

fragmented.”³ However, in a contemporary neuropathic pain trial involving randomization to nortriptyline, dry mouth (a classic anticholinergic harm) seems to us remarkably common—affecting almost 60% of participants receiving the drug.⁴

This leads us to a couple of questions:

1. If nortriptyline is the principal active metabolite of amitriptyline,³ is it likely that nortriptyline offers a meaningful safety advantage?
2. Do tricyclic antidepressants even “work”? The 2015 Cochrane systematic review for nortriptyline identified 6 trials enrolling just 310 participants.³ The reviewers write, “The studies were methodologically flawed, largely due to small size, and potentially subject to major bias.”³

—Cait O’Sullivan PharmD
Courtenay, BC

—Cristi Froyman RPh
Kelowna, BC

Competing interests

None declared

References

1. Mu A, Weinberg E, Moulin DE, Clarke H. Pharmacologic management of chronic neuropathic pain. Review of the Canadian Pain Society consensus statement. *Can Fam Physician* 2017;63:844-52.
2. McQuay HJ, Tramèr M, Nye BA, Carroll D, Wiffen PJ, Moore RA. A systematic review of antidepressants in neuropathic pain. *Pain* 1996;68(2-3):217-27.
3. Derry S, Wiffen PJ, Aldington D, Moore RA. Nortriptyline for neuropathic pain in adults. *Cochrane Database Syst Rev* 2015;(1):CD011209.
4. Gilron I, Bailey J, Tu D, Holden R, Jackson A, Houlnden R. Nortriptyline and gabapentin, alone and in combination for neuropathic pain: a double-blind, randomised controlled crossover trial. *Lancet* 2009;374(9697):1252-61. Epub 2009 Sep 30.

Kratom case report

I thank Drs Mackay and Abrahams for the rare and very good case report of maternal and neonatal kratom dependence and withdrawal in the February 2018 issue of *Canadian Family Physician*.¹ Kratom, also known as *ketum* or *herbal speedball*, is crushed or pulverized leaves of the kratom tree (*Mitragyna speciosa*) that grows in Thailand, Malaysia, Indonesia, Philippines, Myanmar, and Papua New Guinea, and is mainly offered via the Internet. This past year, Health Canada and the US Food and Drug Administration repeatedly warned against the use of kratom-containing products.^{2,3}

Mackay and Abrahams mention that apart from their new case report, kratom withdrawal in neonates has so far only been reported in Thailand¹; however, this is not entirely correct. I would like to point out that such cases have also recently been documented in the United States.^{4,5} Interestingly, a case report on neonatal abstinence syndrome after maternal regular use of kratom tea has also been published recently in the official journal of the Canadian Paediatric Society.⁶

I fully agree with the authors¹ that the increasing prevalence of kratom use with serious health risks should not be underestimated, and further case reports will certainly follow. Yes, it is extremely important that primary care physicians or practitioners, as well as other front-line health care professionals, generally determine the use of dietary and herbal supplements in their anamnesis.⁷

—Martin Hofmeister PhD
Munich, Germany

Competing interests

None declared

References

1. Mackay L, Abrahams R. Novel case of maternal and neonatal kratom dependence and withdrawal. *Can Fam Physician* 2018;64(2):121-22.
2. Government of Canada [website]. *Health Product InfoWatch—February 2018*. Ottawa, ON: Government of Canada; 2018. Available from: www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada/health-product-infowatch/health-product-infowatch-february-2018.html. Accessed 2018 Aug 1.
3. US Food and Drug Administration [website]. *FDA and kratom*. Silver Spring, MD: US Food and Drug Administration; 2018. Available from: www.fda.gov/newsevents/publichealthfocus/ucm584952.htm. Accessed 2018 Aug 1.
4. Pizarro-Osilla C. Introducing... kratom. *J Emerg Nurs* 2017;43(4):373-74.
5. Cumpston KL, Carter M, Wills BK. Clinical outcomes after kratom exposures: a poison center case series. *Am J Emerg Med* 2018;36(1):166-8. Epub 2017 Jul 15.
6. Murthy P, Clark D. An unusual cause for neonatal abstinence syndrome. *Paediatr Child Health (Oxford)* 2018 Jun 29. Epub ahead of print.
7. Levy I, Attias S, Ben-Arye E, Schiff E. Use and safety of dietary and herbal supplements among hospitalized patients: what have we learned and what can be learned?—a narrative review. *Eur J Integr Med* 2017;16:39-45.