



Access to parenteral phenobarbitone

To the Editor: The national producers of parenteral phenobarbitone stopped supplying in 2004.¹ After lobbying, and with the support of the Registrar of Medicines, importation of the product was re-established in 2006. The importing agency has authority to do so, based on completion of a Section 21 form, from the Medicines Control Council (MCC) for the use of this product by the public and private sectors. Application by the importing agency for registration with the MCC is under way and should be finalised within 2 years. As a result of the Section 21 authority, all health care facilities can access this essential drug (WHO Essential Drug List (EDL) and also the South African EDL). Parenteral phenobarbitone is a recommended agent for use at level 2/3 intervention in the status epilepticus protocol.² It remains the safest and most easily administered and efficacious agent for status epilepticus.³ It is by far the most cost-effective level 2 intervention agent, which is relevant because much of South Africa is resource-poor. Until there is superior evidence that other agents provide better treatment, it should remain the agent of choice as a level 2 intervention for status epilepticus.⁴

Centres that do not have this essential, life-saving compound should challenge their institutions to provide access to it. Simple guidelines can be obtained from the corresponding author; these were written in response to numerous calls from frustrated, busy doctors trying to ensure optimal care for their patients, and we hope that this approach will facilitate a fast and efficient process for obtaining the product.

**Jo M Wilmshurst, Eugenie Gordon-Graham, Gillian Green,
Louis Reynolds, Marc Blockman**

Members of the Drugs and Therapeutics Committee
Red Cross War Memorial Children's Hospital
Rondebosch
jo.wilmshurst@uct.ac.za

1. Wilmshurst JM, van Toorn R, Newton CRJC. Withdrawal of parenteral phenobarbitone-implications for resource-poor countries. *S Afr Med J* 2005; 95: 422-423.
2. Mackway-Jones K, Molyneux E, Philips B, Wiesteka S, eds. *The Convulsing Child. Advances in Paediatric Life Support. The Practical Approach*. 4th ed. Oxford: BMJ Books, 2005: 139-148.
3. Shanner DM, McCurdy SA, Herring MO, Gabor AJ. Treatment of status epilepticus: a comparison of diazepam and phenytoin versus phenobarbital and optional phenytoin. *Neurology* 1988; 38: 2002-2007.
4. Ogutu BR, Newton CRJC. Management of seizures. In: Southall DP, Coulter B, Ronald C, Nicholson S, Parke S, eds. *International Child Health Care: A Practical Manual for Hospitals Worldwide*. London: BMJ Books, 2002.