Screening for urinary tract infection

To the editor: I have read Dr. G.S. Arbus's report on a carefully conducted urinary screening program (Can Med Assoc J 116: 1141, 1977) and agree with his conclusion that mass screening of young children for urinary tract infection is not cost-effective at present. However, I am concerned that his conclusion may discourage physicians from doing quantitative urine cultures routinely as a screening procedure for children they see in their offices with a variety of complaints. It is surely an important procedure for any child who is obviously ill, since there is a substantial likelihood of bacteriuria in any such child; this is true particularly in preschool children, in whom the localization of symptoms can be difficult.

Physicians should be educated to use this screening method not only for symptomatic children but for all children brought to a physician for whatever reason. Previously undetected urinary tract infection may be found in an appreciable proportion of ill children.

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Diphtheria in Quebec

To the editor: I was interested to read of the diphtheria outbreak described by Gauvreau and colleagues in their article "Épidémie de diphtérie survenue sur la Côte Nord du St-Laurent à l'automne de 1974" (Can Med Assoc J 116: 1279, 1977).

I wonder if the epidemic could have originated in undetected carriers from the Indian girl's reservation? The Indian reservations of Alberta are hidden reservoirs of mild or symptomless endemic diphtheria that are brought to notice only when clinical diphtheria occurs. The Indians may have innocent-looking skin lesions that yield diphtheria bacilli on culture (like the skin abrasion mentioned by Dr. Earl M. Cooperman in his editorial on page 1226 of the same issue). These lesions are a particularly prolific source because the person is healthy and ambulant, and diphtheria bacilli are spread freely from such superficial lesions.

C.H. JELLARD, DM, FRC PATH
Provincial Laboratory of Public Health University of Alberta Edmonton, Alta.

Derivatives of 8-hydroxyquinoline and neurologic damage

To the editor: There is overwhelming proof that drugs containing 8-hydroxyquinoline derivatives used in treatment of diarrhea may cause serious neurologic damage. The therapeutic benefit from these drugs has not been shown to be in reasonable proportion to the side effects. According to generally accepted medical principles these drugs should, for this reason, not be used.

We appeal to all pharmaceutical companies that are still selling these drugs to discontinue the sale immediately.

TORSTEN BERG
BENGT HAGBERG
Swedish Pediatric Association University Hospital Linköping, Sweden

Communicating with patients

To the editor: I have a comment to make on Dr. W.C. Watson's suggestion that patients be given the results of laboratory investigation by post (Can Med Assoc J 117:117, 1977). I did this for approximately 3 years, particularly when it was a matter of notifying patients of the results of cervical smears and vaginal cultures. I had to abandon this practice because of the unreliability of the Canadian postal service. This came to light when two women whose Pap smears were grossly abnormal failed to report for further investigation. Casual enquiries disclosed a large number of patients who had never received their reports.

I suggest that the use of our present postal service for this type of communication presents a serious health hazard.

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Nalfon (fenoprofen calcium) anti-inflammatory analgesic agent

DESCRIPTION
Nalfon, fenoprofen calcium, Lilly's, is a non-steroidal anti-inflammatory agent. Fenoprofen, the active moiety of the calcium salt is di-2-3-phenoxypylylpropionic acid.

ACTIONS
Animal studies have demonstrated anti-inflammatory, analgesic, and antipyretic activities.

In clinical trials, 2,4 g produced approximately the same clinical activity as 3.9 g A.S.A.

INDICATIONS
Nalfon is indicated in the treatment of rheumatoid arthritis and osteoarthritis.

COMMUNICATIONS
Nalfon should not be given to patients hypersensitive to this drug. Nalfon is contraindicated in patients with peptic ulcer or any inflammatory gastrointestinal tract disease.

WARNINGS
Since Nalfon reduces platelet aggregation and adhesiveness, its use with coumarin-type anticoagulants or heparin may cause bleeding complications.

Use in Pregnancy: Occurrence of Nalfon during pregnancy in humans has not been established. Therefore, its use in pregnancy should be undertaken only if the potential benefit to the patient outweighs possible risks to the fetus. Reproductive studies in animals given Nalfon have not revealed teratogenic or embryotoxic effects. Animal experiments suggest that Nalfon does not interfere with parturition and therefore its use during labor is not recommended.

Use in Children: Data to establish safety and a dosage regimen in the pediatric age group are not available at this time, and use in children is contraindicated under the age of fourteen years.

PRECAUTIONS
Although there was less microbleeding from the gastrointestinal tract with Nalfon than with salicylates, a few cases of gastrointestinal bleeding were reported during the clinical trials with Nalfon. Therefore, patients with a history of peptic ulcer or gastrointestinal bleeding should be closely supervised during therapy with Nalfon. Abdominal discomfort which may occur with Nalfon can be minimized by the co-administration of antacid or by taking the drug with food.

Physicians should be aware that Nalfon, in common with other drugs which have anti-inflammatory activity, may mask the usual signs of infection.

Sensitivity to Nalfon can develop. Two cases of anaphylaxis have been reported. Signs and symptoms included swelling of air passages, shortness of breath, hypotension, fullness in the chest, nausea and vomiting, redness of the face and upper extremities, and development of renal tubular necrosis. Both patients recovered. Patients with a history of allergy should be carefully supervised while receiving Nalfon.

A few cases of lens opacities were reported during clinical trials. Although the association with Nalfon is not clear it is advisable that physicians perform ophthalmological examinations before therapy with Nalfon and at reasonable intervals.

ADVERSE REACTIONS
Headache, dizziness, nervousness, confusion, insomnia, paresthesia and drowsiness have been reported. Abdominal discomfort or dysuria were not uncommon. Nausea, vomiting and colic together have occurred. Osteoporosis, fractures, and distal phalangeal lesions of the fingers, perniosis, and tympanosclerosis have been noted. Two instances of hypersensitivity were reported. Instances of visual loss were reported during clinical trials. A few cases of lens opacity and subcapsular cataracts were reported in one year follow-up examinations. The relationship to the drug is not clear. Tinnitus and hearing loss have been noted. A few patients reported chest pains. Several instances of edema were reported.

DOSAGES
Rheumatoid Arthritis: For the initial treatment of active rheumatoid arthritis, doses of 600 mg given 3 or 4 times a day are recommended. Once a satisfactory response has been obtained, the daily dose should be decreased in increments of 300 mg until the minimum effective dose has been established. Doses as low as 600 mg daily have been shown to control mild disease activity in the occasional patient. In the event of inadequate response, the dosage should be increased in increments of 300 mg. Maximum daily dose of Nalfon should not exceed 3600 mg.

Osteoarthritis: Patients with degenerative joint disease in general require less medication than those with rheumatoid arthritis. Doses of 300-600 mg, 3 to 4 times a day are recommended to alleviate pain and increase mobility. As in patients with rheumatoid arthritis, the dose should be adjusted to the patient's needs. Only infrequently will it be necessary to increase the daily dose to 2.4 g. 300 mg pulvules may be used while establishing minimum daily effective dose for each patient. 600 mg tablets are also available for those patients found to require a high maintenance dose.

PHARMACODYNAMY
416 mg Nalfon 300 mg (equivalent to Fenoprofen) are supplied in bottles of 300 Tablets. 300 mg Nalfon 600 mg (equivalent to Fenoprofen) are supplied in bottles of 300.

Full Product Information available upon request.