CJEM AND PHARMACEUTICAL ADVERTISEMENTS

To the editor: Regarding the July 2009 editorial "*CJEM* and pharmaceutical advertisements: it's time for an end,"[1] CAEP's current position is that relationships between CAEP and industry, including pharmaceutical companies, are acceptable. This applies by extension to *CJEM*, as CAEP is the parent organization of *CJEM*, and pharmaceutical advertising in *CJEM* is a component of these industry relationships. Industry relationships are governed by the CAEP codes of conduct[2] as well as the CAEP Industry Relations Policy.[3] These policies can be found on the CAEP website. The CAEP Board of Directors is always open to feedback from the membership on this or any other issue.

Chris Evans, MD
President, CAEP

References

1. Lexchin J. *CJEM* and pharmaceutical advertisements: it's time for an end. *CJEM* 2009;11:375-9.
2. Canadian Association of Emergency Physicians. Administrative documents. Available: http://caep.ca/template.asp?id=392BB16DB92046B48CCC8D74C593EF28 (accessed 2009 Nov 30).
3. Policy of the Canadian Association of Emergency Physicians. Interaction with the pharmaceutical industry, health supplies industry and other commercial bodies. Available: http://caep.ca/CMS/get_file.asp?id=5EB34E40EED0460FB7EBE22393D37197&ext=.pdf&name=CAEP-IndustryRelationsPolicy-28Oct05.pdf (accessed 2009 Nov 30).

Letters will be considered for publication if they relate to topics of interest to emergency physicians in urban, rural, community or academic settings. Letters responding to a previously published *CJEM* article should reach *CJEM* head office in Vancouver (see masthead for details) within 6 weeks of the article's publication. Letters should be limited to 400 words and 5 references. For reasons of space, letters may be edited for brevity and clarity.

Les lettres seront considérées pour publication si elles sont pertinentes à la médecine d'urgence en milieu urbain, rural, communautaire ou universitaire. Les lettres en réponse à des articles du *JCMU* publiés antérieurement devraient parvenir au siège social du *JCMU* à Vancouver (voir titre pour plus de détails) moins de six semaines après la parution de l'article en question. Les lettres ne devraient pas avoir plus de 400 mots et cinq références. Pour des raisons d'espace et par souci de concision et de clarté, certaines lettres pourraient être modifiées.

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INTRODUCING THE FIRST AND ONLY ANTIARRHYTHMIC DRUG INDICATED TO REDUCE THE RISK OF CV HOSPITALIZATION DUE TO AF IN AF PATIENTS

PMULTAQ™: Significantly reduced the risk of CV hospitalization (secondary endpoint) 26% RRR

(Incidence of events: 29.3% [*n*=2,301] vs. 36.9% placebo [*n*=2,327]; HR 0.74; 95% CI 0.67 to 0.82; $p<0.001$)[1,2]*

Generally safe and well-tolerated[1†]

(The most common AEs were diarrhea [9.0%], nausea [4.9%], fatigue [4.3%], abdominal pains [3.5%], and bradycardia [3.3%]. In pooled clinical trials, premature discontinuation due to AEs occurred in 11.8% of MULTAQ™-treated patients [7.7% placebo].)

Easy to dose

(Fixed dose of 400 mg BID)

MULTAQ™ is indicated for the treatment of patients with a history of, or current, atrial fibrillation to reduce the risk of cardiovascular hospitalization due to atrial fibrillation.

MULTAQ™ is contraindicated in patients with severe congestive heart failure (Stage NYHA IV) and other unstable hemodynamic conditions. It should be used with caution in patients with moderate CHF (Stage NYHA III) and only if the benefits are deemed to outweigh the risks involved. MULTAQ™ is also contraindicated in patients with second- or third-degree AV block or sick sinus syndrome (except when used in conjunction with a functioning pacemaker); bradycardia <50 bpm; QT_c Bazett interval ≥500 msec; severe hepatic impairment; pregnancy; lactation; or a history of hypersensitivity reactions to MULTAQ™ or any of its excipients or component of the container.

MULTAQ™ must not be co-administered with strong CYP 3A4 inhibitors, such as ketoconazole, itraconazole, voriconazole, cyclosporin, telithromycin, clarithromycin, nefazodone, and ritonavir. Co-administration of drugs prolonging the QT interval (such as phenothiazines, bepridil, tricyclic antidepressants, certain oral macrolides, and Class I and III antiarrhythmics, which may induce torsades de pointes) is contraindicated because of the potential risk of proarrhythmia.

Treatment with Class I or III antiarrhythmics (such as flecainide, propafenone, quinidine, disopyramide, dofetilide, sotalol, amiodarone) must be stopped before starting MULTAQ™.

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