This issue contains a themed section; a new development made possible by the fact that we do not print BJCP anymore so including this does not increase the physical weight of the journal, even though we spend extra pages on a weighty issue, adverse drug reactions. Although we are always proud of each issue we produce this is a special one with material of interest to prescribers, and clinical scientists alike.

**The burden of adverse drug events**  
Alasdair Breckenridge  
DOI:10.1111/bcp.12507

Alasdair Breckenridge with indisputable leadership in clinical pharmacology and drug registration opens this issue with an excellent overview. Although there are now experts on adverse events he makes the important point that adverse events seen in isolation are useless. It is the benefit risk ratio that counts.

**Adverse drug reactions in neonates and infants: a population-tailored approach is needed**  
Karel Allegaert & Johannes N. van den Anker  
DOI:10.1111/bcp.12430

Karel Allegaert and John van den Anker follow in this super lineup of authors with their vision on the prevention of adverse events in infants and neonates. The ‘grey baby’ syndrome is perhaps history now but still a poignant reminder of the fact that especially neonates can have strongly diminished clearance systems (in this case glucuronidation).

**Social media and pharmacovigilance: A review of the opportunities and challenges**  
Richard Sloane, Orod Osanlou, David Lewis, Danushka Bollegala, Simon Maskell, & Munir Pirmohamed  
DOI:10.1111/bcp.12717

Detection of adverse events still relies upon reports by attentive doctors, but increasingly also patients report possible side effects. Social media would be a good medium for reporting, but there are of course enormous risks when a false report of an adverse event may lead to a media storm causing patients to stop their useful treatment. However social media are with us to stay and will increasingly affect the way we practice medicine. Richard Sloane and colleagues review the situation and the risks and benefits and close the themed section.

**A population-based study of the drug interaction between clopidogrel and angiotensin converting enzyme inhibitors**  
Alex M. Cressman, Erin M. Macdonald, Kimberly A. Fernandes, Tara Gomes, J. Michael Paterson, Muhammad M. Mamdani, & David N. Juurlink for the Canadian Drug Safety Effectiveness Research Network (CDSERN)  
DOI:10.1111/bcp.12682

Many patients are co-prescribed clopidogrel and ACE inhibitors, so there is a possibility of a drug-drug interaction although the mechanism for this is not known. This paper did not look at the pharmacokinetic interaction but rather at the outcomes in a large patient data base. This study shows that the interaction between ramipril and perindopril is not of clinical significance, which is good news for the prescriber and the patients receiving this combination.

**The renal protective effect of angiotensin receptor blockers depends on intra-individual response variation in multiple risk markers**  
Bauke Schievink, Dick de Zeeuw, Hans-Henrik Parving, Peter Rossing & Hiddo Jan Lambers Heerspink  
DOI:10.1111/bcp.12655

This study reminds prescribers that the reno-protective effects of ARBs are not necessarily related to the reduction in a patient’s blood pressure and a number of other markers may be required. We look forward to further guidance on which combination of markers is most useful in daily clinical practice.

**Pregnancy outcome after TNF-α inhibitor therapy during the first trimester: a prospective multicentre cohort study**  
Corinna Weber-Schoendorfer, Marc Oppermann, Evelin Wacker, Nathalie Bernard, on behalf of the network of French pharmacovigilance centres, Delphine Beghin, Benedikte Cuppers-Maarschalkerweerd, Jonathan L. Richardson, Laura E. Rothuizen, Alessandra Pistelli, Heli Malm, Georgios Eleftheriou, Debra Kennedy, Mine Kadioglu Duman, Reinhard Meister & Christof Schaefer  
DOI:10.1111/bcp.12642

TNF-α inhibitor therapy has been a revolution in the treatment of a number of diseases which can affect women of childbearing age. As ever, the effects of new drugs in pregnancy are less well studied so this paper, which provides data from a multinational cohort-study, is a welcome addition to the literature for those prescribers making difficult decisions about benefit-harm in young women.

**The impact of pharmaceutical care interventions for medication underuse in older people: a systematic review and meta-analysis**  
Andreas D. Meid, Anette Lampert, Alina Burnett, Hanna M. Seidling & Walter E. Haefeli  
DOI:10.1111/bcp.12657
Careful prescribing is needed in older patients. Recent emphasis has been on deprescribing. Harm may also come when the elderly are not prescribed beneficial medicines, and this systematic review and meta-analysis shows that medication review, particularly when based on structured tools (such as START) can reduce under-prescribing.

**Treatment of spontaneous preterm labour with retosiban: a phase 2 proof-of-concept study**
Steven Thornton, Hugh Miller, Guillermo Valenzuela, Jerry Snidow, Brendt Stier, Michael J. Fossler, Timothy H. Montague, Marcy Powell & Kathleen J. Beach.
DOI:10.1111/bcp.12646

All doctors learn to avoid drugs in pregnancy as much as possible but sometimes the benefits of the treatment may outweigh the risks. Premature labour and birth are sometimes to be avoided when the best place for the baby is still in the uterus. Retosiban is a potent oxytocin antagonist and in view of the known action of this hormone should do the trick and seem to do so with an interesting prolongation of labour of about a week, which in several cases can be an important gain. This is a small study so the risks for mother and baby need to be determined in larger studies. In view of the nickname of oxytocin in psychological circles (‘the hugging hormone’) it would have been of interest to see if there are less hugs post-partum in the actively treated group.