

BRITISH MEDICAL JOURNAL

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SATURDAY 2 JUNE 1984

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CORRESPONDENCE

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We may shorten letters to the editor unless the authors specifically state that we may not. This is so that we can offer our readers as wide a selection of letters as possible. We receive so many letters each week that we have to omit some of them. Letters must be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

Visual hallucinations in children receiving decongestants

SIR,—Dr R J Sankey and others' report (5 May, p 1369) about visual hallucinations in children receiving a combination of pseudoephedrine and triprolidine (Actifed) reminds us that the time honoured cough bottle is not without side effects. In a trial of pseudoephedrine, triprolidine, and placebo in the treatment of respiratory symptoms associated with otitis media 6% of the children had to be withdrawn because of side effects including irritability, dizziness, general malaise, and nightmares.¹ Decongestant antihistamine mixtures are second only to antibiotics in prescriptions issued to children. They are often given for their presumed sedative effects, but there is no evidence that they are more effective than placebo in treating sleep disturbances in children with respiratory symptoms.¹

Studying the efficacy of a decongestant antihistamine combination in the treatment of secretory otitis media Cantekin and others found that 24% of children on the active drug had more side effects including irritability compared with 9% of those on placebo.² More serious reactions may be rare, although dystonic reactions in a child taking Dimotapp Elixir (brompheniramine, phenylephrine, and phenylpropanolamine) have been reported.³ Although visual hallucinations and dystonic reactions may be rare side effects of decongestant antihistamine mixtures the widespread prescribing of these drugs has to be more seriously questioned.

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¹ Bain DJG. Can the clinical course of acute otitis media be modified by systemic decongestant or antihistamine treatment? *Br Med J* 1983;287:654-6.
² Cantekin EI, Mandell EM, Bluestone CD, et al. Lack of efficacy of a decongestant-antihistamine combination for otitis media with effusion in children. *N Engl J Med* 1983;308:297-301.
³ Lewith GT, Davidson F. Dystonic reactions to Dimotapp Elixir. *J R Coll Gen Pract* 1981;31:241.

SIR,—Some weeks ago I gave our 2½ year old son 5 ml of Actifed (triprolidine and pseudoephedrine) before bed because of an irritating cough and runny nose. About 2 am he awoke crying saying that there were ants crawling in his bed. When I went into his bedroom he was sitting up, with a very flushed face, pointing out areas on his bed and the walls where he thought ants and spiders were crawling. I assumed this to be associated with pyrexia.

The next night, although his catarrhal symptoms were the same, he did not receive Actifed because it was forgotten. There was no early morning waking, but the following night when another 5 ml dose was given the hallucinatory period was repeated.

He has had Actifed before but probably not for some nine months, and on reflection it was common for him to wake at around 2 am and appear to be agitated but settle with a glass of water. At that age his language was not good, and it is possible that he was having hallucinations but unable to tell us.

P C DRENNAN

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SIR,—My wife asked me if I had heard of Actifed (triprolidine and pseudoephedrine)

causing odd behaviour in children on the same day that I read the article by Dr R J Sankey and others (5 May, p 1369). I would like to report two further cases and a possible third.

One 4 year old girl and one 5 year old girl (from different families) were prescribed Actifed syrup 5 ml and penicillin 125 mg four times daily to treat persistent colds associated with serous otitis media. Both girls had unusual night terrors during which they did not respond to their parents. The 5 year old complained of a rabbit staring at her at the end of her bed, and a few nights later she complained of yellow insects biting holes in her. Both girls were unusually aggressive during the day.

The mother of a five year old boy said that her son also developed night terrors while taking Actifed syrup which ended when she stopped the medicine.

None of the parents reported the symptoms to the prescribing doctor, as they thought it would be attributed to the illness or shrugged off. It is likely these symptoms are under-reported, and efforts should be made to inquire about them more often in children prescribed this group of drugs.

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Myocardial depression in streptococcal cellulitis

SIR,—Following Dr J D Edwards's and Dr P M Schofield's paper (17 March, p 816) we report a similar case.

A 27 year old woman became unwell 48 hours