會長的話
香港母乳代用品銷售守則

較早前政府擬訂立《香港母乳代用品銷售守則》，有意參考世衛《國際母乳代用品銷售守則》http://www.who.int/nutrition/publications/infantfeeding/9241541601/en/，以草擬本地相關守則，藉此監管母乳代用品的生產商及分銷商，禁止其以不正當手法宣傳或銷售母乳代用品及相關物品。

為應對政府籌劃規管母乳代用品的生產商及分銷商，禁止其以不正當手法宣傳或銷售母乳代用品及相關物品，本地奶粉商急忙於今年五月成立「香港嬰幼兒營養聯會」，藉着自我約束的方法，以圖緩和政府的監管。奶粉商有此一着亦甚高明，藉着「聯會」所邀請的專家，包括醫生和營養師，以抗衡由政府成立的專家小組。讓公眾覺得聯會所做的活動，以及聲明都因為有醫護人員的支持而變得中立和有份量，擺脫所有宣傳的商業性質，此等高明的包裝手法，對一般市民而言，確實有效。可是奶粉商在十月十八日，藉「聯會」名義的新聞發報，訂出業界自律《嬰兒配方奶粉市場推廣守則》後，政府、消委會以及香港母乳育嬰協會都不認同六大奶粉商的做法。政府今次能夠「企硬」，不像之前「放生」製藥公司直接銷售補血針，表現得甚有骨氣。

衞生署能夠着眼廣告對市民的影响，的確是值得嘉許的。記得在2004年，衞生署建議把九類保健聲稱，以附表形式納入《不良醫藥廣告條例》內。可見署方的而且確能夠關心市民的健康。只可適當時的立法會，因為某些緣故而放寬規管，不包括排毒、改善免疫力及減肥等三項聲稱。

提起廣告，現時有不少製藥商藉着發例的漏洞，向市民直接宣傳產品，並以超市禮卷作為推廣，把藥物當作一般商品來推銷。甚至有會導致畸胎的暗瘡藥在報章上作宣傳，這些宣傳容易吸引市民誤用藥物，後果非常危險，期望署方能多加監管。

蘇曜華
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備註：原本建議禁止九類保健聲稱，並以附表形式納入《不良醫藥廣告條例》包括：

- 調節體內糖分或葡萄糖，包括改變胰臟機能
- 調節血壓
- 調節血脂或膽固醇
- 預防、消除或治療乳房腫塊
- 調節泌尿生殖系統的機能，包括改善泌尿生殖問題的徵狀
- 調節內分泌系統，包括保持或改變激素分泌
- **有關纖體或減肥的聲稱，包括燒脂、除脂、控制食欲、吸脂及去水腫**
- **調節身體的免疫系統，以預防包括癌症、慢性疾病及感染等疾病；或改變化療、放射治療治療的作用**
- **促進排毒、清毒或降毒**

條例後來刪去最後三類

SHPHK joins "Care for your Heart" (「關心您的心」) to alert drug-food interaction of warfarin

SHPHK jointly conducted a survey on patient receiving warfarin from April to June 2001 with Care for your Heart, a cardiac patients mutual support association. 300 patients on warfarin for an average of 3 years or more were interviewed. The results showed that:

- 53% of patients did not know about drug- and/or food-interactions of warfarin

- 73% of patients had taken food that should not be taken during warfarin therapy;

- 26% of patients had taken food in amounts more than recommended during warfarin therapy;

- 9% of patients had been admitted to hospital due to side effects of warfarin.

So Yiu Wah, President of SHPHK and Dr. David Siu, cardiologist, both addressed that patient counseling is very important in the anticoagulation treatment with warfarin. Attention should be paid on patient education to avoid warfarin-interacting drugs and food substances, including health supplements, over-the-counter medicines and traditional Chinese medicine, without prior consultation with a doctors or a pharmacists.available.0mg film-coated tablets. Summary of Product Characteristics. Revised May 2009.

FDA alerts possible QT prologation with high dose citalopram and potential interaction between citalopram and CYP2C19 inhibitors

FDA has received post-marketing reports of QT interval prolongation and Torsade de Pointes associated with Celexa (Citalopram) and its generic equivalents. In addition, FDA has evaluated the results of a thorough QT study assessing the effects of 20-mg and 60-mg doses of citalopram on the QT interval in adults. In this randomized, multi-center, double-blind, placebo-controlled, crossover study, 119 subjects received citalopram 20 mg per day (Day 9), citalopram 60 mg per day (Day 22), and placebo. The overall summary of findings is as follows:

Citalopram Dose	Increase in QT Interval (ms) (90% Confidence Interval (ms))
20 mg/day	8.5 (6.2, 10.8)
60 mg/day	18.5 (16.0, 21.0)
40 mg/day	12.6* (10.9, 14.3)*

* Estimate based on the relationship between citalopram blood concentration and QT interval.

Compared to placebo, maximum mean prolongations in the individually corrected QT intervals were 8.5 and 18.5 milliseconds (ms) for 20 mg and 60 mg citalopram, respectively. For 40 mg citalopram, prolongation of the corrected QT interval was estimated to be 12.6 ms. As a result, FDA recommended that:

- Citalopram causes dose-dependent QT interval prolongation. Citalopram should no longer be prescribed at doses greater than 40 mg/day.

- Citalopram should not be used in patients with congenital long QT syndrome.

- Patients with congestive heart failure, bradyarrhythmias, or predisposition to hypokalemia or hypomagnesemia because of concomitant illness or drugs, are at higher risk of developing Torsade de Pointes.

- Hypokalemia and hypomagnesemia should be corrected before administering citalopram. Electrolytes should be monitored as clinically indicated.

- Consider more frequent electrocardiogram (ECG) monitoring in patients with congestive heart failure, bradyarrhythmias, or patients on concomitant medications that prolong the QT interval.

- The maximum recommended dose of citalopram is 20 mg/day for patients with hepatic impairment, who are greater than 60 years of age, who are CYP 2C19 poor metabolizers, or who are taking concomitant cimetidine, however, no dose adjustment is necessary for patients with mild or moderate renal impairment.

- Patients should be advised to contact a healthcare professional immediately if they experience signs and symptoms of an abnormal heart rate or rhythm while taking citalopram.