

### Drugs during Pregnancy and Lactation, 2nd edition

Schaefer C, Peters PWJ, Miller RK, editors. Academic Press, Elsevier, London (UK), 2007. 904 pages. ISBN 978-0-444-52072-2. US\$49.95.

Evaluating the safety of drugs in pregnancy or lactation is a challenge that most clinicians will face at some time in their careers. Nearly all women need some type of drug therapy while pregnant or while breastfeeding. Pharmacists who care for women who are in their reproductive years may be presented with such questions on a daily basis. In fact, a pharmacist may be the first health care professional to encounter a patient when she discovers she is pregnant, or the pharmacist may be called upon by a physician to recommend safer treatment choices for pregnant and lactating patients.

This second edition of *Drugs during Pregnancy and Lactation* is a welcome update to an already thorough reference. Its original editor (Schaefer), the 2 new editors (Peters and Miller), and all of the contributors are well regarded in the fields of teratology or drugs in lactation (or both). Many continue to counsel patients regularly as part of their clinical practice or within a teratology information service.

This textbook is divided into 2 main sections. About two-thirds of the book is dedicated to drugs in pregnancy, the remainder to drug use during lactation. The first chapter gives a brief introduction to embryology and outlines the basic principles of drug use in pregnancy, including pharmacokinetics, fetal effects, and risk communication. The latter part of the book begins with a general commentary on breastfeeding and the excretion of drugs into maternal milk. Following their respective introductions, each section of the book contains a number of chapters covering various therapeutic areas. The chapters summarize the pharmacology of the drugs used in that therapeutic area, summarize their toxic effects as they relate to pregnancy or breastfeeding, and report on the excretion of the drug into milk. In addition to the major therapeutic areas that are covered, the editors have included chapters on vaccines, vitamins and minerals, herbs, diagnostic agents and procedures, recreational drugs, poisonings, and occupational or environmental exposures.

Readers looking for a dictionary of drugs and their reproductive risks may be disappointed. Instead, by dividing the book into therapeutic areas, the editors have created an ideal resource for clinicians who are searching for the most suitable treatment option for a pregnant or lactating patient with a particular condition. Nevertheless, when the precise drug in question is already known, readers can easily locate the summary for a particular drug by referring to the exhaustive index. Drugs are listed by their generic (chemical) names, generally the European name followed by the North

American terminology. It is clear that the editors have geared this text to a worldwide audience, and as such, trade names are not used. Instead, readers are advised to consult their local pharmacopoeia for brand names.

The individual drug summaries are thorough but brief, objectively presenting the available evidence. Wisely, the authors do not present the pregnancy risk categories of the US Food and Drug Administration (A, B, C, D, and X), as these have been the subject of criticism for some time. Instead, each class of drugs is followed by a grey "recommendation" box, which concisely summarizes the drug class in plain language. The preferred and alternative treatment choices are suggested, and recommendations for follow-up are also made. A table inside the front cover of the book and on a laminated pull-out card summarize these recommendations in chart format for quick reference. The appendices of the book provide listings for teratology information services and breastfeeding support resources around the world where readers can seek out further information.

Although certain online resources, such as Teris (<http://depts.washington.edu/terisweb/teris/>) and Reprotox (<http://www.cehn.org/cehn/resourceguide/reprotox.html>), may be better able to provide the most current evidence, because they can be updated in a more timely fashion, they are also generally unaffordable for an individual clinician and may not be readily available in all settings. In today's milieu, when both time and financial resources are limited, pragmatic and succinct texts such as this are invaluable and worthy of a spot on the bookshelf of any health care practitioner who advises pregnant or lactating women.

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### Stockley's Drug Interactions Pocket Companion, 2007

Baxter K, editor. Pharmaceutical Press, London (UK). 2007. ISBN 10 0 85369 701 9. Softcover, 522 pages. Price: US\$45.

*Stockley's Drug Interactions Pocket Companion, 2007* provides concise, accurate, and clinically relevant information to pharmacists about drug interactions. As a pocket companion, it is conveniently sized and designed for quick and easy access to information. It contains over 1250 interaction monographs pertaining to specific drugs or drug groups, including extensive sections on drug-herb, drug-alcohol, and



drug–food interactions. Each monograph has been assessed by practising clinical pharmacists for its suitability for inclusion in the pocket companion. To keep the book compact, interactions involving general anesthetics, multiple antiretroviral regimens, multiple antineoplastic regimens, and IV antineoplastic drugs have been omitted. The unabridged reference work, *Stockley's Drug Interactions*, or specialty references should be consulted for these specific interactions. In some cases, so-called non-interactions have been included, particularly where there has been controversy over whether or not a drug interacts with other agents.

Each monograph provides a succinct 2-part message, the first containing a brief summary of the evidence for the interaction (if known) and the second containing information on its clinical importance and helpful guidance on how to manage the interaction in practice. For common drugs and drug classes, a brief overview at the beginning of each section discusses the most common types of interactions that can be expected with that drug or class (e.g., aminoglycosides may have additive nephrotoxicity with other nephrotoxic drugs, so these combinations should be used with caution, and increased monitoring of renal function is recommended). Monograph data are fully referenced to published sources, including clinical studies, case reports, and systematic reviews. Because of space limitations, however, the references are not included in the pocket companion but are available only in the full reference work, *Stockley's Drug Interactions*, or on the publisher's website (<http://www.medicinescomplete.com>).

Each monograph has been assigned 1 of 4 rating symbols, which offer guidance on the clinical importance of the interaction, according to the severity of the interaction, the strength of the evidence supporting the interaction, and whether any action needs to be taken to minimize the interaction. The 4 ratings are as follows: interactions that have a life-threatening outcome and drug combinations for which concurrent use is contraindicated by the manufacturer(s); drug combinations for which concurrent use may result in a significant hazard to the patient and for which dosage adjustment or close monitoring is needed; drug combinations for which there is some doubt about the outcome of concurrent use and for which it may be necessary to give patients some guidance about possible adverse effects and/or consider monitoring; and interactions that are not considered to be of clinical significance and drug combinations for which no interaction occurs.

The absence of an index makes it difficult to look up interacting drug pairs in this book. However, the book is organized alphabetically by generic drug name or drug class (either pharmacologic or therapeutic), with cross-references to the corresponding interacting drug or drug class. For example, an interaction between amiodarone and  $\beta$ -blockers appears under A, and amiodarone is listed under  $\beta$ -blockers with a cross-reference to the appropriate page. Only drug classes that are widely recognized are included. To determine what constitutes a drug class, the user must refer to the list of drug classes in the Preface of the book. In the case of poorly defined drug classes, the individual members of the class are cross-referenced. In other cases, users must determine if the drug they are looking for matches one of the predefined drug classes. When looking up a drug class, specific details of interactions of the individual members of that class are

provided. Since this is a British publication, drugs that are available in the United Kingdom but not in Canada are included, whereas some drugs that are available in Canada but not in the United Kingdom are not included. International Non-proprietary Names (INNs) are used throughout, which are not necessarily the same as Canadian generic names, but for many drugs, there is a cross-reference from the Canadian name.

General information is provided about the mechanism of the interaction and its severity, likelihood, onset, and duration, to provide some context for the interaction without too much complexity. Where information about the interaction conflicts, this is highlighted. Practical advice on management is provided, including the signs and symptoms of the interaction to monitor for and the preferred therapeutic alternatives to the interacting drugs. In some cases, a clearer, more explicit explanation of the interaction and suggested management strategy could be provided, especially given the content of other drug interaction references. In many cases, fewer details are provided about the studies supporting the interactions than in other drug interaction references. On the other hand, this book is comprehensive in terms of the number of interactions it covers, and it includes many minor or pharmacodynamic interactions that other references would not mention. Similarly, many of the theoretical interactions and contraindications that appear in the manufacturers' product monographs and that are endorsed by the UK Committee on Safety of Medicines are incorporated into the interaction monographs.

In summary, this resource could be recommended to pharmacists as a quick reference guide on drug interactions. Despite some limitations, such as the British content and the lack of an index, it covers a wide range of drug interactions and offers a practical approach to management.

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## Pharmacy Ethics and Decision Making

Wingfield J, Badcott D. Pharmaceutical Press, London (UK), 2007. ISBN 978-0-85369-689-6. Softcover, 298 pages plus appendix.

*Pharmacy Ethics and Decision Making* is described by its authors as "a primer in professional ethics and accountability for practising pharmacists" (page viii), for a readership of students, interns, and new pharmacists. A potentially important addition to that list are pharmacist immigrants who are preparing to qualify by examination in their new jurisdiction and who therefore need to review (and perhaps upgrade) their understanding of pharmacy ethics.

The authors' education and experience in the fields of both pharmacy and ethics (and, for one author, in law as well) have enabled them to create a book that builds smoothly from consideration of ethical theory, moral concepts in health care, and moral reasoning to a discussion of professionalism, accountability, and the professional decision-making process,

