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The Authors' Reply

We thank Dr Elliott for his comments on our paper and are interested to learn of the recent publications in which antifungal activity of the selective serotonin reuptake inhibitor (SSRI) antidepressants has been demonstrated *in vitro* and in three cases of recurrent vulvovaginal candidiasis. Young et al.[1] concluded from the results of their study that the concentrations of SSRIs that are required for antifungal activity are associated with significant toxic effects on human cells. They also concluded that SSRIs are unlikely to be useful in the development of other products with a more specific mode of action.

At the time our study[2] was initiated, we found no published evidence of antifungal activity for the antidepressants we selected as the comparator group, nor in the literature search we conducted at the time the paper was written.

The six antidepressants were chosen as the comparator group for several reasons: they were a group of drugs on the Drug Safety Research Unit's database in which there was a high proportion of women with a similar age range to those in our studies on antibiotics; the studies were conducted over a similar time period and at the time they were the most appropriate drugs on our database for the comparator group, as we had found no evidence to link them to antifungal activity.

We thank Dr Elliott for his suggestion of using other drugs on our database as an alternative comparative group, but regrettably, with the exception of amlodipine, none of the drugs he lists as not having antifungal effects are included in our database. Also the age distribution of the women in our amlodipine cohort differs from that of the women in the antibiotic cohorts. Other major drug groups on our database include those that he cites as having possible antifungal effects, for example proton pump inhibitors and NSAIDs.

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