Correspondence

Misuse of Fansidar

Sir,

It has come increasingly to our attention that Fansidar (Roche) is being employed prophylactically against malaria in several parts of West Malaysia, particularly on estates in Johore. The adult dosage commonly given has been one tablet (500 mg sulfadoxine & 25 mg pyrimethamine) once a month. This is grossly inadequate practice for several reasons.

Currently Malaysia, like much of Southeast Asia, is experiencing an increase in chloroquine-resistant falciparum ("S.T.") malaria. Aside from quinine, Fansidar is one of the very few effective treatment drugs for this parasite, and by far the easiest to administer. However, despite the recent local introduction of this drug, the spectre of resistance has already appeared (Fung, W.P., *Aust. N.Z.J. Med.* 3: 262-264, 1971; Lewis, A. & Ponnampalam, J.T., unpublished data; O'Holohan, D.R., unpublished data). As with virtually all the antimalarials, the potential for increased resistance seems likely. There would appear no better means of promoting resistance than the widespread and indiscriminate prophylactic use of the drug, particularly if administered in insufficient dosage.

At the present time, the status of Fansidar as a prophylactic (or suppressive) is experimental. Trials in various parts of the world, including Malaysia, have proved very promising but the optimal dosage and time intervals have not yet been established. When used experimentally at one-month intervals, the adult dosage has been in the range of three tablets, but some malaria, both falciparum and vivax, has broken through none the less. One tablet once a month is obviously inadequate.

Even if an ideal prophylactic regimen could be established, many experts would still question the advisability of using a key treatment drug, particularly a long acting drug, for mass prophylaxis, although there might well be individual situations where its prophylactic use would be indicated. The risk to the general public of losing the therapeutic effectiveness of such a drug must be weighed carefully against the temporary advantages of prophylaxis. Besides, there are a variety of reasonably effective non-treatment prophylactic drugs already available.

In summary, Fansidar appears an excellent treatment drug, especially for chloroquine-resistant falciparum malaria although a few cases of Fansidar-resistance have already emerged. Presently, the use of the drug in malaria prophylaxis is experimental and even if it does prove beneficial and a proper regimen is established, one must still question the advisability of its use for mass prophylaxis because of the risk of increased development of resistance. We, therefore, feel that the mass prophylactic use of Fansidar at this preliminary stage with an adult dose of only one tablet once a month is reprehensible.

We are, etc.,

D.R. O'Holohan
Kelinik O'Holohan, Seremban

T.J. Dondero, Jr.
U.S.A.M.R.U., Institute for Medical Research, Kuala Lumpur.

and **J.T. Ponnampalam**
Acting Head, Malaria Research Division, Institute for Medical Research
Kuala Lumpur.