

the analysis were age and sex adjusted. Formal testing does not reveal any evidence of a plateau in the detection of high-risk coronary disease, within the range of data points studied. We would strongly encourage other investigators in countries with higher cardiac catheterization rates to conduct similar work in search of a plateau at these higher rates. This may be difficult to do in many areas of the United States. Given the hybrid American health care system, there is a potential lack of population-based data such as those used in Alberta.

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Controlled-release opioids and alcohol

Interpretation of the article by Sally Murray and Eric Woollorton¹ on alcohol-associated rapid release of a long-acting opioid will be facilitated by the following information: 1. The opioid formulation in question (Palladone XL, once-daily hydromorphone) is not available in Canada. 2. Information on the composition of the capsule shell is not relevant to the effect of alcohol, since control of release of hydromorphone from Palladone XL does not depend on the capsule shell itself. 3. The controlled-release technology employed in Palladone XL is not the same as that of the other controlled-release opioid formulations distributed by Purdue Pharma in Canada. In response to the request from Health Canada, noted in the article, Purdue Pharma recently submitted information for their review, indicating that an effect of alcohol of the type seen with Palladone XL does not occur with MS Contin, Codeine Contin, Hydromorph Contin or OxyContin. 4. Because of the potential for interaction between the pharmacologic effects of alcohol and any CNS depres-

sant drug, such as opioid analgesics, co-ingestion of alcohol and such drugs is never advisable.

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Ethics and investment funds

It was with great interest that we read the *CMAJ* news piece on MD Management Ltd. and ethical investments.¹ We met with an MD Management advisor regarding this very issue just a few months ago and were surprised by the lack of any consideration of the arms trade by MD Management.

In the article, Robert Hewett, MD Management's president and chief executive officer, explains that "each investor may have a personal definition of what they consider ethical," and yet his company has taken a stance on the tobacco industry. We would like MD Management to offer investment packages that exclude investments in the arms industry. Smoking guns and smoking cigarettes both have devastating effects on health.

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In September 2005 Reed Elsevier, publisher of *The Lancet*, sponsored the Defence Systems and Equipment international (DSEi) exhibition, one of the largest military exhibitions in the

world. The editors of *The Lancet* were dismayed. The publisher's presence in the arms industry, they argued, "self-evidently damages its reputation as a health-science publisher" and they "respectfully ask[ed] Reed Elsevier to divest itself of all business interests that threaten human, and especially civilian, health and well-being."¹

In the same vein, MD Management Ltd., a wholly owned subsidiary of the CMA, is apparently investing in the armaments industry, according to Physicians for Global Survival.² In a written response to a request from Physicians for Global Survival that MD Management provide its physician clients with alternative investment options, Robert Hewett, MD Management's president and chief executive officer, stated that the company "has not observed any demand for a restriction on investments in the armaments industry."² Really? One would presume that the need for such a restriction would be as obvious to the CMA as it was to the editors of *The Lancet*.

In any case, let me spell it out for MD Management. Please do not invest my money in corporations that profit from the sale of instruments of war.

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Measuring frailty in geriatric patients

The new tool to measure frailty in the elderly recently promoted by Kenneth Rockwood and colleagues¹ is one of many produced in what appears to be a never-ending search for a Holy Grail: a precise and useful measure of frailty in the geriatric population.

The care of geriatric patients is difficult and complex. It involves managing