

viewed with caution, since adjunctive aripiprazole was given on an open-label basis. The fact that both patients relapsed following withdrawal of aripiprazole and one regained antidepressant effects after this medication was reinstated suggests against a placebo response. Evidence to date indicates that controlled trials of adjunctive aripiprazole should be pursued in patients with SSRI/SNRI-refractory depression.

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Amiodarone Use in Patients with Documented Hypersensitivity to Intravenous Contrast Dye

TO THE EDITOR: Amiodarone is frequently prescribed for severe cardiac tachyarrhythmias.¹ However, in patients with known hypersensitivity to iodine, amiodarone is contraindicated. We report 3 cases of amiodarone tolerability in patients with documented hypersensitivity reactions to intravenous contrast dye.

Case Reports. A 64-year-old male with atrial fibrillation, hypertension, cardiomyopathy (ejection fraction 25%), tobacco use, history of transient ischemic attack, and syncope with a biventricular pacemaker/implantable cardioverter-defibrillator presented to the outpatient antiarrhythmic medications clinic for amiodarone monitoring one month after in-hospital initiation of therapy. Outpatient medications were twice-daily clonidine 0.2 mg and diphenhydramine 25 mg and once-daily amiodarone 200 mg, aspirin 162 mg, furosemide 20 mg, lisinopril 5 mg, losartan 20 mg, metoprolol extended-release 50 mg, triamterene/hydrochlorothiazide 37.5/25 mg, and warfarin 5 mg. "Iodine allergy—reaction: anaphylaxis" was noted on the patient's chart. He reported 2 previous reactions in the remote past to iodinated contrast dye, with the

second reaction including facial swelling and trouble swallowing. There were no other known drug allergies. Since his hospital discharge, he had been taking oral diphenhydramine 25 mg twice daily for seasonal allergies. At follow-up 6 months later, the diphenhydramine dose had been reduced to 25 mg once weekly. Throughout follow-up, the patient tolerated amiodarone without any adverse reactions.

Two additional patients with atrial fibrillation, documented reactions to intravenous contrast dye in the remote past, and no other known allergies subsequently presented to the clinic. One patient had received iodinated contrast dye with an associated loss of consciousness and was told that it was a severe, near-fatal hypersensitivity reaction. The other patient who had received an intravenous contrast dye had experienced severe throat swelling that responded to diphenhydramine treatment. Both patients are currently tolerating amiodarone 100–200 mg daily with no symptoms of hypersensitivity.

Discussion. Amiodarone is contraindicated in patients with a known hypersensitivity to iodine.² There is one report of 3 patients who had reactions to iodine-containing compounds and who received amiodarone without anaphylactic or anaphylactoid reactions.³ In contrast, there is a report of a patient with iodinated radiocontrast-induced urticaria and subsequent anaphylaxis after one dose of oral amiodarone.⁴

Several factors may influence the reasons that "iodine-allergic" patients may fail to cross-react to amiodarone.³ The bioavailability and absorption of oral amiodarone, and therefore of iodine, can vary significantly among individuals. Additionally, contrast-mediated reactions may result from factors (eg, ionic content or hypertonicity) other than iodine content, given that both iodinated and noniodinated contrast dye can induce histamine release. Past reactions do not always predict future reactions, as these are not immunoglobulin E antibody mediated. The potential for anaphylactic or hypersensitivity reactions is less in newer dyes than in older, ionic, highly osmolar contrast dyes.

In our first patient, we assessed the potential role of diphenhydramine cotreatment in masking a hypersensitivity reaction. This was ruled out based on the relatively low dose and the lack of symptoms after decreasing the diphenhydramine dose to 25 mg per week. Thus, the previous reaction to the contrast medium that this patient experienced was unlikely due to the iodine content, since he did not have a subsequent reaction to amiodarone.

There is a need to investigate patients' claims of past reactions to iodinated radiocontrast agents carefully to determine the likely risk that these represent true hypersensitivity reactions to iodine. In patients with reactions to iodinated intravenous contrast, an iodine allergy is not consistently present, although the chart may be marked as such. Clearly, caution should be exercised in patients with an "iodine allergy," as known hypersensitivity to iodine is a contraindication to amiodarone therapy.² The true potential for cross-reactions with amiodarone should be determined, and risk versus benefit of amiodarone therapy must be individually assessed.

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Letters are subject to review prior to acceptance. They should address areas related to pharmacy practice, research, or education, or articles recently published. Corrections of previously published material also are accepted. Letters are limited to no more than five authors. In cases where adverse effects or drug interactions are described, the Naranjo ADR probability scale (*Clin Pharmacol Ther* 1981;30:239-45) or DIPS scale (*Ann Pharmacother* 2007;41:674-80. DOI 10.1345/aph.1H423), respectively, should be used to determine the likelihood that the adverse effect or interaction was drug-related. Text: limit 500 words. References: limit 5. Art: limit 1 table or figure.

NEWS AND COMMENTS

OBITUARY

Gloria Niemeyer Francke, internationally known pharmacist, educator, author, and publisher, went to be with the Lord on August 3, 2008, following a dedicated career in pharmacy. Francke was born in Dillsboro, IN, on April 28, 1922. She received her BS degree in pharmacy from Purdue University in 1942 and her PharmD from the University of Cincinnati in 1971. During her many years in the profession, Francke worked in various high-level administrative and editorial capacities and received several honors. She started her career as a community pharmacist in Dillsboro and moved to Ann Arbor, MI, to serve as assistant chief pharmacist at the University of Michigan Hospital. In 1946, she began working with the American Pharmaceutical Association (now, American Pharmacists Association [APhA]) in several capacities, including assistant director of the Division of Hospital Pharmacy and assistant editor of the *Journal of the American Pharmaceutical Association*. In 1986, she was named honorary president of the APhA. Francke became the first executive secretary of the American Society of Hospital Pharmacists (now, American Society of Health-System Pharmacists, [ASHP]) in 1949 and was associate editor of the *American Journal of Hospital Pharmacy* from 1944 to 1964.

Francke was heavily involved with many other pharmacy organizations, holding memberships and titles in the American Institute of the History of Pharmacy, Academy of Pharmaceutical Sciences, Kappa Epsilon, Rho Chi, American Association for the Advancement of Sciences, International Pharmaceutical Federation, and The New York Academy of Sciences. In addition to her roles with pharmacy organizations, Francke was employed as a drug literature specialist at the National Library of Medicine from 1965 to 1967.

The first of Francke's many honors was receipt of the Harvey AK Whitney Award from the ASHP in 1955. She received honors from the Texas Society of Hospital Pharmacists and a Distinguished Alumnae Award from Purdue University in 1985. In 1987, she became the first woman awarded the Joseph P Remington Medal and, in 1988, was



awarded an honorary doctorate degree from Purdue. In 1995, she became the fourth recipient of the Donald E Francke Medal from the ASHP, and the Gloria Niemeyer Francke Leadership Mentor Award was created by the APhA to recognize those who serve as role models and mentors to encourage pharmacists to attain leadership positions within the profession. In 2006, she received the André Bédard Award from the International Pharmaceutical Federation for her outstanding contributions to international pharmacy practice.

Francke coauthored the *Mirror to Hospital Pharmacy* (1964) and authored a chapter in *Perspectives in Clinical Pharmacy* (1972). She was married April 15, 1956, to Donald E Francke, who founded *Drug Intelligence* (now *The Annals of Pharmacotherapy*). Following his death in 1978, she became the owner of Drug Intelligence Publications, the previous publisher of *The Annals*.

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