CLINICAL SERVICES LETTER NO. 234

To Medical and Dental Practitioners
(Copy to Proprietors of Retail Pharmacies)

DALKON SHIELD IUCD

A programme aimed at reaching every woman still using a Dalkon Shield IUCD and effecting removal of the device will commence during July 1985. Television, newspaper and magazine advertising will direct any woman using a Dalkon Shield or any woman uncertain of the brand of her IUCD to her medical practitioner or family planning clinic. The manufacturer, A. H. Robins Pty Ltd, will pay for all medical services including, where appropriate, hospitalisation required for examination to identify the type of device and for removal of a Dalkon Shield. In association with the Department of Health they have prepared information for practitioners about how to handle inquiries and how to claim for services provided. Copies of this information and extra medical report forms are also available from the medical officer of health.

Services for examination and for removal of the Dalkon Shield should be free of charge to the patient. A. H. Robins Pty Ltd will reimburse any reasonable claims on receipt of an itemised account.

Identification of the IUCD

It may be possible, through checking medical records, to identify women fitted with a Dalkon Shield who have not returned for follow-up and removal. If they can be contacted they should be recalled.

The Dalkon Shield has a single attached string (thread) which is darkish in colour, is thicker than that used with other IUCDs and has a knot about 3 centimetres from its distal end. Specialist referral may be necessary if the history suggest that a Dalkon Shield may be present but no string is visible.

Removal of the Device

Removal should be preceded by a full history and physical examination. Scrupulous attention should be given to record keeping, particularly in regard to history, physical signs and laboratory confirmation of pelvic inflammatory disease. Case histories have shown that removal can be difficult and traumatic. Consideration should be given to the appropriate use of antibiotic cover, pathological specimens, pain relief or specialist referral.
Counselling

Some women will contact their practitioner or attend for examination who have been using another brand of IUCD for a long time and have not returned for follow-up, cervical smear, etc. The opportunity should be taken to recommend regular checks, in line with current practice.

Some women, having had a Dalkon Shield fitted at some time in the past, may seek advice because they are concerned that they may have suffered some damage from it. Although they do not constitute part of the Dalkon Shield Removal Programme these patients deserve the utmost consideration. Apart from obtaining their medical history and receiving treatment for any current medical condition there are other services available which they may not have considered from a lawyer, citizens' advice bureau, family planning clinic or from the consumer advocacy groups specifically offering support for Dalkon Shield users namely:

"Fertility Action"
P.O. Box 5043,
Wellington.
OR
21 Albany Road,
Auckland
OR
"The Health Alternative for Women"
P.O. Box 884,
Christchurch.

Medical Reports and Claim Forms

Completed medical reports and claim forms should be mailed in an envelope marked "confidential" to the Director, Division of Clinical Services, Department of Health, P.O. Box 5013, Wellington. Overall results of the programme will be published. Previous advice to practitioners to effect removal of Dalkon Shields was given in 1980 in a letter from the manufacturer and in 1983 in Clinical Services Letter No. 222.

**DRUG TARIFF 1984, AMENDMENT NO. 4:**

**EFFECTIVE 1 AUGUST 1985**

This Clinical Services Letter will be the only record most will have of the present changes to the Drug Tariff. As it is not a cumulative list it is suggested that this letter, along with earlier Clinical Services Letters, should be retained for reference purposes.

The preparations listed below are to be available from pharmacies without restriction unless otherwise stated.

**Additions**

Aluminium hydroxide gel with magnesium hydroxide and activated dimethicone tablets (Mylanta)
Beta-carotene with canthaxanthin capsules (Phenoro)  
Enalapril maleate (Renitec)  
Ephedrine sulphate injection  
Flecainide acetate (Tambocor)  

Retail Pharmacy—specialist  
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Retail Pharmacy—specialist
Gentamicin sulphate eye drops (Genoptic) 
Insulin plastic syringes with attached needle—Misawa brand 
Ketotifen syrup and tablets (Zasten) 
Lithium carbonate capsules (Lithicarb) 
Minocycline hydrochloride tablets 50 mg 
Mini peak flow meters (Wright brand) 
Ornidazole suppositories (Tiberal) 
Oxybutynin chloride syrup (Ditropan) 
Pregnancy test (Rapitex) 
Probucol (Lurselle) 
Sodium cromoglycate eye ointment (Opticrom) 
Sunscreen proprietary preparations 
(Aquasun 15+ lotion and cream, Eversun 15+ lotion) 

Alterations 
Nifedipine capsules and tablets 
(Adalat, Adalat Retard) 
Ranitidine hydrochloride injection and tablets (Zantac) 

Retail Pharmacy—specialist 
Two per week when prescribed with insulin 

On a wholesale supply order form 
Retail Pharmacy—specialist 
On a wholesale supply order form 
Retail Pharmacy—specialist 
Hospital Pharmacy 
Retail Pharmacy—specialist 

This Amendment to the Drug Tariff also makes provision for an increase in the fees which may be charged to patients for dispensing medicines after normal business hours. From 1 August 1985 urgent pharmacies may charge 20 cents per prescription item and other pharmacies in rural areas may charge 40 cents per prescription item.

MINI PEAK EXPIRATORY FLOW METERS

One of the recommendations of the Asthma Task Force was that Mini Peak Expiratory Flow Meters should be made available when prescribed by a doctor.

As from 1 August, Mini Peak Expiratory Flow Meters will be available free to medical practitioners for supply to suitable patients. The meter which will be supplied is the Wright Mini Flow Meter and it may be ordered on a wholesale supply order.

These meters are expensive and with normal use should not need replacement for some time. The following guidelines may be helpful in indicating the circumstances when their use may be considered.

The use of Peak Expiratory Flow Meters and the recording of results by asthmatic patients may be of particular use:

1. In the diagnosis of asthma when symptoms are intermittent and not present at the time of consultation. The measurement of PEFR at least morning and evening, as well as at the time of the symptoms, may clarify the clinical problem.
2. In adjusting regular treatment. Where patients report continuing symptoms in spite of treatment the recording of PEFR 2–4 times daily provides objective information regarding the efficacy of the treatments.

3. In warning of acute deterioration of asthma. Where patients are prone to major asthmatic attacks necessitating emergency medical consultations, or the implementation of an earlier agreed plan to commence oral prednisone, the measurement of PEFR may provide an early warning which is more sensitive than the patient’s own symptoms. This may indicate to the patient whether improvement is being obtained from bronchodilator treatment. It may be particularly useful in those prone to sudden acute episodes and in those suspected of having a poor perception of their deterioration.

The flow rate values to be taken as guidelines have to be considered in relation to the best and usual values for each individual asthmatic patient. It is obviously important to check that each patient can use the Peak Expiratory Flow Meter with appropriate technique and appreciates the times when it must be used.

SIGNATURES

A number of practitioners’ signatures are indecipherable and yet the expenditure of large sums of public money may be dependent upon the authenticity of that signature.

Most dental and medical practitioners use headed paper when prescribing or writing referral letters to colleagues but when the paper is not personalised it is unreasonable to expect the recipient to accept the authority of an indecipherable signature alone.

If there is any possibility of confusion, please ensure that your name is clearly printed below the signature.

INTENSIVE MEDICINES MONITORING PROGRAMME

The following are included in the scheme:

- Acyclovir (Zovirax)
- Amiodarone hydrochloride (Cordarone-X)
- Auranofin (Ridaura)
- Captopril (Capoten)
- Enalaprilmaleate (Renitec)
- Mianserin hydrochloride (Tolvon)

J. S. Phillips, Director

G. R. Boyd, Deputy Director

Division of Clinical Services