The purpose of moving Plan B to Schedule II was to make it more accessible to women (thus reducing unwanted pregnancies and abortions), while still ensuring the appropriate level of counselling from a trained health professional. Pharmacists have no interest in a woman’s sexual history except to determine if Plan B, which has maximum effectiveness for only 72 hours, is appropriate for their situation, as outlined in the assessment in SOGC’s clinical practice guidelines on EC. The guidelines are not new and represent best standards of practice. A physician or nurse practitioner would ask a woman requesting EC the same questions. Many women who ask for Plan B have a lot of questions and misinformation, and appreciate the opportunity to speak with a pharmacist. Pharmacists frequently find that a fair number of women who ask for EC do not, in fact, require it and therefore do not pay for or use an unnecessary drug. When providing EC, pharmacists also routinely refer women to a physician for long-term birth control and screening for STDs.

It is interesting that the article concludes by admitting that no women have complained to privacy commissioners. We believe that women are actually benefiting from pharmacist counselling on EC, and this is an issue manufactured by CMAJ to grab some headlines. The real health issue that CMAJ should be addressing is that in Canada 1 in 4 pregnancies ends in abortion. Increased access to emergency contraception with an opportunity for the woman to consult with a health professional can significantly reduce the number of unwanted pregnancies.

George Murray
President, Canadian Pharmacists Association

REFERENCES
1. Eggertson L, Sibbald B. Privacy issues raised over Plan B: women asked for names, addresses, sexual history. CMAJ 2005;173(12):1435-6.
2. Eggertson L, Sibbald B. Privacy issues raised over Plan B: women asked for names, addresses, sexual history. CMAJ 2005;173(12):1455-6.
3. Information and Privacy Commissioner / Ontario. Controversial morning-after pill screening form scrapped in Ontario (news release). 2005 Dec 7. DOI:10.1503/cmaj.1050264

Biopeptides and immune exclusion

Successful probiotics have the ability to adhere to the gut preventing attachment of pathogenic bacteria and help to restore immunologic quiescence. Unfortunately, Nandini Dendukuri and colleagues’ systematic review was unable to find clinical benefit for treatment of Clostridium difficile-associated diarrhea (CDAD).

The important question is, Can probiotics or biologically active peptides induce a lasting immune response? Probiotics stimulate the synthesis and secretion of polymeric IgA, the antibody that protects mucosal surfaces against harmful bacterial invasion, the concept underlying immune exclusion. Appropriate colonization with probiotics can thus help to produce a balanced Th helper (Th1) cell response. An imbalance in Th1 cells partly contributes to clinical disease: Th2 imbalance contributes to atopic disease and Th1 imbalance contributes to Crohn’s disease and Helicobacter pylori-induced gastritis.

LeBlanc and colleagues demonstrated that oral administration of an immunologically active peptide (derived after extensive proteolysis by Lactobacillus helveticus) enhanced immunomodulatory action and increased IgA+ B-lymphocytes in the intestinal lamina propria of mice, and offered protection against further Escherichia coli 0157:H7 challenge. Benyacoub and colleagues showed that the probiotic organism Enterococcus faecium SF68 offered specific humoral and cellular (increased CD4+ in Peyer’s patches and spleen) responses against Giardia intestinalis infection in mice.

Perhaps we are just beginning to understand the complex coexistence and interdependence between microbes and man.

Sujoy Khan
Department of Immunopathology
St. Bartholomew’s Hospital
West Smithfield, London, UK

REFERENCES
1. Dendukuri N, Costa V, McGregor M, et al. Probiotic therapy for the prevention and treatment of...