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BRINGING DRUG COMBINATIONS INTO THE FOLD

On at least two previous occasions in this column, we discussed the subject of drug names, and in particular nonproprietary drug names. In September 1961, we called attention to certain little-recognized features of such names, and specifically the clues that often can be conveyed in the name as to the category and classification of the drug. Subsequently, in June of 1966, we saluted the United States Adopted Names (USAN) Council on the effective strides it had been making to meet the needs of practitioners—those who actually use the drug names in the daily course of their professional pursuits—by coining shorter and easier-to-use names which still embody the desired informative elements.

Despite all the progress made by the USAN Council, however, one major area had been virtually untouched by this group as of 1966, and it has continued to be the object of neglect since then. We refer to drug combinations, and specifically the desirability—and downright *need*—to have useful nonproprietary names for rational drug combinations.

The job of coining and adopting satisfactory names for these combination drugs is admittedly not a simple task—there are a number of inherent difficulties, several of which are truly substantial. But, in addition, there have been signs that clearly indicate that at least some of the difficulty has not been scientific, medical, or linguistic. Rather, it has been due to obstacles or hurdles which are economically based. Such opposition stems from the rather obvious fact that a single short trade name will always be more convenient to say, write, and use than a series of nonproprietary names. By the same token, however, a practitioner's decision to use a trade name in place of a nonproprietary name, or the choice *vice versa*, should not be dictated by relative ease or difficulty in use of such terminology.

Consequently, the USAN Council recently was asked again to review this subject and to make a serious effort to develop suitable nonproprietary names for rational drug combinations. FDA's approval last year to market an anti-infective agent consisting of a one-to-five ratio of trimethoprim and sulfamethoxazole served to bring this issue back into the spotlight. Namely, there are some, albeit a relatively few, rational drug combinations, and in the case of these articles, practitioners should not be forced to use the catchy, easy trade names of "Bactrim" and "Septra" as the only alternative to the full "trimethoprim and sulfamethoxazole."

It seems equally evident that it is the USAN Council's responsibility to take the necessary action to provide practitioners with a satisfactory alternative, and to take such action without further delays. In contrast, for example, the British Pharmacopoeia Commission faced this same problem several years ago, and the BP Commission adopted the name "co-trimoxazole" for the above-mentioned drug combination in August 1971.

We are confident the USAN Council can and will do the job—particularly if the Council receives all the support it deserves from its respective sponsoring organizations and the professions and public which these sponsoring organizations are intended to represent. Therefore, in pursuing this effort the USAN Council must not permit itself to be deterred by pressures from the drug industry lobbyists, or any of their self-serving interest groups.

Edward G. Feldmann