the first half of 2002.³

National HIV and AIDS surveillance data and other available evidence⁵ indicate that HIV infection continues to be a significant public health problem in Canada, one that is increasingly affecting women and socially and economically disadvantaged groups such as Aboriginal people.

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Seeking disclosure

Because of the controversial nature of James Wright's review of cyclooxygenase NSAIDs,¹ one might have expected *CMAJ* to go to great lengths to ensure adequate disclosure of competing interests. Although Wright listed his affiliation with the University

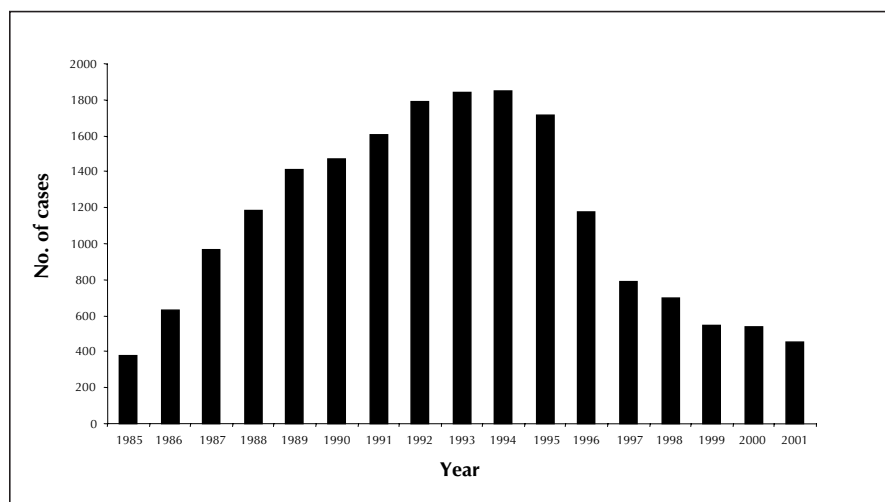


Fig. 1: Reported cases of AIDS by year of diagnosis in Canada, to Dec. 31, 2001, adjusted for reporting delay.

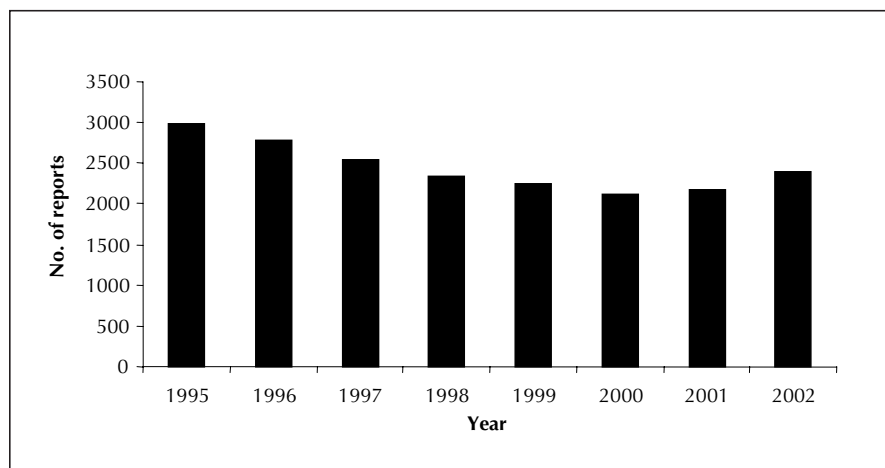


Fig. 2: Number of reports of positive HIV tests in Canada by year of test. The 2002 value is an estimate that represents twice the number of reports to June 30, 2002.