LETTERS TO THE EDITOR

Fellowship in Medical Editing

The Section of Scientific Publications of the Mayo Foundation for Medical Education and Research is initiating a 1-year fellowship in medical editing and publishing beginning July 1, 2004, in Rochester, Minnesota. The Foundation publishes the monthly *Mayo Clinic Proceedings* and a variety of other publications. The fellow will receive hands-on training and orientation in all aspects of medical editing and publishing. This fellowship is open to candidates holding a PharmD degree, as well as those with medical degrees.

Unfortunately, the deadline for applications for this inaugural year has just passed. However, interested Canadian candidates may wish to keep this fellowship in mind for next year. The contact person is Rosemary Perry, Section of Scientific Publications, Mayo Foundation, 200 First Street SW, Rochester MN 55905.

This is a unique opportunity for those interested in a full-time or part-time career in health care writing and editing. As far as I know, the only other journal that offers this type of fellowship is the Lancet, but I'm uncertain whether the latter is open to candidates with a pharmacy education.

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Quinolone Hyperglycemia and Hypoglycemia

In their article about hypoglycemia and hyperglycemia associated with marketed fluoroquinolones, Sandra Tailor and others[1] state that the number of case reports of hypoglycemia, hyperglycemia, or both was significantly higher for gatifloxacin than for either levofloxacin or moxifloxacin, noting that this may identify a safety signal for gatifloxacin. While this conclusion may indeed be valid, the data from the Canadian Adverse Drug Reaction Monitoring Program (CADRMP), a spontaneous surveillance system through which adverse reactions to health products are voluntarily reported to manufacturers and Health Canada,[2] must be interpreted with caution. As stated on the Web site for the Canadian Adverse Drug Reaction Information System (CADRIS),[2] the data in the CADRIS database should not be used as the basis for numeric comparisons of reactions associated with different health products, since neither the total number of reactions occurring nor the number of patients exposed to the health product is known.

The issue of exposure is important. For example, if gatifloxacin is used more frequently than either levofloxacin or moxifloxacin, there may be an increased likelihood of seeing adverse reactions with this drug. I contacted the manufacturers of each of the 3 respiratory fluoroquinolones compared in the study by Tailor and others[1] to obtain information on drug usage trends, but the information available from each company was not directly comparable.

In addition, although Health Canada records the profession of those who report adverse drug reactions (e.g., pharmacist, physician, nurse), it does not keep track of whether the reports originate from the community or hospital setting, and there may be a reporting bias for hospital inpatients. For example, changes in blood glucose levels are more likely to be seen in hospital patients because of more intensive monitoring in this population. This problem is particularly noticeable for nondiabetic patients, who would otherwise not be routinely monitoring their blood glucose levels. Even in patients with diabetes, changes in blood glucose levels while receiving a fluoroquinolone may be attributed to the infection rather than being interpreted as a potential side effect of the fluoroquinolone antibiotic.

Health care professionals should continue to report adverse drug reactions to the CADRMP, as these reports can be used to identify potential safety signals. In the case of gatifloxacin-associated glycemic changes, such signals have alerted health care professionals to the reaction and have thus allowed patients to be monitored accordingly. Whether the frequency of hyperglycemia or hypoglycemia is higher with gatifloxacin than with other fluoroquinolones is not yet known, but health care professionals must recognize the possibility of these adverse reactions with any fluoroquinolone, monitor patients (both diabetic and nondiabetic) for their occurrence, and report these conditions should they occur.

References

1. Tailor SAN, Simor AE, Cornish W, Phillips E, Knowles S, Rachlis A. Analysis of spontaneous reports of hypoglycemia and hyperglycemia associated with marketed systemic fluoroquinolones made to the Canadian Adverse Drug Reaction Monitoring Program. *Can J Hosp Pharm* 2004;57:12-7.
2. Health Products and Food Branch. Canadian Adverse Drug Reaction Information System (CADRIS) [on-line]. Ottawa: Health Canada (ON); updated 2004 Mar 3. Available at: www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/fact_cadris_e.html. Accessed 2004 Apr 16.

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