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LETTER TO THE EDITOR

Response to letter: “Methadone toxicity: comparing tablet and syrup formulations during a decade in an academic poison center of Iran”

To the Editor:

We read the comments related to our recent article entitled “Methadone toxicity: comparing tablet and syrup formulations during a decade in an academic poison center of Iran”.¹ We would like to thank the author for his attention and comments on our paper, although some points should be considered about the comments of the author as follows:

1. Many studies have demonstrated the impact of child-resistance container (CRC) on the prevention of accidental chemical and pharmaceutical poisoning in children.^{2–4} Most methadone maintenance treatment (MMT) clinics in Iran are dispersing methadone syrup in unlabeled bottles, so the recommendation for changing the methadone-syrup package as a childproof package is rational and there is no place of debate with regard to effectiveness of this intervention. If some parents leave the CRC open as the author indicated in his letter, this behavior should be changed by educating the parents and by using clear warning message on the container (written and drawn) as we emphasized in our paper.¹ The delivering of methadone via Smart Cards in local health centers and pharmacies on a daily basis and standard schedule is ideal, but this idea is not practical in the country. Many MMT clinics are closed on public holidays and in some situations, the compliance of the patients for the daily visit and methadone intake is low, and in this regard, the rule for the daily use of the methadone in the clinics under supervision of the health care providers is not completely performed.
2. Recommendation to add color to the methadone syrup in our article is based on the prevalence of accidental poisoning of methadone in children because of mistakes in ingestion of methadone syrup instead of water.¹ Adding suitable colors like green/blue color for differentiation of the methadone syrup from drinking water is a rational comment. Previous studies showed that the accidental poisoning in children has been reduced because packaging of dangerous drugs has been made safer, and have been colored with suitable coloring agents.⁵

Finally, our comments about prevention of accidental methadone poisoning in children have established according to preventive evidences about this type of poisoning in other countries and

they are compatible with our country’s facilities and conditions.

Again, we thank author for his valuable attention and comments on our published article.

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Declaration of interest

The authors report no declarations of interest. The authors alone are responsible for the content and writing of the paper.

References

1. Shadnia S, Rahimi M, Hassanian-Moghaddam H, Soltaninejad K, Noroozi A. Methadone toxicity: comparing tablet and syrup formulations during a decade in an academic poison center of Iran. *Clin Toxicol (Phila)* 2013; 51:777–782.
2. Sibert JR, Craft AW, Jackson RH. Child-resistance packaging and accidental child poisoning. *Lancet* 1977; 310:289–290.
3. Lembersky RB, Nichols MH, King WD. Effectiveness of child-resistant packaging on toxin procurement in young poisoning victims. *Vet Hum Toxicol* 1996; 38:380–383.
4. Lavonas EJ, Banner W, Bradt P, Bucher-Bartelson B, Brown KR, Rajan P, et al. Root causes, clinical effects, and outcomes of unintentional exposures to buprenorphine by young children. *J Pediatrics* 2013; 163:1377–1383.
5. Pearn J, Nixon J, Ansford A, Corcoran A. Accidental poisoning in childhood: five-year urban population study with 15-year analysis of fatality. *B Med J* 1984;288:44–46.

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