EDITORIAL

In this issue of the journal, Oshikoya et al. documented the importance of medication history in the referral letter. Referral letter, an interface between healthcare professionals in the lower and higher level of healthcare, is an essential component of medical history. It is important in making accurate diagnosis and avoidance of medication error. However, many health care professionals pick up the skill during their practice, as there may not be any formal training on how to write a referral letter. The study documented that medication history and other essential details are frequently missing in referral letters to a tertiary hospital in Nigeria. It emphasized the need for standard referral guidelines and training of healthcare professionals.

Olumide and Owoaje studied the effect of a road safety education intervention on the road safety knowledge of drivers working in a Nigerian university community. The initial increase in road safety knowledge could not be sustained to the fourth-month post-intervention. It suggests more studies but highlights the need for periodic training of drivers employed in these formal settings to ensure road safety and prevention of road related accidents.

The upsurge in the incidence of tuberculosis has been attributed, among many other factors, to the HIV/AIDS pandemic. The management of TB/HIV co-infection is challenging, not only because of the high morbidity and mortality associated with the duo, but also the aftermath of the combination therapy that are employed in the management of each of the disease entity. Michael and other authors observed a higher rate of adverse drug events among TB/HIV co-infected patients. There is, therefore, a need for caution when managing this group of patients, as adverse drug events may increase not only the morbidity and mortality but also affect adherence to the treatment.

Cost-effectiveness studies not only provide evidence for taking clinical decisions but also assist in allocating scarce resources to health. These studies are needed in resource-limited countries of the world where there is an inadequate budgetary allocation to health. Alade et al. in a pilot study observed that dental outreach services provided similar services as a primary oral health clinic at a reduced cost. Should this be sustained in larger studies, it will assist in resource allocation to health.

These and other articles in this issue provide some answers but generate many questions which researchers will be interested in providing answers to through research.

Dr. W.A. Adedeji Editor-in-Chief