Note

Potential conflict of interest. Author certifies no potential conflicts of interest.

The author has submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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References

Reply to Alffenaar

To the Editor—We thank Dr Alffenaar [1] for the comments on our article [2]. The solution he mentions, which was also elucidated by Dr Dartois’s editorial [3], is the only logical approach to the problem of pharmacokinetic variability—that is, measurement of drug concentrations at several time points so that such exposures as the 24-hours area under the concentration time curve can be accurately calculated. Indeed, even peak concentrations can be reliably measured if optimal sampling theory is applied to design of sampling times. We agree that dried blood spot analysis may provide a practical solution to achieve this therapeutic drug monitoring (TDM) in resource-limited settings. Edelbroek et al [4] have summarized the characteristics of the dried blood spot analysis for TDM for a number of drugs and have included information on stability of the assay. Advantages of dried blood spots for TDM are that the patient can be trained to collect the blood sample [4] and the sampling time point can be determined using the limited sampling strategy, as previously used for monitoring linezolid in tuberculosis patients [5]. This excludes hospital admission for sample collection. Another advantage of TDM is that the same data can also be used as a treatment guide for drug toxicity based on an individual patient’s experience. This approach would lead to individualization of therapy.

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References