GUEST EDITORIAL

Pharmacology

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COMMON ADVERSE DRUG REACTIONS WITH PSYCHIATRIC MEDICATIONS AND AN APPROACH TO THEIR MANAGEMENT

Adverse drug reactions are as important in psychiatric practice as they are in any other branch of medicine.

CHRISTOPHER P SZABO, MB BCh, MMed, FCPsych, PhD, MSc Med (Bioethics & Health Law)

Professor and Head, Division of Psychiatry, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, and Chief Specialist and Head, Department of Psychiatry, Charlotte Maxeke Johannesburg Academic Hospital, Johannesburg

Professor Szabo recently published a book entitled Eating Disorders and is currently editing a book on HIV and mental health (funded through proceeds of the sale of Eating Disorders). He has contributed chapters on eating disorders and publishing in Africa and is co-editing a book on contemporary African psychiatry – both books are due for publication in 2011. In addition, he is editor-in-chief of the African Journal of Psychiatry (www.ajop.co.za).

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ANTIRETROVIRAL ADVERSE DRUG REACTIONSAND THEIR MANAGEMENT

How to recognise, manage and avoid adverse effects of antiretrovirals.

CATHERINE ORRELL, MB CHB, MMed, MSc, DCH Dip HIV Man

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Catherine Orrell is a clinical pharmacologist and HIV clinician who has been working with HIV-infected patients since 1997. She has been involved in several of the first programmes to deliver antiretroviral therapy in South Africa. Her particular interests are in HIV pharmacology, adherence to ART and long-term retention in care.

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CUTANEOUS ADVERSE DRUG REACTIONS

Idiosyncratic and potentially serious cutaneous adverse drug reactions (CADRs), although relatively rare, account for significant morbidity and mortality.

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Rannakoe is a consultant dermatologist at Groote Schuur Hospital and the University of Cape Town as well as a PhD candidate attached to the Lung Infection and Immunity Unit in the Department of Medicine of the University. His interests include adverse drug reactions and their immunology, with a particular focus on antituberculous drugs.

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DRUG-INDUCED LIVER INJURIES

Drug-induced liver injury is a significant cause of liver disease, including chronic liver disease.

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Dr Sonderup trained as a pharmacist before studying medicine at UCT. He obtained his FCP (SA) in 2002 and trained in the UCT/MRC Liver Research Centre. He has been a Senior Specialist and Lecturer in the Department of Medicine and Hepatology Division since 2006. His interests include HIV-associated liver disease, viral hepatitis and liver disease associated with porphyria.

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PHARMACOVIGILANCE: THE DEVASTATING CONSEQUENCES OF NOT THINKING ABOUT ADVERSE DRUG REACTIONS

The burden of adverse drug reactions (ADRs) on patient care has been found to be high globally and is particularly high in South Africa.

USHMA C MEHTA, Pharm D DrPH

Independent Pharmacovigilance Consultant and Consultant for WHO Tropical Diseases Research

Dr Mehta has been involved in pharmacovigilance since 1996. She served, until recently, as the Chairperson of the Medicines Control Council's Pharmacovigilance Committee and is currently assisting WHO in developing a global pregnancy registry for identifying birth defects and their potential drug-related causes.

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DRUG-INDUCED RENAL INJURY

The kidney plays an important role in the elimination of many drugs and their metabolites.

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Eric is a final-year registrar in clinical pharmacology at the University of Cape Town. He has an interest in drug-induced renal injury and recently wrote about the incidence of drug dose adjustment in renal impairment in the SAMJ.

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Gary is head of the Division of Clinical Pharmacology. He has published widely in the field of HIV and tuberculosis research.

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Recommended review articles for further reading

Bentley ML, Corwin HL, Dasta J. Drug-induced acute kidney injury in the critically ill adult: recognition and prevention strategies. Crit Care Med 2010;38(6 Suppl):S169-174. Guo X, Nzerue C. How to prevent, recognize, and treat drug-induced nephrotoxicity. Cleve Clin J Med 2002;69(4):289-312.

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Further reading

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Gagnon R, et al. Safe vaccination of patients with egg allergy with an adjuvanted pandemic H1N1 vaccine. J Allergy Clin Immunol 2010;126:317-323.

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Lemon-Mule H, Sampson HA, Sicherer SH, et al. Immunologic changes in children with egg allergy ingesting extensively heated egg. J Allergy Clin Immunol 2008;122:977-983.

MORE ABOUT... PHARMACOLOGY

Egg allergy and immunisation in children

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Further reading

Ahrens B, Lopes de Oliveira LC, Schulz G, et al. The role of hen's egg-specific IgE, IgG and IgG4 in the diagnostic procedure of hen's egg allergy. Allergy 2010;65:1554-1557.

Ando H, Moverare R, Kondo Y, et al. Utility of ovomucoid-specific IgE concentrations in predicting symptomatic egg allergy. J Allergy Clin Immunol 2008;122:583-588. Bolhke K, Davis RL, et al. Risk of anaphylaxis after vaccination of children and adolescents. Pediatrics 2003;112(4):815-820.

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Greenhawt M, et al. The safety of H1N1 influenza A vaccine in egg allergic children. Ann Allergy Asthma Immunol 2010;105(5):387-393.

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CASE REPORT

Further reading

Dinis-Oliveira RJ, Duarte JA, Sánchez-Navarro A, Remião F, Bastos ML, Carvalho F. Paraquat poisonings: mechanisms of lung toxicity, clinical features, and treatment. Crit Rev Toxicol 2008;38(1):13-71.

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