Letters to the editor

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E-cigarettes and youth health

Tobacco products in all forms are highly addictive because they contain nicotine, one of the most addictive substances used by humans. High-nicotine content in e-cigarettes poses as a potentially disastrous innovation in the 21st century and a well-known public health threat to our vulnerable children's future and their overall health and well-being.

Even though we clearly know that the nicotine is addictive and poses significant challenges to smoking cessation, sophisticated social media campaigns tend to unduly discount the risks and overstate the benefits of e-cigarettes. Distorted risk perceptions are associated with adolescents' decisions to initiate e-cigarette use, decisions they will likely regret in adulthood.

We need Health Canada's sensible presence in e-cigarette prevention and control efforts, including federal government regulation over e-cigarette flavored products, online sales, and social marketing. We need creative strategies to put our children on a path to a healthy, tobacco-free lifestyle and ensure that young leaders influence future tobacco control policies in Canada and globally.[1-3]

E-cigarettes should carry health warnings like combustible tobacco, which could counteract misinformation suggesting that they are a less harmful and safer alternative to combustible tobacco. We should train student leaders to become peer counselors in their schools to help their peers to quit e-cigarettes. School administrators, teachers, parents, caregivers, and public health officials should build a meaningful partnership to address this issue in schools.

Every adolescent consultation is a golden opportunity for a "teachable moment,"[4] and engaging adolescents about their desire to change health behaviors and referring them to further support can make it more likely for them to make and sustain behavioral change.[5] Developing clinical guidelines incorporating the current best evidence to facilitate clinical decisions and gain more insight into the complex reality of e-cigarettes is of utmost importance.

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HLA-B*58:01 screening prior to the prescription of allopurinol

The health burden of gout continues to rise in Canada.[1] Allopurinol, a common urate-lowering medication used to treat gout, is associated with severe adverse cutaneous drug reactions (SCARs) in specific at-risk populations, primarily people of East Asian descent. SCARs include Stevens-Johnson syndrome, toxic epidermal necrolysis and drug reaction with eosinophilia and systemic symptoms, and lead to elevated morbidity/mortality and long-term sequelae. Two recent Canadian publications[2,3] have highlighted the importance of screening at-risk populations for the development of SCARs. The American College of Rheumatology guidelines recommend screening East Asian patients for the *HLA-B*58:01* genotype prior to prescribing allopurinol, to eliminate the risk of SCARs in this population.[4,5] Unfortunately, *HLA-B*58:01* genotype testing is underutilized in British Columbia despite East Asians comprising a substantial proportion of the population.[2] Other risk factors for SCARs in individuals prescribed allopurinol include heart disease and chronic kidney disease.[3]

The cost-effectiveness of preventive HLA screening for East Asians prior to allopurinol has been established in various populations globally and this screening needs to be more widely adopted in Canada. In British Columbia, *HLA-B*58:01* genotype screening can be ordered by sending blood tests to BC Transplant, the laboratory in charge of HLA genotyping. Other therapeutic options for the control of hyperuricemia include feboxustat and uricosurics. We believe that not performing this test prior to the prescription of allopurinol may cause your Asian patients serious harm.

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