

## Viagra™ and the emergency physician

Emergency physicians are far too virile and studly to worry about Viagra™. Or so I thought. Like many others, my first response to Viagra™ was a chuckle. Then I noticed an explosion of seminars, conferences, articles and lectures on erectile dysfunction (it's amazing how a new drug spawns CME events). My amusement

Okay, I'm lying. The new Viagra™ policy says, and I quote: "There are several reported deaths from refractory hypotension with concomitant use of Viagra™ and nitroglycerine. Effective immediately, every patient must be asked whether they are taking Viagra™ before they are given nitroglycerine or nitroprusside. Any

I found this extremely upsetting. Now I'll have to remember 2 questions: "When was your last Viagra™?" and "Have you had a tetanus shot within 10 years?" Moreover, it will mean a significant change in the way we treat patients with chest pain (I wonder if it's more harmful or less harmful to just give the nitroglycerine). I hope Pfizer is doing some research on this topic, or else Viagra™ will turn into a major long-term headache for ED physicians and cardiac patients alike.

**"Any patient who has taken Viagra™ within 24 hours of their ED visit must not be given nitroglycerine."**

turned to dismay when the new ED Viagra™ Policy was rolled out at a recent group meeting. The policy states that emergency physicians should not ingest Viagra™ within 12 hours of working a shift, and that . . .

patient who has taken Viagra™ within 24 hours of their ED visit must not be given nitroglycerine. This policy will be in effect until further data is available on the safety and timing of nitrate use in patients who are on Viagra™."

Have you instituted your Viagra™ policy yet?

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## CME in the Sun: Bermuda



CAEP's first "CME in the Sun" event occurred last November at the Elbow Beach resort in beautiful Bermuda. It was a first for CAEP and it represents a new alternative in high quality CME for CAEP members. The program consisted of the Arrhythmia and Bugs roadshows, with extra "Meet the professor" sessions featuring interactive case reviews. Registrants came from across Canada, hailing from points as diverse as Labrador City and Qualicum, BC.

The registrants were mostly experienced practitioners, and with the small group format the quality of the interactive sessions was very high. All participants felt the course was very worthwhile and preferred this for-

mat to the large lectures they were accustomed to.

The Bermudan experience was tremendous. A dinner was held at the Aquarium, and a diver entertained the children with stories about the sea life around him. We savoured the beaches and night life, and learned a great deal about the island drink, the "Dark and Stormy."

CAEP will incorporate "CME in the Sun" as a part of our regular CME planning, and the process had a great beginning in Bermuda!

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