information currently available for rational management of those patients who failed contraception during paternal therapy. Our conclusion in the article describes the course of action that we think best under the uncertain circumstances. Namely, a detailed fetal ultrasound study is warranted. This is by no means a conclusive remark on the fetal risk, or lack thereof, resulting from the ribavirin–interferon treatment of the fathers.

—Shinya Ito MD FRCPC
—Nobuko Taguchi MD
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by e-mail

Teamwork

Ah "the team"—and in this case the "multidisciplinary team"—panacea for all complex, multifaceted illness. As a rural physician, I am bothered by the current overemphasis on "the team" in Canadian health care. In the article on amyotrophic lateral sclerosis in the December 2006 issue, the authors state that care of patients with amyotrophic lateral sclerosis is best provided by multidisciplinary teams.[1] I would submit that the multidisciplinary team is an urban construct that works from a geographically fixed site. The patient must travel to the site to access the resources of the team.

I provide care for patients with amyotrophic lateral sclerosis in my practice, 100 km from the capital city. My "team" consists of the neurologist, who confirms the diagnoses; the occupational therapist, who provides home visits to assess and supply the equipment for patients to be cared for at home; the respiratory therapist, who also makes home visits to service the oxygen concentrators and bi-level positive air pressure machinery; the community health nurse, who visits for wound care; the home-care worker, who provides daytime care and assistance; the clergyman, who visits for patients' spiritual needs; me; and, most important, the patients and the patients' families, who provide the bulk of day-to-day care. In my rural practice, my team brings its resources to the patient.

—Paul Bonisteel MD CCFP FCFP
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by e-mail

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1. Shoesmith CL, Strong MJ. Amyotrophic lateral sclerosis. Update for family physicians. *Can Fam Physician* 2006;52:1563-9.

Research in Wonderland

In their article about Alice's adventures with research, Liddy and Harrison describe the difficulties community doctors face with accessing necessary tools and resources.[1] I would like to remind readers that the College

of Family Physicians of Canada's library service is there to help surmount these hurdles. We can help by doing literature searches, teaching literature search skills, providing copies of articles, answering questions about information resources and tools, and in other ways. All these services are free for College members (**www.cfpc.ca/clfm/**). We look forward to meeting family medicine researchers on the other side of the looking glass!

—Lynn G. Dunikowski MLS
Director of Library Services
College of Family Physicians of Canada
by e-mail

Reference

1. Liddy C, Harrison C. Alice's adventures with the 5-weekend research seminar. *Can Fam Physician* 2006;52:1616-7 (Eng), 1618-9 (Fr).

Different conclusions about memantine

In the January issue of *Canadian Family Physician,* Dr Fadi Massoud was enthusiastic about the use of memantine in the treatment of moderate to severe Alzheimer disease, calling it "effective and well tolerated."[1] In reaching this conclusion he cited 5 studies published between 1999 and 2004.[2-6] Drug bulletins around the world and funding organizations in Canada and Australia looking at some or all of the same studies have reached markedly different conclusions than Dr Massoud has.

The *Medical Letter* noted that the drug "has been modestly effective in some US studies in improving performance."[7] The British *Drug and Therapeutics Bulletin* concluded that, at best, memantine produces only a small reduction in the rate of deterioration in global, functional, and cognitive scales among patients with moderately severe to severe disease.[8] Moreover *Drug and Therapeutics Bulletin* could not find any evidence that treatment with memantine "reduces caregiver time and helps prevent institutionalization." *Prescrire International,* the English-language translation of the French bulletin *La revue Prescrire,* said that data on the effects of memantine in patients with severe Alzheimer disease were sparse and weak. For moderately severe disease, *Prescrire* rated memantine a possible second-line option.[9] The *Therapeutics Letter* published out of the University of British Columbia said that in advanced Alzheimer disease "memantine has not been demonstrated to improve outcomes of importance to patients and caregivers."[10]

The Canadian Common Drug Review (CDR), which evaluates drugs for provincial and federal drug plans, did not recommend that the plans pay for memantine. Although 2 of 3 randomized controlled trials that the CDR assessed reported statistically significant improvements in activities of living and cognition, there was

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