more precise estimates of the antimodes of this population.

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Nabilone as effective therapy for intractable nausea and vomiting in AIDS

Nabilone is a synthetic cannabinoid (Ward & Holmes, 1985) with powerful anti-emetic properties. In the U.K. at the present time the only licensed indication for its usage is in the control of nausea and vomiting resulting from the administration of cytotoxic chemotherapeutic agents used in the treatment of neoplastic disease (ABPI, 1989).

A 52 year old bisexual HIV-seropositive man who had developed a cryptosporidial infection of his gastrointestinal tract was recently treated in the Infectious Diseases unit. He had originally been diagnosed as having the acquired immune deficiency syndrome (AIDS) in April 1988, following a bout of *Pneumocystis carinii* pneumonia. The cryptosporidial infection led to the development of intractable nausea and vomiting which in turn severely compromised the patient's ability to maintain a satisfactory enteral nutritional input. Furthermore it proved impossible to treat his underlying cryptosporidiosis (no reliable anti-cryptosporidial drug has as yet been discovered) as well as to control his gastrointestinal symptoms with conventional agents such as prochlorperazine, cyclizine, domperidone and high-dose intravenous infusions of metoclopramide. In view of the severe distress sustained by the patient, he was commenced on oral nabilone 1 mg twice daily; the therapeutic response was remarkably successful, resulting in complete cessation of the patient's nausea and vomiting, which made the patient feel more comfortable generally. The patient was maintained on nabilone for 4 days, the only side effect being a degree of drowsiness which the patient found acceptable prior to the terminal stages of his illness. He ultimately died of a probable septicaemia.

In the scenario described here the patient was fast approaching a terminal state. The rapid relief of the patient's distressing nausea and vomiting (which was a paramount consideration) following administration of nabilone suggests that the drug is efficaceous in this situation. Currently, the recommended daily dosage during cancer chemotherapy is 1 mg or 2 mg twice daily, but it can be used up to a maximum total daily dose of 6 mg (ABPI, 1989). The most common side effect is drowsiness, which was encountered in our patient, and care must be taken with concomitant administration of other central nervous system depressants, including alcohol. It can also on occasions induce psychotic and other neuro-psychiatric adverse reactions (ABPI, 1989), particularly when used repeatedly. The drug is excreted primarily by the hepato-biliary route and its usage is not recommended in patients with severe hepatic dysfunction (ABPI, 1989). Nonetheless, despite the potential for these side effects, the apparent value of nabilone as a therapeutic alternative in the treatment of intractable nausea in terminal AIDS should not be ignored and clearly warrants further investigation.

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Psychomotor effects of ketorolac

In the discussion of their article 'Psychomotor effects of ketorolac in comparison with buprenorphine and diclofenac', F. C. MacDonald *et al.* (1989) cited our study. Unfortunately, the dose of buprenorphine (50 mg orally) that they reported us to have given is incorrect. We studied the effects of buprenorphine after a sublingual dose of 0.4 mg in 12 healthy volunteers and found that it produced the clearest impairment in psychomotor skills 4 h post administration. In that study a single oral dose of 50 mg amitriptyline served as a positive control.

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