



inflexibly. We would argue that the SSRIs do have an important role to play in psychiatric practice, including that of child and adolescent psychiatry, and that clinicians should, as always, balance the benefits and risks for any particular patient and keep the interests of the patient paramount. Obtaining an expert opinion from a child and adolescent psychiatrist would be useful in situations where a practitioner is unsure. We hope that the MCC will urgently reconsider the wording of this directive, in the interests of the many young patients who may otherwise be deprived of necessary and effective treatments.

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- Stein DJ. Cosmetic psychopharmacology of anxiety: Bioethical considerations. *Current Psychiatry Reports* 2005; 7: 237-238.
- National Adverse Drug Event Monitoring Centre, Medicines Control Council. Drug Alert. Warning: selective serotonin reuptake inhibitors in children and adolescents. *S Afr Med J* 2005; 95: 660.
- FDA Public Health Advisory, 15 October 2004. Suicidality in children and adolescents being treated with antidepressants. <http://www.fda.gov/cder/drug/antidepressants/SSRIPHA200410.htm> (last accessed 28 September 2005).
- Fergusson D, Doucette S, Cranley Glass K, et al. Association between suicide attempts and selective serotonin reuptake inhibitors: systematic review of randomised controlled trials. *BMJ* 2005; 330: 396-403.
- Greenhill LL, Vitiello B, Riddle MA, et al. Review of safety assessment methods used in pediatric psychopharmacology. *J Am Acad Child Adolesc Psychiatry* 2003; 42: 627-633.
- European Medicines Agency/CHMP/12981805/2005: Press Release: European Medicines Agency finalises review of antidepressants in children and adolescents. <http://www.emea.eu.int/pdfs/human/press/pr/12891805en.pdf> (last accessed 28 September 2005).
- Hazell P, O'Connell D, Heathcote D, Henry D. Tricyclic drugs for depression in children and adolescents (Cochrane Review). In: *The Cochrane Library*, issue 1. Chichester: John Wiley & Sons, 2004.
- Treatment for Adolescents With Depression (TADS) Team. Fluoxetine, cognitive-behavioral therapy, and their combination for adolescents with depression. Treatment for Adolescents With Depression Study (TADS) randomized controlled trial. *JAMA* 2004; 292: 807-820.
- Research Unit on Pediatric Psychopharmacology Anxiety Study Group (RUPP). Fluvoxamine for the treatment of anxiety disorders in children and adolescents. *N Engl J Med* 2001; 344: 1279-1285.
- Geller DA, Biederman J, Stewart SE, et al. Which SSRI? A meta-analysis of pharmacotherapy trials in pediatric obsessive-compulsive disorder. *Am J Psychiatry* 2003; 160: 1919-1928.
- Isacson G, Holmgren P, Ahlner J. Selective serotonin reuptake inhibitor antidepressants and the risk of suicide: a controlled forensic database study of 14 857 suicides. *Acta Psychiatr Scand* 2005; 111: 286-290.
- Gibbons RD, Hur K, Bhaumik DK, et al. The relationship between antidepressant medication use and rate of suicide. *Arch Gen Psychiatry* 2005; 62: 165-172.
- Licinio J, Wong ML. Depression, antidepressants and suicidality: a critical appraisal. *Nat Rev Drug Discov* 2005; 4: 165-171.

Rocephin – the thin end of the wedge

To the Editor: I am sure I speak for many colleagues who have been cajoled, squeezed, begged and pressurised by medical aids, hospital administrators, pharmacists and representatives to stick to formularies to the point at which, backs against the wall, we say, 'No more!' The 'thin edge of the wedge' for me is the Rocephin issue.

I have grown up with Rocephin. For me, rightly or wrongly, Rocephin is the drug that diminishes my anxiety, oh so slightly, over the safety of my patients; that may prevent meningitis

secondary to sinus surgery; and that may stop a child's otorrhoea when other drugs have failed and prevent him or her from developing mastoiditis.

But despite evidence that many generics are inferior,¹ the pressure is on me not to use Rocephin, but to prescribe a generic, for the vast saving of about R5 per dose.

When will this pressure stop? If I surrender on the Rocephin issue, what comes next? Are the medical aid administrators, the hospital managers and the pharmaceutical buyers willing to share the medical risk that I face on a daily basis? Will they stand in the dock with me one day, and admit to using medications that are not proven to be equal in efficacy?

We hear so much about 'sharing risk' nowadays. The best way those pressurising me to use 'their' not 'my' choice of drugs can share risk, is by sharing my risk. What about, as a suggestion, paying all or part of my medical indemnity insurance?

I'm not looking for handouts. I'm not looking for perverse incentives. I don't even know, or care, whether the 'local' generic ceftriaxone is equivalent to Rocephin. For a saving of only R5 a dose? I learn from one generic manufacturer that their local factory manufacturing quality is excellent, and then I hear that the drug I am interested in is allegedly manufactured in Turkey, shipped to Germany, and then to South Africa where it is distributed.

For me there is a line I dare not cross, on the other side of which my autonomy stands for nothing. Where I still have a choice, I must fight to maintain it, lest that thin edge of the wedge be pushed in further and further, until it becomes a thick edge, and then a wall. 'Rocephin' for me is that issue, and I will not budge. It is time we as a collective organisation of medical professionals stand up and say to those who would manipulate us 'This far and no further'.

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- Lambert PA, Conway BR. Pharmaceutical quality of ceftriaxone generic products compared with Rocephin. *J Chemother* 2003; 15: 357-368.

Problematic childhood atopic eczema consensus document?

To the Editor: The childhood atopic eczema consensus document published as part 2 of the June issue of the *SAMJ*¹ is problematic and necessitates the following comments.

A discussion of the controversy over the definition of atopic eczema is necessary, particularly in view of the recommendations that pertain to allergy testing. Without this the rest of the article is open to misinterpretation. When dermatologists speak of atopic eczema they mean a clinical diagnosis. As