

**R_x Files: Drug Comparison Charts, 7th Edition, Academic
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Clinical pharmacology is, in many respects, the poor relative of medicine. This is arguably due to the way that it is taught in medical and paramedical courses, in the continuation medical education and post-graduate programmes and the attitudes of University academic authorities to departmental or discipline groups or structure. The fact that a considerable number of clinical pharmacology/pharmacology and therapeutics departments or divisions have been closed in recent years in universities in the UK and some other countries is evidence for the decline in the standing of clinical pharmacology. Yet we read almost daily of some disaster from serious adverse drug reactions (ADRs), disputes about introduction of new drugs or maintenance of existing agents, for example, in the UK with the National Institute for Clinical Excellence (NICE), the European Medicines Evaluation Agency (EMA) or in the USA with the Food and Drug Administration (FDA) having taken what appears on the surface to be disputable or debatable decisions; some experts even view these decisions as being more political than factual.

A major issue is the need to recognize that knowledge of the mode of action (pharmacodynamics (PD)), disposition (pharmacokinetics (PK)) and therapeutic application of drugs is now bewildering and complex. The ever increasing array of drugs available even within classes (e.g. cardiovascular, metabolic (diabetic) and musculoskeletal) together with widespread use of over-the-counter (non-prescription) drugs and herbal remedies each with their own PK/PD properties and propensity for complex drug–drug interactions creates a nightmare situation for the medical practitioner, pharmacist or nurse (practitioner) let alone those engaged in research.

This book-manual is an amazing and comprehensive compilation of the therapeutic PK and PD properties of most of the major classes of drugs used for conditions affecting the system grouped as cardiology–hypertension, lipid/post–MI, endocrine–diabetes, GI–acid suppression, infectious diseases, musculoskeletal pain–neurology, obstetrics/gynaecology–contraception, psychiatry–mood/depression and respiratory–asthma. While this is a very comprehensive range of therapeutic classes it is noteworthy that at least four major therapeutic classes are omitted or receive scant attention, namely bone–osteoporosis/osteopetrosis, androgens, liver disease and malignancies. Yet despite these deficiencies and the focus on drugs and agents available in Canada, the layout and comprehensive coverage of the properties and recommended use of drugs/agents listed both by generic and trade names is impressive. The flip-over pages contain tabulated information (with in some cases key references or websites) arranged in headings of the drug classes, drugs, trade names, indications, side effects, drug interactions, therapeutic benefits, dose ranges as well as other therapeutic details, with comprehensive footnotes and costs (where appropriate) in Canadian dollars.

The information is claimed to be sources primarily on the basis of evidence-based medicine (EBM) and the details of the processes of critical appraisal of drug studies, their types, treatment effects, errors and what this means are laid out. While not being a fan of EBM used a-priori as the total source for assessing the value of clinical data, as long as this is not treated as the total source of all therapeutic information and in an uncritical manner then it does have its place. Often studies give good or reasonable indications that are worthy of note and when these studies are derived from small groups in rare conditions it can be very hard to apply EBM criteria to these studies.

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The amount of information conveyed in these tables is undoubtedly essential and clearly laid out for all professionals to follow. There are good clear-cut indications, contra indications and warnings for application of the drugs. One such example is the Alternate Cardiovascular Risk Assessment tables relating blood pressure in diabetic and non-diabetic patients, smokers and non-smokers with age arranged in relationship to ratio of cholesterol/high density lipoprotein values. The risks are then shown in colour code (purple, through to red and orange – very high risk graded to green-blue at moderate to low risk). These data include both heart and stroke risks.

This manual is supplied in two formats, a desk-top US letter-sized landscape layout and an approximate half-sized (of this) format, similarly organized and with the same information, which is a pocket-sized version. One needs to have good vision to read some of the abundant small print in the latter! However, it is good to have the pocket reference guide for ready reference. There is a fully comprehensive

drug index at the end of the manual containing generic and trade names.

This manual has been prepared by a group at the Saskatoon City Hospital (Saskatchewan, Canada) known as the Rx Files Academic Detailing Program, details of which can be found at www.RxFiles.ca. The group seems to be comprised of pharmacists and uses physicians/program advisors and specialist reviewers. Paradoxically, there is no mention of names of clinical pharmacologists but there is no doubt that the text and information contained in this manual is, in general, authoritative.

The purpose in reviewing this manual is that, although in some countries outside of Canada it could be regarded as having some limitations for local use, it does cover a wide range of therapeutic agents. Without doubt, however, the format, approach and presentation of drug information in this manual are an exemplar which could be followed in preparing convenient easy-to-use drug information sources in other countries.