

PSNC waits for new Minister over offer

A REMUNERATION offer for community pharmacy in England is awaiting Ministerial approval, but has probably been delayed by the recent appointment of David Lammy as Parliamentary Under-Secretary of State for Health.

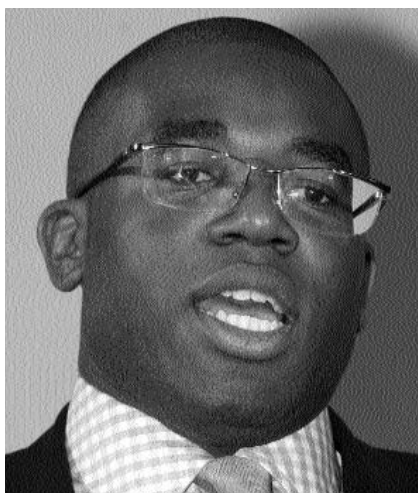
Following the Pharmaceutical Services Negotiating Committee's July meeting, Sue Sharpe, PSNC chief executive, said: "The Department's officials' proposals were put to Hazel Blears before she was moved on. They are now with David Lammy. We would expect and hope that he will want to learn about pharmacy before making a decision. Officials can give us no steer as to when we can expect it."

Mrs Sharpe hopes that the recently announced 3.6 per cent remuneration increase for Scotland (P7, 13 July, p43) is not indicative of the sort of settlement pharmacy south of the border can expect.

"Given the volume increase we are seeing that would certainly not be an acceptable level. In the past couple of year Scottish volume increases have not been on the same lines as our own and the Scottish payment structure differs from our own quite significantly."

Reports on other matters considered at the PSNC's July meeting follow.

New contract Work has begun with the Department to determine a structure and method for developing a cost-of-service model to establish a baseline for remuneration in the new contract. The cost of providing pharmacy services has not been properly measured since the end of the cost-plus



The appointment of David Lammy as Minister responsible for pharmacy may be delaying announcements

contract in April 1989. Mrs Sharpe said that she expected the new contract to include a higher level of national services than at present, plus a menu of other services that could be selected at local level. The national menu should include standards and frameworks that would help local pharmaceutical committees and primary care trusts negotiate locally. "We want to be sure that all pharmacies that can meet higher standards can be paid for that," she said.

Skill mix The Departmental report on skill mix needs in community pharmacy, expected before the end of last year, is still awaited.

"We keep asking the Department when it will be available, and keep being told 'in the near future'," Mrs Sharpe said. Like the remuneration offer, this might have been delayed by the recent ministerial change.

Repeat dispensing The PSNC is concerned that repeat dispensing trials (P7, 29 June, p895) should be properly costed and funded. "The Department must recognise that pharmacists are taking on extra responsibilities for patients," Mrs Sharpe said. "Pharmacists will have to remind patients to get a new prescription when one is coming to an end. There will be significant management and administration involved, which we are concerned to see properly recognised."

Supplementary prescribing The PSNC shares the National Pharmaceutical Association's view (P7, 6 July, p5) that there is no need to separate supplementary prescribing and dispensing because two professionals will be involved in the process. Separating the two roles would act as a brake to the roll-out of supplementary prescribing in the community. The PSNC is also concerned that insisting on 25 days' training will not make best use of pharmacists' time, given current workforce issues in community pharmacy.

Exemption checks Prescriptions for which no exemption declarations have been made but which bear computer-printed birth dates that indicate prescription charge exemption are to be accepted indefinitely by the Prescription Pricing Authority.

PSNC foresees problems with draft LPS rules as bids are delayed

DRAFT regulations for local pharmaceutical services (LPS) pilots have a serious flaw, according to the Pharmaceutical Services Negotiating Committee.

It believes that they fail to provide all LPS providers with full rights to return to pharmacy contractor status if they want to do so. In particular, the PSNC says that where a number of contractors join forces to provide a single LPS service there seems to be only a single right to return to a standard pharmaceutical services (PhS) contract.

The draft regulations and accompanying guidelines make it clear that contractors could run the risk of losing their PhS contracts entirely if they do not plan LPS pilots carefully.

The guidelines state: "Where more than one PhS contractor joins together to provide LPS, whether as a single LPS provider or as multiple LPS providers, the number of rights of return will be limited to the number of premises from which PhS was provided or the number of premises from which LPS is to be provided, whichever is the smaller."

n LPS decisions The approval of applications to run LPS pilot schemes is likely to be delayed. The Department of Health's LPS implementation manager, Theresa Prendergast, said on 16 July that applications that had been received before the 28 June deadline were being processed but that there was no timetable for handing them to the health ministers for approval.

"We're trying to move it on as quickly as possible, but the timetable has had to be changed," she said.

The original timetable has been disrupted by the appointment of David Lammy in place of Hazel Blears as Minister responsible for pharmacy.

Ms Prendergast said that the number of applications has been in line with expectations and that a greater number were expected by the second deadline in November. *The Journal* understands that applications were still in single figures one week before the first deadline.

Seminars are expected to be held in the autumn so that the first tranche of LPS providers can share their experiences.

NICE seeks clinical pharmacists for appraisal committee

THE National Institute for Clinical Excellence is seeking two clinical pharmacists to join its independent appraisal committee, replacing members whose terms of service have finished.

The committee considers and interprets evidence on the clinical- and cost-effectiveness of health technologies (including pharmaceuticals, medical devices, surgical procedures and health promotion interventions) and formulates recommendations for NICE on their use. Committee members are expected to apply their own experience and judgement to topics rather than act as representatives of particular organisations or professions.

Application forms and further information are available from the NICE website (www.nice.org.uk). Applications can be made until 2 August. Members are appointed for three years. As well as two pharmacists, NICE is also seeking a general practitioner, a public health physician, three National Health Service chief executives, a senior nurse and two health economists.

Society proposals ignore its Royal Charter and fail on proper professional representation, PSNC says

ANY proposals to change the structure of the Royal Pharmaceutical Society's Council should uphold its Royal Charter and ensure satisfactory professional representation, the Pharmaceutical Services Negotiating Committee believes. Current propositions from the Society's modernisation steering group do neither, it says.

Commenting on two discussion papers from the Society (*PJ*, 15 June, p855 and 22 June, p883) the PSNC says that the Society's professional role should have equal prominence with its regulatory role. The PSNC strongly believes that that a representative function can only properly be performed by a body that is comprised overwhelmingly of members of the profession.

"The professional representative functions of the Society set out in the Supple-

mental Charter are distinct and important," the PSNC says. "The constitution of the Council must ensure that, as at present, these functions are performed by members of the profession."

In order to achieve this, the PSNC says, any change to the Council must ensure governance of the Society by pharmacists, and not by a body with a substantial minority of lay members.

The PSNC takes the view that the Society is a professional representative body that has been given regulatory functions by statute. If it is to act as a professional body that represents the views of the profession there must be a substantial majority of pharmacists on the Council. Any requirement for a substantial proportion of lay members to be involved in regulatory functions does not support their involvement in profes-

sional representative functions and the two functions should be clearly distinguished.

The Society's discussion papers also propose that Government chief pharmaceutical officers should attend Council meetings.

Seeing problems with this, the PSNC says that Government representatives have a legitimate interest in regulatory functions, but not in professional representation. They should only be allowed to attend debate on regulatory matters and their presence would be incompatible with debate on professional representative matters.

Commenting on how Council membership should be determined, the PSNC takes the view that all pharmacists members should be elected and that there should be a fair balance that reflects all sectors of professional practice and geographical regions.

CCA appoints first executives



Colin Baldwin, Mike Keen, Digby Emson, chairman, CCA, and Penny Beck, director, CCA

THE Company Chemists Association has appointed Colin Baldwin as its first chief executive and Mike Keen as head of marketing and operations.

Mr Baldwin has been a director of the CCA since 1988 and has represented the association on management groups and has drafted previous CCA consultation responses. He is currently pharmacy development

controller at Boots The Chemists. Mr Keen has also been a director of the CCA and was formerly superintendent pharmacist at Superdrug. The CCA comprises Boots, Superdrug, Lloydspharmacy, Moss Pharmacy, Sainsbury's, Safeway and Tesco. The new executives will be based at Regus House, Fairbourne Drive, Atterbury, Milton Keynes MK10 9RG (tel 01908 487500).

GPs more likely to recommend OTCs

GENERAL practitioners are now eight times more likely to recommend patients with minor ailments to use non-prescription medicines than they were five years ago, according to new research from the Proprietary Association of Great Britain.

Published alongside the launch of the 10th edition of the PAGB's *OTC Directory*, a survey of 200 GPs found that 40 per cent of their time is taken up dealing with patients suffering from minor ailments who could have treated themselves. GPs are increasingly recommending self-care to such patients, with 61 per cent advising patients to look after themselves at home. When it comes to treatment, 41 per cent recommend non-prescription medicines, 33 per cent advise them to do nothing, and only 7 per cent give a prescription.

Asked what would help GPs end a consultation, other than prescribing a medicine, 53 per cent say that leaflets would help and 24 per cent want forms that patients can take to pharmacies instead of prescriptions.

Copies of the *OTC Directory* are available free of charge from Maria Robinson at the PAGB on 020 7242 8331.

BRIEFLY

AAH forecasts the weather

A weather forecasting service has been launched by AAH Pharmaceuticals to help pharmacists respond to demand for products where sales can be weather-related. AAH suggests that pharmacists can base stock orders on the forecasts and brief their staff on appropriate products and patient information.

GPs say yes to new contract

GENERAL practitioners have voted in favour of a new GP contract (*PJ*, 11 May, 641). Negotiators will now seek to price the contract before a second vote later this year.

Asked to respond to the question "Do you believe that the new general medical services contractual framework is an acceptable basis on which to proceed to the next stage of detailed negotiations and the preparation of a priced contract on which the profession will be balloted?", 75.8 per cent

voted "yes" with a turnout of 65 per cent.

Dr John Chisholm, chairman of the British Medical Association's General Practitioners Committee, said: "We are not blinded by the impressive size of the 'yes' vote, welcome though it is. We know that we have to sort out key areas such as pensions, an end to the current system of forced patient allocations and the introduction of effective demand management initiatives if the result of the next vote is also to be 'yes'."

Commonwealth Games countdown

THE XVII Commonwealth Games begin in Manchester on 25 July. A pharmacy is located in the Commonwealth Games village to accommodate the pharmaceutical needs of athletes, officials and staff during the event. A working group has been meeting monthly for the past year-and-a-half to develop the services that the pharmacy will provide.

n King's to carry out games drug testing

The drug control centre at King's College London will be carrying out drug testing for the Commonwealth Games. The centre is the only laboratory in the United Kingdom that is accredited by the International Olympic Committee to analyse urine samples from sports competitors. During the games it will run a 24-hour service involving around 20 experienced scientists.



The core members of the pharmacy working group: (left to right) Christian Logue, Jayne Wood, Mark Stuart, Karen Hatch, Richard Hey, Helen Allanson, David Mottram and Pam Venning

Take-over of Pharmacia could lead to more mergers

Pfizer's \$60bn (£40bn) take-over of Pharmacia could lead to a further round of mergers among pharmaceutical companies.

The merger, announced earlier this week, will make Pfizer the largest global pharmaceutical company and the first to hold more than 10 per cent of the total market with sales of over \$40bn.

Dr Hank McKinnell, chairman of Pfizer, said: "By combining with Pharmacia, we are ensuring that our core capabilities of discovery, development and commercialisation of new medicines are strong around the world."

The combined company will have as many as 12 blockbuster products (those with annual sales of over \$1bn), most of which will remain under patent protection for the rest of the decade. Key products include

Lipitor (atorvastatin), Istin (amlodipine) and Celebrex (celecoxib). The research and development budget will exceed \$7bn with almost 120 new chemical entities in development. Regulatory submissions are to be made for 20 new products over the next five years.

In the United Kingdom, Pfizer has a major research and development centre at Sandwich, Kent, employing over 5,000 people. Istin and Viagra (sildenafil) were both developed at Sandwich. Pharmacia has offices at Milton Keynes, formerly the global headquarters for Pharmacia & Upjohn. The company is now based in the United States.

According to industry analysts Datamonitor, the take-over by Pfizer suggests the first step in a wave of consolidation that

might hit the industry. "For rivals such as GlaxoSmithKline, Aventis, AstraZeneca, Merck and Bristol-Myers Squibb, it may be time to follow suit," it says.

"Since its acquisition of Warner-Lambert two years ago, Pfizer has dominated the industry. With an enviable stable containing eight blockbusters with extensive patent protection and a pipeline offering potential blockbusters Spiriva (tiotropium) [being developed with Boehringer Ingelheim] and a new anti-epileptic pregabalin, Pfizer is set to continue the strong growth of the past few years," Datamonitor concludes.

However, the stock market did not react as favourably to the news. Pfizer's shares fell 11 per cent to \$28.78 on the day the merger was announced, a day when share prices were falling strongly across the world.

Introduction of one-stop health centres worries local pharmacists in Ireland

ONE-STOP health centres being introduced in the Irish Republic, under public-private partnership schemes, are causing concern to local pharmacists, who fear their livelihoods could be threatened.

Centres being set up by groups of GPs are recruiting pharmacists, as well as nurses, physiotherapists and other paramedical personnel. Some have applied for state contracts, with prescriptions to be processed on the premises.

The Irish Pharmaceutical Union, which represents 1,200 pharmacies across the republic, is still awaiting an announcement of what new rules will apply following deregulation of the sector. It has asked for a meeting with Health Minister Micheal Martin to discuss the latest development. "He has told us he sees pharmacists as part of a community care network," says IPU

president Richard Collis, "but that's not what's happening here."

According to Mr Collis, GP groups planning one-stop centres in Wicklow, Wexford, Limerick and other areas have already applied to open pharmacies.

"If this is allowed to happen, then existing local pharmacies will simply be put out of business," he said. "We feel this development is anticompetitive and will ultimately diminish the choice available to the consumer."

Responding to the criticism, Dr James O'Reilly, chairman of the GP committee of the Irish Medical Organisation, said he understood "the sensitivities around the issue" from the point of view of pharmacists. However, he did not believe there was any threat to the viability of existing pharmacy businesses.

Nucare offers retail support to members

NUCARE is to offer its members a merchandising service as part of a new retail support programme for members.

Following a successful trial in Luton, Nucare members in north London will have the services of professional merchandisers available to alter and set out in-store displays. Four hundred designated pharmacies are to be involved over the next few months.

Alan Turner, special projects manager, Nucare, said: "Already, in the Luton and Northamptonshire area, six product categories have been merchandised and the feedback has been positive. Some members have seen sales increases of up to 10 per cent immediately after a category has been merchandised." Nucare has recruited Marlaire Johnson as its first merchandiser. She will be responsible for 40 pharmacies in north London and Essex.

Two protease inhibitors better than one after failure of previous HIV treatment

USING two new protease inhibitors as part of a salvage regimen to treat HIV-infected patients whose previous regimen has failed is better than using one new protease inhibitor, say researchers (*JAMA* 2002;288:169).

Dr Scott Hammer, Columbia University College of Physicians and Surgeons, New York, and colleagues from the AIDS Clinical Trials Group conducted a randomised trial involving 481 patients to assess whether adding a second new protease inhibitor — saquinavir, indinavir or nelfinavir — would improve the antiretroviral efficacy of a four-class drug regimen.

Patients received open-label amprenavir, abacavir, efavirenz and adefovir dipivoxil and were randomised to receive a second new protease inhibitor or placebo.

The researchers found that adding a second protease inhibitor to the regimen decreased the HIV-1 RNA level to less than 200 copies/ml in 35 per cent of patients compared with 23 per cent of patients given placebo ($P=0.002$).

They also found that a subgroup of patients who were naive to non-nucleoside reverse transcriptase inhibitor (NNRTI) therapy had a higher rate of viral suppression compared with patients who had previously been treated with this class of drug (43 per cent vs 16 per cent, $P<0.001$). “This emphasises the importance of having at least one (preferably more) potent agent, against which little or no viral cross-resistance is likely to exist, to use as the cornerstone of a salvage regimen,” say the researchers.

In addition, a lower susceptibility to the NNRTI efavirenz at the start of the study was associated with decreased viral suppression at 24 and 48 weeks.

Commenting on the study, Dr Joel Trachtenberg and Dr Merle Sande, University of Utah, Salt Lake City, say in an accompanying editorial that the effectiveness of the NNRTI class is impressive but warn that resistance to NNRTIs may be increasing, especially when the drugs are given in non-suppressive regimens or as single-dose pro-

phylaxis (ibid p239).

Caution required with atypical antipsychotic drugs

ATYPICAL antipsychotic drugs are only a modest improvement over older antipsychotic drugs and will not be suitable for all patients, according to Professor Robin Murray, professor of psychiatry, Institute of Psychiatry, London.

Professor Murray was speaking at a meeting to discuss issues surrounding mental health, organised by *pH7*, a parliamentary health magazine, in London earlier this week. He said that National Institute for Clinical Excellence guidelines on the use of atypicals (*Pf*, 8 June, p793) were exactly what most user groups wanted. “However, we have to be cautious with these new drugs. They are a modest improvement . . . we must not push everyone on to atypicals.”

Stephen Bazire, pharmacy services director, Norfolk Mental Health Care NHS Trust, said it was important for patients to be properly educated about the therapies on

offer so they could make an informed choice about their treatment. “Atypicals should be included as an option in the first choice for an antipsychotic. But they will not necessarily be the first choice.”

Recent Government proposals were also discussed at the meeting. Professor Murray said that the draft Mental Health Bill (see Panel) was authoritarian and stigmatising and that it should be abandoned. “It will lead to patients trying to avoid treatment,” he said. Dr Mike Shooter, president of the Royal College of Psychiatrists, said that if the Bill was brought into effect, mental health teams would be overwhelmed and would not be able to supervise patients in their care. Coupled with patients not coming forward for treatment for fear of stigmatisation, the effects of the proposals would be to increase rather than decrease the risk of violence from people with mental health problems, he said.

Mental Health Bill

The draft Mental Health Bill is intended to require mentally disordered people to submit to treatment without unnecessary detention. A new mental health tribunal may authorise compulsory treatment for non-offenders beyond 28 days with community-based orders. The requirements for compulsory treatment will be that people must have mental disorders that require specialist treatment for their own health or the protection of others and that appropriate treatment is available. The Bill is intended to remove an anomaly in the Mental Health Act 1983 which means that the mentally impaired or psychopathic can only be detained for compulsory treatment if it is effective.

Benefits of long-term growth hormone are unclear

BENEFITS of long-term treatment with growth hormone are unclear and data only support treatment of patients with severely and permanently altered growth hormone secretion, a study published in the *BMJ* shows. However, the study is criticised for not taking into account that the subjects received too little growth hormone too late.

Researchers looked retrospectively at 2,852 children diagnosed with isolated idiopathic growth hormone deficiency who had been treated with growth hormone. Change in height between the start of treatment and adulthood was measured. The researchers found that the effects of growth hormone were unclear in many patients and that most had pubertal delay with a potential for spontaneous catch up.

The researchers recommend that the diagnosis of idiopathic

growth hormone deficiency should be restricted to those with peak growth hormone values below 2–4µg/L, that sex steroid priming is used before growth hormone testing and that more attention is paid to the causes of hypopituitarism (2002;325:70).

However, in an accompanying editorial (ibid, p58), Professor Paul Saenger, Albert Einstein College of Medicine, New York, says: “The overly pessimistic conclusion that growth hormone therapy is inappropriate in most children so treated does not take into account that patients were older and that they were treated for too short a time.”

Guidance issued in May by the National Institute for Clinical Excellence endorses growth hormone as a clinically- and cost-effective way to treat children with growth hormone deficiency (*Pf*, 1 June, p754).

Donepezil trial raises ethical questions

THE results of a trial which suggest that donepezil (Aricept) helps pilots retain skills they have learnt during training have raised questions about cognitive enhancement of healthy people.

The authors of the study comment: "If cognitive enhancement becomes possible in intellectually intact individuals, significant legal, regulatory and ethical questions will emerge." How would such interventions be funded? Would the divide between rich and poor be further widened as the rich are cognitively enhanced with drugs, they ask.

The researchers conducted a trial involving 18 pilots with a mean age of 52 years (range 30–70 years). The pilots undertook seven practice flights in a flight simulator to train them to perform a complex series of air traffic control instructions as well as respond to three randomly occurring emergency situations demanding quick, appropriate reactions. The pilots were then split into two groups; one group took 5mg donepezil daily for 30 days and the other took placebo. All pilots flew a further two flights on day 30.

The researchers found that in the donepezil group flight performance did not

change significantly from baseline, whereas performance in the placebo group declined ($P < 0.05$).

The data should not be interpreted to advocate widespread use of donepezil in healthy individuals since side effects might become apparent in larger populations, the researchers warn (*Neurology* 2002;59:123).

No immediate changes to HRT are necessary, says Health Department

RESULTS of the Women's Health Initiative study reported last week (*Pf*, 13 July, p43) do not necessitate any immediate changes to the treatment of women receiving hormone replacement therapy (HRT), says the Department of Health.

In advice issued to health professionals following media coverage of the trial, Dr Pat Troop, deputy chief medical officer, said: "This information confirms what we already know about HRT. Women who feel they benefit from taking HRT do not need to stop taking it but should discuss their individual benefits and risks with their GP."

The message from the trial is that women should not use combined HRT purely for long-term prevention of heart disease, says Dr Troop.

The Department points out that the women treated in the American study were older than most women using HRT in the United Kingdom. In addition, the combination product used in the study (conjugated equine oestrogens 0.625mg and medroxyprogesterone acetate 2.5mg daily) was for

continuous use whereas in the UK most products are for cyclical use.

The Committee on Safety of Medicines considered a pre-publication copy of the WHI study. Its conclusion is that the balance of risks and benefits of HRT for its licensed indications remains favourable.

Full details of the Department's advice are available from the Medicines Control Agency website (www.mca.org.uk).

n Risk of ovarian cancer with HRT Women who use oestrogen-only hormone replacement therapy, particularly for 10 years or more, are at increased risk of ovarian cancer, researchers report in *JAMA* (2002;288:334).

From a cohort of 44,241 postmenopausal women, they identified 329 who developed ovarian cancer during 20 years of follow-up and observed that ever use of oestrogen-only HRT was associated with increased risk of ovarian cancer (rate ratio 1.6, 95 per cent confidence interval 1.2–2.0). The researchers add that for each year of use there was a 7 per cent increase in rate ratio.

Public asked about genetic testing

A CONSULTATION process has been launched by the Human Genetics Commission on whether genetic or gene testing kits should be available direct to the public.

The commission says it does not consider the provision of genetic testing ser-

vices in medical practice to be direct public testing, but it wants to know whether tests should be available from other professionals, including suitably trained pharmacists.

The consultation document is available on the internet at www.hgc.gov.uk.

BRIEFLY

ETP evaluation

QinetiQ, formerly the Defence Evaluation and Research Agency, has won a contract from the Department of Health to analyse the technical aspects of the three electronic transfer of prescription pilots currently under way in community pharmacies, with particular regard to the security of the systems.

Pharmacists in NI support CPD, but few practise it fully

ALMOST 90 per cent of pharmacists who responded to a survey in Northern Ireland believe that it is essential for all practising pharmacists to participate in continuing professional development (CPD). However, few of them practise the full CPD cycle.

Of a sample of 1,689 pharmacists, about 400 responded. Of these, 43 per cent regularly identify their training needs, 16 per cent maintain a portfolio and only 14 per cent evaluate their learning. Community pharmacists, particularly those working in independent pharmacies, are less likely to support CPD than colleagues in hospital or primary care. Pharmacists who registered after 1990, women pharmacists, and those currently participating in continuing education are more likely to be supportive of CPD. Barriers to participation in CPD include lack of time, remuneration and information.

Although almost 50 per cent of respondents said that they supported the introduction of mandatory CPD, 69 per cent said that pharmacists should not be reprimanded or disciplined by professional bodies if they did not meet mandatory requirements (*Journal of Social and Administrative Pharmacy* 2002;19:87).

Comment, p86

Aspirin plus anticoagulant better than aspirin alone after coronary events

INTENSIVE treatment with an anticoagulant or treatment with aspirin plus an anticoagulant is more effective than aspirin alone in reducing cardiovascular events following myocardial infarction or unstable angina, say researchers from the Netherlands.

Dr Robert van Es, University Medical Centre Utrecht, and colleagues conducted a prospective open-label trial to determine whether the combination of aspirin plus a coumarin offers greater benefit than either treatment alone after acute coronary events.

They randomised 999 patients to either low-dose aspirin (equivalent to 80mg daily), a coumarin (acenocoumarol or phenprocoumon) with a target international normalised ratio (INR) of 3.0–4.0, or low-dose aspirin plus a coumarin with a target INR of 2.0–2.5.

After an average of 12 months (range 0–26 months), the researchers found that fewer patients in the coumarin and combination groups than in the aspirin alone group suffered a myocardial infarction or a stroke or died (5 per cent of patients in each

of the groups treated with anticoagulants compared with 9 per cent of patients treated with aspirin alone).

“The benefits of oral anticoagulation were achieved with few adverse effects,” they say. Rates of major bleeding were low in all groups, with absolute rates of 1 per cent, 1 per cent and 2 per cent per patient year for the aspirin, coumarin, and combination groups, respectively. The two-fold increase seen in patients given combination treatment was not statistically significant. However, there was a significant three-fold increase in minor bleeding for these patients (*Lancet* 2002;360:109).

n Prevention of reocclusion Adding a coumarin to aspirin following fibrinolysis for acute myocardial infarction (AMI) almost halves the chance of coronary artery reocclusion at one year. Researchers conducted a study in which 308 patients who had undergone fibrinolysis after AMI were randomised to standard heparinisation and continued aspirin therapy or to heparinisation and aspirin plus a coumarin. Reocclusion was

observed in 15 per cent of patients receiving aspirin and coumarin compared with 28 per cent in those receiving aspirin alone (relative risk 0.55, $P < 0.02$). The study is published as a rapid access publication on the *Circulation* website (www.circulation.org).

First case of VRSA in United States

THE first case of *Staphylococcus aureus* with high-level resistance to the antibiotic vancomycin has been reported in the United States, according to the Public Health Laboratory Service, London.

Strains of the bacterium with intermediate resistance have been reported previously, but this is the first fully vancomycin resistant *S aureus* (VRSA) strain and the first one to acquire an efficient mechanism of resistance from a different bacterium.

Dr David Livermore, director of the PHLS antimicrobial resistance monitoring

and reference laboratory, said: “This is disturbing. Laboratory investigations in the United States suggest that the organism became resistant by acquiring a resistance gene from another — less serious — germ known as an enterococcus, in which vancomycin-resistance is already well established. In effect, the resistance mechanism jumped from the enterococcus to the *S aureus*. This transfer is something that we have anticipated and feared ever since vancomycin-resistant enterococci were discovered 16 years ago.”

Prescribers need to address the problem of antibiotic resistance

THE problem of antibiotic resistance needs to be addressed by both prescribers and politicians, not just at a research level, Professor Sebastian Amyes, department of medical microbiology, University of Edinburgh, said at a symposium on anti-infectives held in London last week.

“We need to change our attitudes to antibiotics,” he said. Antibiotics should not be viewed as a panacea if their use is to be preserved for the next generation.

He added that the “right things” have not been done in terms of preventing person-to-person spread of infection. Patients are moved much more quickly through hospitals than they were previously and are discharged earlier, often taking antibiotics home with them. This greater

movement of patients increases the spread of resistance. In addition, the concentration of young children in crèches or day care centres is in contrast to a previous era where they were often isolated from one another. The cost of treating these children with antibiotics has been the development and spread of resistance, he said.

Professor Amyes added that hospital design may be exacerbating the spread of resistant strains. He pointed out that some modern hospitals placed patients close together to reduce nursing resources, often without sufficient decontamination facilities.

The symposium was organised by the Institute of Biology and the Royal Pharmaceutical Society.

BRIEFLY

New antifungal launched
Caspofungin, the first agent in a new class of antifungals known as echinocandins, was launched this week by Merck Sharp & Dohme (see p95). Caspofungin is indicated for the treatment of invasive aspergillosis in adult patients who are intolerant of amphotericin B, lipid formulations of amphotericin B and/or itraconazole or whose infection has progressed or failed to improve after a minimum of seven days of prior antifungal therapy. The company says that caspofungin works by inhibiting the synthesis of a component of the fungal cell wall, beta (1,3)-D-glucan, which is not present in mammalian cells.

Peginterferon alfa-2a launched
Peginterferon alfa-2a (Pegasys), for the treatment of chronic hepatitis C, has been launched by Roche (see p95). The drug can be used in combination with ribavirin in both untreated patients and in those who have responded to interferon alpha therapy but subsequently relapsed after stopping treatment. The duration of treatment in combination with ribavirin depends on the viral genotype — in patients with viral genotype-1 the duration of treatment is 48 weeks and in patients with genotype non-1 it may be 24 weeks. Monotherapy is indicated in cases of intolerance to ribavirin or where ribavirin is contraindicated. The recommended duration for monotherapy is 48 weeks.