

AUTHORS' REPLY

Dear Sir,

We appreciate Dr Bissoli's interest in our article.⁽¹⁾ We agree that nimesulide should not be used concurrently with other NSAIDs (also mentioned in our article) nor with any other potentially hepatotoxic drug, for that matter. However, as demonstrated in one of our reported patients, the nature and potential toxicity or drug interactions of many traditional medications or over-the-counter drugs may not always be obvious to less-informed lay people.

It is also important to instruct patients to stop new medication, whenever side-effects are encountered and to be reviewed by the prescribing physician. This would certainly go a long way in minimising the adverse effects of any medication (not just NSAIDs and COX-2 inhibitors) and should be encouraged among all doctors. Unfortunately, despite best efforts, such situations are not always obvious to the patient. For example, symptoms of side-effects, especially when nonspecific (e.g. dyspepsia or lethargy), may be mistaken by patients as being part of the primary illness necessitating the medication. Secondly, some symptoms and signs (e.g. jaundice) may not be obvious to the lay-person, especially at their onset early on. These are later only confirmed upon direct questioning by a doctor, or when the patient recalls them in retrospect. Thirdly, patients do not always choose to return to the initial prescribing doctor and may choose to seek another opinion. When this happens, patients may fail to reveal the names of other medications already prescribed (leading to polypharmacy) or may simply present to another doctor with his/her new symptoms without mentioning what had already transpired with the initial doctor. Better doctor-patient communication is key to better overall patient care, not just with reference to adverse effects of medications. In spite of efforts which strive for good patient-communication and better public education, the onus is still on the healthcare profession to be cautious of any potential adverse therapeutic outcomes in this less-than-perfect world. Hence, the spirit of case-reporting and efforts in pharmacovigilance to ensure prompt sharing of information (albeit imperfect), which may require further investigation for verification at a later time.

We specifically did not make any comments with regard to the incidence nor relative risk of liver injury with nimesulide use in Singapore as this was not the aim of our article. We acknowledge that a case series report, like ours, will have such limitations.

We would like to thank the authors for providing additional information on the registration and approval for the use of nimesulide around the world. In 2007, local health authorities have suspended the drug nimesulide in both Ireland⁽²⁾ and Singapore⁽³⁾ over concerns of safety issues.

Yours sincerely,

Tan Hui Hui
Ong Wei-Min Catherine
Lai Siang Hui
Chow Wan Cheng

Department of Gastroenterology and Hepatology
Singapore General Hospital
Outram Road
Singapore 169608
Email: mhyhui@gmail.com

REFERENCES

1. Tan HH, Ong WMC, Lai SH, Chow WC. Nimesulide-induced hepatotoxicity and fatal hepatic failure. *Singapore Med J* 2007; 48:582-5.
2. Irish Medicines Board, Ireland. IMB announces immediate suspension of the marketing of medicines containing nimesulide. Available at: pharmaceuticalsociety.ie/Standards/upload/File/Nimesulide.pdf. Accessed March 21, 2007.
3. Health Sciences Authority, Singapore. HSA concludes risk benefit profile for nimesulide to be unfavourable. Available at: www.hsa.gov.sg/publish/hsaportal/en/news_events/hsa_updates/2007.html. Accessed March 21, 2007.