Letters

Letters, which may not necessarily be published in full, should be restricted to not more than 250 words. When relevant, comment on the letter is sought from the author. Due to production schedules, it is normally not possible to publish letters received in response to material appearing in a particular issue earlier than the second or third subsequent issue.

Antidepressants in pregnancy

Editor, – Current research and information is essential in determining the need for pharmacotherapy of depression during pregnancy and postpartum (Aust Prescr 2007;30:125–7). Therapeutic Guidelines provides a framework for practitioners to address the decision of whether or not to prescribe a psychotropic drug. This includes the risks of prescribing as well as the risks of not prescribing.\(^1\)

Another useful resource is the Therapeutic Advice and Information Service (TAIS), which is funded by the National Prescribing Service. By calling 1300 138 677, health professionals can obtain advice regarding individual patients in a timely manner. This information is provided by drug information pharmacists with access to current medical literature and clinical training to assist with questions relating to drug use during pregnancy and lactation.

Felicity Prior
Director, Hunter Drug Information Service
Calvary Mater Newcastle
NSW

On behalf of the Therapeutic Advice and Information Service

Reference

Marine animal injuries

Editor, – I would like to thank Dr Isbister for his excellent review of marine animal injuries (Aust Prescr 2007;30:117–21). One issue not raised is the importance of ensuring adequate tetanus prophylaxis in patients with stingray or venomous fish injuries, as tetanus secondary to the wound is a reported cause of death in stingray injury. Tetanus immunisation status needs to be determined in patients with these penetrating wounds, and prophylaxis used as required.

Michael Corkeron
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Intensive Care Unit
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Reference

Dr Geoffrey Isbister, author of the article, comments:

I agree that all patients with penetrating marine injuries should have a review of their tetanus prophylaxis, particularly in the interests of keeping tetanus prophylaxis up to date in any patient with a penetrating wound.

Consumer Medicine Information

Editor, – Thank you for publishing the article (Aust Prescr 2007;30:122–4) about some of the concerns surrounding access to and distribution of Consumer Medicine Information (CMI). It has become obvious that many patients are not being offered or receiving any information about the drugs they take, which is unacceptable and unsafe.

We agree that there is a need to increase the provision of CMIs so that health consumers can be properly informed about the drugs they are taking. However, there are a number of other issues identified by health consumer groups which we would like to highlight.

Health consumer groups, including the two which I chair, have approached all relevant stakeholders with the following three-pronged proposal:

1. provision of a central repository for all CMIs for prescribed drugs
2. review of payments to pharmacists for providing CMIs
3. encouragement of pharmaceutical companies to provide printed CMIs with their product.

We are delighted that the TGA has agreed to become the central repository for CMIs, although disappointed that to date consumers do not appear to have been invited to assist in its establishment.

Some pharmaceutical companies have continued to provide package inserts with their product, and some have agreed to restore these. The problem of pharmacists receiving funding to provide CMIs at point of sale and not doing so, remains unaddressed.

We look forward to further productive discussion on how to make a good system work better, for prescribers and for consumers.

Sally Crossing
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