4. Quinn M. Canadian programme reverses high anaemia incidence [news]. *Lancet* 1996;348:394.
5. Sawchuk P, Rauliuk M, Kotaska A, Townsend S, Wilson E, Starr M. Infant nutrition program effectively prevents iron deficiency anemia in a First Nations community. *Arctic Med Res.* (Suppl) In press.
6. Nutrition Committee, Canadian Paediatric Society. Meeting the iron needs of infants and young children: an update. *Can Med Assoc J* 1991;118(5):687-92.

Response

We thank Ms Rauliuk and Dr Sawchuk for their interest in our recent paper.[1] We share their concern about potential developmental delays associated with anemia, and look forward to reading about their efforts in developing public health programs to prevent this problem in isolated First Nations populations.

We are concerned, however, about interventions advocating the use of iron-fortified formulas as the sole approach for preventing anemia during infancy, especially when the etiology of anemia in First Nations populations is not yet known. This might be a simple solution in Bella Bella, BC, where 75% of mothers choose not to breastfeed their infants at all. In contrast, Ojibway Cree mothers of the Sioux Lookout Zone invariably leave the hospital breastfeeding, and many continue to breastfeed throughout their infants' first year of life. For such populations, iron-fortified formula is at best ineffective if it reaches only a fraction of those at risk and at worst harmful if it ultimately undermines breastfeeding practices.

An alternative approach is to encourage use of iron-fortified complementary foods. These foods can be recommended universally, will not undermine breastfeeding practices, are cheaper than formula, might be affordable for First Nations families, and require less subsidy from Band Councils.

— Stewart B. Harris, MD, MPH, CCFP; Laura E. Caulfield, PHD

Reference

1. Whalen EA, Caulfield LE, Harris SB. Prevalence of anemia in First Nations children of northwestern Ontario. *Can Fam Physician* 1997;43:659-64.

Drug therapies for hyperemesis gravidarum

I am writing with regard to the Motherisk article titled, "Therapeutic abortions due to severe morning sickness: unacceptable combination"[1] in the June issue. I participated in this study.

Of my three pregnancies, I was severely hyperemetic in the first and third and vomited only episodically for the first 4 months of my second pregnancy. In my third pregnancy, I resigned from work due to extreme illness. Shortly thereafter, I was hospitalized for intravenous therapy. I vomited from 2 AM to 9 AM non-stop, had esophageal bleeding, and was dehydrated. I was unable to sip water, let alone take a pill, during the time preceding that episode of severe vomiting. What a way to celebrate New Year's Eve!

If we are unable to keep water down, how are we to take oral medication? Many hyperemetic women cannot even brush their teeth due to severe gag reflex and resort to mouthwash for the duration of pregnancy. I mentioned this several times to the interviewer at the Hospital for Sick Children. I vomited doxylamine and pyridoxine (Diclectin) tablets every time I took them, even if I tried to take them while my nausea was at an ebb. This was true of my efforts to use doxylamine and pyridoxine over the course of all three pregnancies.

Intravenous doxylamine and pyridoxine would have been my drug of choice when I was admitted to hospital. However, I was told there was no such thing, and I received dimenhydrinate intravenously for 3 days. I met a woman who claimed she was administered doxylamine and pyridoxine intravenously at a hospital in California when she was hyperemetic for the second time. This woman had been taking up to 10 doxylamine and pyridoxine tablets a day in her first pregnancy, but could not swallow pills in her second.

The reason obstetricians often resort to dimenhydrinate is, aside from its obvious efficacy, it comes in parenteral form. A Detroit Hospital's antenatal clinic advised me to take dimenhydrinate and claimed studies showed the drug had no ill effects on either mother or fetus. That was certainly true in our case.

It is great to see increased interest in this little understood "disease." I would like to see more research into its cause and not just its treatment. Some 0.3% of pregnant women suffer as I did from this disorder. That is a large amount of misery. My husband and I wanted four children, but it does not seem possible due to the severity of nausea and vomiting I suffer during my pregnancies.

— *Sheila Jennings Linehan, BA, LLB, JD*
Ottawa

Reference

1. Mazzota P, Magee L, Koren G. Therapeutic abortions due to severe morning sickness. Unacceptable combination [Clinical Challenge]. *Can Fam Physician* 1997; 43:1055-7.

Response

We thank Sheila Linehan for her thoughtful letter. Clearly, very severe cases of nausea and vomiting cannot be managed appropriately with oral medications. However, the number of women hospitalized for hyperemesis gravidarum has almost tripled since the removal of doxylamine and pyridoxine from the market,[1] strongly suggesting the drug prevented deterioration in many cases.

We have shown that dimenhydrinate, similar to other H_1 antihistamines, is safe in pregnancies.[2] However, the manufacturer does not support its use during pregnancies in the product label, hence putting physicians at medicolegal risk. Many find that unacceptable.

To address women's need for counseling, management, and drug therapy, the Motherisk Team is forming a Morning Sickness Clinic in collaboration with the Department of Obstetrics and Gynaecology at Mount Sinai Hospital in Toronto.

— *Gideon Koren, MD, ABMT, FRCPC*
Motherisk Program, Toronto

References

1. Neutel CI, Johansen HL. Measuring drug effectiveness by default: the case of bendectin. *Can J Public Health* 1995;86:66-70.
2. Seto A, Einarson T, Koren G. Pregnancy outcome following first trimester exposure to antihistamines: meta-analysis. *Am J Perinatol* 1997;14:119-24.

Manitoulin Island

The article "Dilemma of rural obstetrics"[1] by Osmun et al is geographically inaccurate. Manitoulin Island is the largest freshwater island on a lake in the world. The distinction of largest freshwater island in the world belongs to an island in the Amazon River in Brazil.

— *Peter Noble*
Oshawa, Ont

Reference

1. Osmun WE, Poenn D, Buie M. Dilemma of rural obstetrics. One community's solution. *Can Fam Physician* 1997;43:1115-9.

Correction

In the August issue, page 1386 and page 1398 were transposed. Two articles were affected: "Human immunodeficiency virus risk awareness. Evaluation of a CME program for family physicians" (*Can Fam Physician* 1997;43:1382-7) and "Treatment options for benign prostatic hyperplasia" (*Can Fam Physician* 1997;43:1395-404). Correct versions of these articles are reprinted and included with the September issue.

Canadian Family Physician apologizes for any embarrassment or inconvenience this error might have caused the authors, Dr Frank Martin and Ms Peggy Murphy and Drs Andrew Portis and David Mador, respectively.