

person diagnosed with major depressive disorder should be reinterviewed, specifically to rule out the diagnosis of bipolar disorder. Think of all the lives, jobs and families that would be saved by incorporating this one “functional inquiry” into our diagnostic process.

Patrick¹ referenced the recent research indicating that in major depressive disorder, antidepressants may be no better than placebo. Perhaps their results would be more reliable if those “confounding” patients with bipolar disorder were split off from the crowd.

Barry Rich MD

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Reference

1. Patrick K. Depression deserves better treatment. *CMAJ* 2014;186:1043.

CMAJ 2015. DOI:10.1503/cmaj.115-0023

Thank you to Patrick for her recent editorial¹ on depression. Her statement that “the fact that we don’t have widely accessible and effective treatments for depression is a serious problem” is an understatement. Canada is capable of doing much better.

The way forward is through:

- a massive effort to make evidence-supported behavioural treatments accessible to all Canadians
- better integration of primary care with mental health care
- more research into strategies to improve behavioural treatment outcomes such as mindfulness to improve the outcomes of cognitive behavioural therapy
- new models for delivery of mental health care such as the Mood Disorders Association of BC Psychiatric Urgent Care Program to replace the inefficient and costly private-practice model that so many psychiatrists use²
- more research into why some individuals with depression drop out of treatment or do not respond (each individual with depression needs a thorough psychiatric assessment to identify comorbid conditions such as anxiety or personality disorder that contribute to drop out or treatment failure if not addressed)
- boosting community programs.

The need is urgent and action is required at all levels: federally, provincially and locally.

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References

1. Patrick K. Depression deserves better treatment. *CMAJ* 2014;186:1043.
2. Remick RA, Araki Y, Bruce R, et al. The Mood Disorders Association of British Columbia Psychiatric Urgent Care Program: A preliminary evaluation of a suggested alternative model of outpatient psychiatric care. *Can J Psychiatry* 2014;59:220

CMAJ 2015. DOI:10.1503/cmaj.115-0024

Penicillin VK oral suspension

In response to Gilles and colleagues research article,¹ I would like to point out that regardless of the adverse effects associated with amoxicillin use, it is among the most commonly used antibiotics for respiratory infection in Canada. It is often prescribed as a substitute for penicillin VK in the treatment of presumed or established streptococcal pharyngitides. There may be some justification for amoxicillin or cephalexin use in select streptococcal pharyngitides, but these antibiotics carry a larger spectrum of antimicrobial activity than penicillin and, as such,

raise greater concern for driving antibiotic resistance.

Underlying this dilemma, is the lack of availability for oral penicillin VK suspension for pediatric use in Canada. The oral suspension (in contrast to the available tablet form) is an orphan drug and would need to be compounded specially. Greater availability of penicillin VK oral suspension could play a small role in diminishing antibiotic resistance in the community and in diminishing some of the adverse effects attributed to the larger spectrum amoxicillin.

Nevio Cimolai MD

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Reference

1. Gillies M, Ranakusuma A, Hoffmann T, et al. Common harms from amoxicillin: a systematic review and meta-analysis of randomized placebo-controlled trials for any indication. *CMAJ* 2015; 187:21-31.

CMAJ 2015. DOI:10.1503/cmaj.115-0025

Letters to the editor

Letters have been abbreviated for print. See www.cmaj.ca for full versions and competing interests.

CORRECTIONS

Figure caption

The caption for Figure 2B in an article¹ that appeared in the Nov. 18, 2014, issue of *CMAJ* is incorrect. It should read: Non-necrotizing granulomas were detected on axillary node biopsy (hematoxylin–eosin, original magnification × 200).

Reference

1. Steriade C, Shumak SL, Feinstein A. A 54-year-old man with hallucinations and hearing loss. *CMAJ* 2014;186:1315-8.

CMAJ 2015. DOI:10.1503/cmaj.115-0026

Forum

A letter¹ that appeared in the Feb. 3, 2015, issue of *CMAJ* contains an error. A forum mentioned in the letter was hosted by the World Heart Federation and the Canadian Academy of Health Sciences. It was not hosted by the World Health Organization.

Reference

1. Campbell N, L’Abbe MR, McHenry EW. Too much focus on low-quality science? [letter] *CMAJ* 2015;187:131-2.

CMAJ 2015. DOI:10.1503/cmaj.115-0027