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Ability of patients from a Bloemfontein private practice to differentiate between allergic reactions and side effects

To the Editor: The prevalence of unwanted reactions to medication is a health problem that leads to approximately 106 000 deaths per year in the USA.[1] Unwanted drug reactions are defined by the WHO as all non-therapeutic results of medicated treatment, and excludes non-compliance to treatment, overdose, medication misuse, and faulty medication administration.[1] An allergic reaction is an immune response to medication, whereas a side effect is an adverse event, which occurs when taking medication.[2] Allergic reactions that develop towards a specific medication, precludes all future use of that specific class of medicine. Side effects are more medication specific and medications of a certain class may have different side effect profiles. The choice of medication, which would cause lesser side effects, does not necessarily mean a large difference in cost. For this reason, it is important to differentiate between allergic reactions and side effects. The aim of this study was to determine whether patients in a Bloemfontein private practice could differentiate between allergic reactions and side effects.

This descriptive study included 237 patients visiting a private practice in Bloemfontein during January 2003 (children younger than 2 years were excluded). A pilot study was conducted and the questionnaire was amended accordingly. Patients were informed about the study and participation was voluntary. All information was confidential. In the case of pre-school or school children, the parents were interviewed. Patients with a perceived allergic reaction had to formulate what constituted an allergic reaction, which was then classified by the first author as a true allergic reaction or a side effect.

The patients' median age was 31 years (interquartile range, 19-43 years). A third (n=79) of all patients reported that they were allergic to medication. True allergic reactions versus side effects that patients mentioned as allergic reactions are given in Table I.

Of the 47 patients who mentioned antibiotic allergy, only 30 (63.8%) experienced true allergic reactions (95% CI [49.5%; 76.0%]). Fifteen (31.9%) patients experienced side effects (95% CI [20.4%; 46.2%]) and 2 (4.3%) patients experienced no reaction towards antibiotics. Of the 14 patients mentioning non-steroidal anti-inflammatory drug (NSAID) allergies, only 5 (35.7%) experienced true allergic reactions (95% CI [16.3%; 61.2%]) and 7 (50%) experienced side effects (95% CI [26.8%; 73.2%]). Two patients did not specify. Patients were not able to differentiate between allergic reactions and side effects. Educating patients to the differences will be to the patient and doctor's advantage, and will lead to an improved treatment regime.

Table I: True allergic reactions versus side effect as mentioned by patients as allergic reactions

Medication	True allergic reaction		Side effect	
	n	Percentage	n	Percentage
Antibiotics (n=47)*:				
One antibiotic	24	51.0	12	25.5
Two antibiotics	5	10.6	3	6.4
Three antibiotics	1	2.1	-	-
**NSAIDs: (n=14)#				
One NSAID	3	21.4	6	42.9
Two NSAIDs	2	14.3	1	7.1

* Two patients mentioned allergy but were not allergic or had any side effects when their formulations were classified.
** Non-steroidal anti-inflammatory drugs.
# Two patients did not specify.

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Sex after myocardial infarction

To the Editor: The care of the post myocardial infarction patient as described by Dr Bennet[1] outlined important lifestyle and therapeutic goals which lead to better patient care and quality of life experienced by our patients. While it is most important to achieve these lifestyle, education, health promotion and family based interventions one has to ask whether the quality of life (QOL) experienced by our patients post infarction is really in keeping with our perception. In his article Dr Bennet has not made reference or mention of return or resumption of sexual function in the couple as the patient or his partner may have significant fears about sexual activity especially after a recent MI. The lack of training of family practitioners and specialists colleagues in sexual health has led to this important aspect of our patients return to "Normal Functioning '"to be neglected or left to the patient to eventually work it out. The following questions need to be answered. Do patients ask their doctors about their return to sexual function? Is Sex important for a happy relationship? When is a post infarction patient fit for sex? Does our perception of our patients QOL match their perception?

To assist in the clinical management of sexual dysfunction and /or the resumption of sexual activity in patients with cardiac risk/cardiac disease a guideline for cardiac patients (all ages) was formulated[2]. The importance of a sexual history and assessment of sexual functioning before and after MI, if possible, cannot be emphasized enough.

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