

Patients have a poor knowledge of the potential side effects of OTC medicines

PATIENTS have a poor knowledge of the possible side effects of over-the-counter (OTC) medication, according to the results of a study published in this month's *Journal of Clinical Pharmacy and Therapeutics* (2002;27:243).

Researchers from the Welsh school of pharmacy, Cardiff University, interviewed 32 patients about their OTC drug use and the potential side effects associated with these medicines. Patients had been predominantly using cough and cold remedies and analgesics, and generally had a good understanding of their own illnesses.

However, knowledge of potential drug side effects was variable. Only three of the four antihistamine users, one of the five ibuprofen users and the decongestant user were able to name any of the side effects associated with their medicines.

In addition, only three of the interviewed patients had read the patient information leaflet (PIL) supplied with the medicine. Some patients said they would only read the PIL if the medicine was new to them, or if they experienced any side effects after taking it. Despite this, the patients still



Pharmacists should advise patients about potential side effects of over-the-counter medicines

managed to identify adverse drug reactions successfully, either because of the timing of the reaction or the unexpected nature of its symptoms.

Most of those interviewed said they got much of their information on side effects verbally from friends, family or from their col-

leagues. But the researchers warn that untrained friends and relatives are unlikely to provide accurate advice and information and conclude that pharmacists, and other health care professionals, should consider providing accurate counselling to patients about the potential side effects of OTC medicines.

Institute of Pharmacy Management International criticises Society's biased modernisation process

THE Institute of Pharmacy Management International has joined the criticism of the Royal Pharmaceutical Society's modernisation process, calling it "biased" and "predetermined". However, the IPMI has told the Society it is broadly in favour of some of the Society's key proposals.

In a letter to the Society's President (Marshall Davies), IPMI secretary Nick Wood says that questions accompanying consultation papers published in *The Journal* appear to be "designed with an underlying bias" such that they will produce "a predetermined format for the Society's Council that [is] believed to be favoured by the Modernisation Steering Group". Mr

Wood, on behalf of the IPMI's council, says: "It was thought that the questions might provide answers leading to proposals which, while they might satisfy Government and Parliament, would be at the expense of representation of the members."

The letter continues: "In addressing the questions posed, the [IPMI] council was concerned, therefore, that they would not have simple answers. Most were interlinked and some, such as that on the system of voting, were separate issues to modernisation. However, primarily, the council of the institute obtained the impression that the manner in which the Modernisation Steering Group was structuring its consultation was

designed to lead to only one outcome that was broadly predetermined. The outcome appeared to be one that might be politically expedient, rather than in the best interests of the members of the Society."

Replying to the IPMI, Mr Davies says: "The only comment I would make as chairman of the Modernisation Steering Group is that the aims are to facilitate a sustainable future for the profession and its members. We have to be cognisant of legislation, as I am sure you recognise, but we are not driven by political expediency."

The IPMI has told the Society that it is broadly in favour of its Council having the responsibilities set out in the 15 June consultation paper "as long as it continues to be the representative body for the members of the Society as well as looking to the interests of other stakeholders". Changes to the Council's composition should be "only so far as to make provision to meet its responsibilities for its regulatory function", the IPMI says. "There should be sufficient professional membership of the Council to represent the Society's members".

The IPMI wants to see the smallest possible Council, "possibly below 20 members" with places for pharmacy technicians among the non-pharmacists and reserved places for sectional interests but not for England, Scotland and Wales. Which voting system should be used is a matter for individual members of the Society to decide.

Evidence for wart treatments is lacking

THERE is no evidence to suggest that wart treatments such as cryotherapy are more effective than simple topical preparations containing salicylic acid, a group of British researchers concludes (*BMJ* 2002;325:461).

They reviewed 50 trials of local treatment for cutaneous warts and found most of the evidence from these trials was of poor quality as a result of poor methodology and reporting. The best evidence was for topical treatments containing salicylic acid — data pooled from six placebo-controlled trials showed a cure rate of 75 per cent among the treated group compared with 48 per cent

among controls. There was also some evidence to support the efficacy of contact immunotherapy with dinitrochlorobenzene.

Although it is believed that cryotherapy can succeed where topical salicylic acid has failed, the research team found no clear evidence to support this and say that at best, cryotherapy is only equal in efficacy to topical salicylic acid. In addition, they say that evidence for the efficacy of intralesional bleomycin, a popular third line treatment, is limited. They add that photodynamic therapy and pulsed dye lasers could hold promise for the future.

Cardiac patients benefit from antibiotic therapy regardless of infection status

ANTIBIOTIC treatment reduces adverse cardiac events in patients with acute coronary syndromes whether or not they are infected with *Chlamydia pneumoniae* or *Helicobacter pylori*, say researchers from the Mayday Hospital, Croydon, and St George's Hospital Medical School, London.

Infection with these organisms is associated with coronary heart disease and this prompted the researchers to conduct a study to find out if antibiotic treatment could reduce adverse cardiac events.

They found that patients treated with antibiotics were less likely to die or be readmitted to hospital with acute coronary syndrome than patients given placebo. However, the reduced risk was not related to the presence of the two bacteria.

"The beneficial effect of the antibiotics was independent of whether a person was infected with *H pylori* or *C pneumoniae*," said Dr Michael Mendall, consultant gastroenterologist at the Mayday Hospital.

"This implies these antibiotics are not [just] working against these organisms. The antibiotics may be acting against other organisms to reduce the overall infectious burden of the body or may have their own anti-inflammatory properties."

The researchers randomly assigned 325 patients who had been admitted to hospital following myocardial infarction (MI) or unstable angina to receive either amoxicillin, azithromycin (Zithromax), or placebo for one week. Patients treated with antibiotic therapy were also given omeprazole (Losec) and metronidazole. Blood tests were carried out to detect antibodies to *H pylori* and *C pneumoniae* before study treatment was started.

The researchers found that after 12 weeks, patients who received antibiotic therapy were 36 per cent less likely to be readmitted to hospital for unstable angina or for non-fatal MI, or to suffer a fatal MI, than those who received placebo (17.2 per cent versus 27.2 per cent, $P=0.02$). This reduction persisted during the one-year follow-up.

They also found that in unstable angina patients who received amoxicillin, C-reactive protein levels were reduced ($P=0.03$). However, there was only a trend towards reduction in those who had experienced an MI. Fibrinogen levels were reduced in all patients given antibiotic treatment but the reduction was not statistically significant.

Dr Mendall pointed out that azithromycin, but not amoxicillin, is known to have anti-inflammatory properties. "The failure to find a difference in effect between the two antibiotic regimens suggests that metronidazole or omeprazole may be the important component of the regimen," he added.

The study is published as a rapid access article on the *Circulation* website (<http://circ.ahajournals.org/rapidaccess.shtml>).

Scottish roadshow sets out details of pharmacy pay deal

THE Scottish Pharmaceutical General Council has organised a series of meetings at eight locations around Scotland with the aim of explaining the recent remuneration settlement to pharmacy contractors (*PJ*, 13 July, p43).

SPGC chairman Frank Owens discusses what the deal means, as well as listening to contractors' views and concerns and answering their questions. In addition, there is an opportunity to discuss the pharmacy strategy and prescription pricing matters.

Meetings have already taken place in Inverness, Aberdeen and Dumfries. The remainder are in Glasgow, 2 September; Dundee, 5 September; Edinburgh, 12 September; Falkirk, 16 September; and Troon, 17 September.

College seeks to accredit hospital CPD programmes after CHI praise

THE College of Pharmacy Practice is offering accreditation to hospital trust professional development schemes for their pharmacy staff.

Ian Simpson, CPP chief executive, said that he was delighted that the Commission for Health Improvement had said that accreditation of Harrogate Health Care NHS Trust's pharmacy training programme

was one of eight examples of notable practice at the trust worthy of sharing within the trust and more widely across the National Health Service.

The CHI comment was made in a clinical governance review published in February. It described the pharmacy scheme and its accreditation by the CPP as an example of good educational practice.

Primary care trusts want to see employee pharmacists on LPCs

SOME primary care trusts in England are asking local pharmaceutical committees in their areas to include places for employee pharmacists. As a result, employee pharmacists are being urged by one LPC secretary to contact their LPCs to see if they have places reserved for them on their reformed committees.

David Kent, secretary to Camden and Islington LPC, London, told *The Journal* that while most LPCs are expected to follow the model structures proposed by the Pharmaceutical Services Negotiating Committee, some are not. He is secretary to one of a number of LPCs that have been asked to include places for employee pharmacists.

Employees working more than 16 hours a week in a single pharmacy are being sought for nomination so that an election can be held.

The PSNC's model constitution for LPCs does not permit employees to seek election directly, although they can be nominated by their employers as contractor representatives. Some LPCs are now adopting constitutions that allow self-nomination by employees.

"In the past, proprietors have not always passed information relevant to their employees on such matters on to them — they are urged always to do so," Mr Kent said.

BRIEFLY

Autism and GI disorders

Children with autism are no more likely to suffer gastrointestinal (GI) disorders than non-autistic children, American researchers have found (*BMJ* 2002; 325:419). They found the incidence of GI disorders was the same — 9 per cent — among autistic children and matched controls. They also found no temporal association between measles, mumps and rubella vaccination and onset of GI symptoms in children with autism.

Caffeine could prevent skin cancer

Topical applications of caffeine have been successfully used to destroy skin cancer cells in laboratory mice (*Proceedings of the National Academy of Sciences* early online edition, www.pnas.org). Both caffeine and epigallocatechin gallate, two components of green tea, selectively destroyed tumours and inhibited cancer formation in hairless mice exposed to ultraviolet B radiation. The researchers conclude caffeine has the advantage because it is more chemically stable.

Clodronate reduces the occurrence of bone metastases with breast cancer

CLODRONATE treatment reduces the occurrence of bone metastases in patients with primary operable breast cancer, a new study shows. It also improves overall survival in these patients.

Researchers from the Royal Marsden NHS Trust, London, and colleagues evaluated the effect of adjuvant clodronate on the incidence of bone metastases, other metastases, and survival in patients having surgery, radiotherapy, and/or drug treatment for primary operable breast cancer. They randomly assigned 1,069 patients to receive either oral clodronate (Bonefos) 1,600mg daily or placebo for two years, starting within six months of primary treatment.

A significant reduction in the occurrence of bone metastases was observed in the clodronate group during the two-year treatment period, and a non-significant reduction was seen during the follow-up period (median follow-up, 2,007 days). The researchers say that it is not possible to predict whether a longer treatment period would give rise to a more beneficial effect. With regard to non-

bone metastases, there was no significant difference between the clodronate group and the placebo group during the total follow-up period or during the treatment period.

The researchers conclude that large clinical trials of adjuvant clodronate and other bisphosphonates used for longer treatment periods are needed to establish a clinical role of antiosteolytic bisphosphonate therapy for patients with primary operable breast cancer (*Journal of Clinical Oncology* 2002;20:3219).

In an accompanying editorial, Dr Gregory Mundy, University of Texas Health Service Centre, San Antonio, comments that "the main advantage of clodronate over other clinically used bisphosphonates is its oral availability and the fact that it has been so extensively studied. Other orally available bisphosphonates, such as aldrionate and rise-dronate, have not been studied for this indication and should not be used if there is an alternative" (ibid, p3191).

Dr Hubert Bland, research physician, Boehringer Ingelheim, told *The Journal* that

the company is currently applying for an extension to the licence for Bonefos in the United Kingdom for adjuvant treatment of breast cancer.

Consultation begins on eighth wave of NICE work

ELEVEN new treatments, including medicines for asthma, atopic dermatitis and psoriasis, are now being considered for referral to the National Institute of Clinical Excellence. Stakeholders have until the end of September to comment on the proposed topics, which, if confirmed, will form part of an eighth wave work programme of appraisals and guidelines to be referred to NICE later this year.

The technologies to be looked at as part of the consultation are:

- 1 **Iressa (ZD1839)** A new drug with a novel mode of action for non-small cell lung cancer and other solid tumours
- 1 **Imatinib (Glivec)** This has already been launched for second-line treatment of chronic myeloid leukaemia and will now be considered as a treatment for gastrointestinal stromal tumours
- 1 **Xaliproden** A new drug aimed at treating the amyotrophic lateral sclerosis form of motor neurone disease, intended for use either as monotherapy or in combination with riluzole (already recommended by NICE)
- 1 **Omalizumab (Xolair)** An antibody treatment for uncontrolled asthma and seasonal allergic rhinitis, injected once or twice a month in a primary or secondary care asthma clinic
- 1 **Topical steroids** The current mainstay treatment for atopic eczema that cannot be controlled with simple emollients. NICE to examine the difference between available products and evidence for using two doses per day instead of one
- 1 **Corticosteroids** NICE to examine whether the more expensive corticosteroids are more effective asthma treatments than the cheaper alternatives, and in which patients
- 1 **Drotrecogin (Xigris) and afelimomab (Segard)** Drugs for severe sepsis that could offer advantages over existing treatments
- 1 **Alefacept, efalizumab and etanercept** Three new drugs in development for moderate to severe psoriasis
- 1 **Pimecrolimus (Elidel)** For treating relatively mild atopic dermatitis
- 1 **Dual chamber pacing in elderly patients** As well as assessing the clinical- and cost-effectiveness of dual chamber pacemakers, NICE is to consider which patients these devices might be appropriate for use in
- 1 **Parent training programmes for treatment and prevention of conduct disorder** NICE guidance to establish which programmes currently being offered by children's agencies are best supported by evidence. To be carried out with the Social Care Institute of Excellence

Orlistat plus changes in lifestyle delays onset of type 2 diabetes in obese patients

ORLISTAT (Xenical) in combination with lifestyle changes reduces the risk of obese patients developing type 2 diabetes, researchers report.

The results come from the Xenical in the prevention of diabetes in obese subjects (XENDOS) study in which Swedish researchers randomly assigned 3,304 patients, aged between 30 and 60 years and with a body mass index of $\geq 30\text{kg/m}^2$, to receive either orlistat 120mg or placebo three times daily plus a balanced hypocaloric diet, for four years. All subjects were encouraged to take daily exercise.

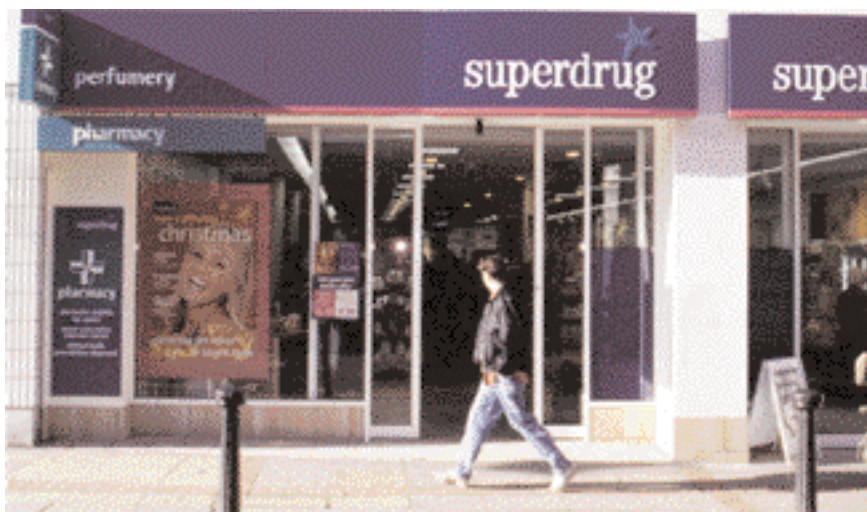
The researchers found that patients taking orlistat were 37 per cent less likely to develop type 2 diabetes than those losing weight by lifestyle change, alone. Mean weight loss was significantly greater in

patients treated with orlistat at one year and remained significantly greater at the end of the four-year study. After four years of treatment, a 10 per cent reduction in body weight was seen in 26 per cent of patients treated with orlistat compared with 16 per cent of patients taking placebo. Roche, the manufacturer of orlistat says that a weight loss of 5 to 10 per cent has been shown to have "clear health benefits".

Sustained improvements in cardiovascular risk factors, such as blood pressure and lipid profile, were also found in patients taking orlistat. The researchers conclude that the study confirms the safety and efficacy of orlistat treatment for up to four years.

Data from the trial were presented at the International Congress of Obesity, held in São Paulo, Brazil, this week.

New owner for Superdrug YPG plans debate on modernisation



Superdrug will form part of a 3,000-store international health and beauty chain

SUPERDRUG, the health, beauty and pharmacy chain, has a new owner after Hutchison Whampoa agreed to acquire its current parent company, Kruidvat, for £1.3bn (£830m).

Superdrug, which has just over 200 pharmacies in its 700-branch chain, will become part of a 3,000-store international

group operated by Hutchison's health and beauty subsidiary, A. S. Watson (ASW). ASW already operates the 280-store Savers chain in the United Kingdom, which it acquired in 2000.

Hutchison is an international conglomerate with interests in mobile phones, property, hotels and ports as well as retailing.

THE Young Pharmacists Group is to hold an open forum debate on the Royal Pharmaceutical Society's modernisation plans on the day before the British Pharmaceutical Conference.

The debate will be held on the afternoon of Sunday 22 September at the Thistle Hotel, Portland Street, Manchester. This year's BPC is being held in Manchester on 23–25 September.

The YPG believes that the event is necessary as "there has been no meaningful consultation with the membership from the Modernisation Steering Group". The forum will allow a two-way discussion on the modernisation process, the YPG says.

The debate is to be followed by a dinner the same evening to raise funds for the YPG's model pharmacy project. Tickets for the dinner cost £35 each. Details of the debate and the dinner can be found on the YPG's website (www.ypg.info) or obtained from Noel Wicks on 07961 189449.

Pharmacists give travel advice in a range of languages

COMMUNITY pharmacists provide travel health advice to their customers in a much wider range of languages than other health care professionals, according to a survey commissioned by vaccine manufacturer Aventis Pasteur MSD.

Information was on offer in 18 languages other than English, with 38 per cent of the 209 pharmacists questioned offering their customers information in at least one other language. The most common languages were Gujarati (offered by 23 per cent), Hindi (19), Punjabi (12) and Urdu (11). Advice was also offered in Russian, Hebrew, Arabic, Swahili and Chinese by some pharmacists.

Carolyn Driver, chairman of the British Travel Health Association, said: "Community pharmacists are key members of the travel health team and it is important for them to develop good relationships with local travel health clinics and practice nurses."

Row over Lib Dem emergency hormonal contraception comments

PHARMACIST Member of Parliament Sandra Gidley, the Liberal Democrat's shadow health minister, has become embroiled in a row over comments she made about emergency hormonal contraception and sex education.

Mrs Gidley condemned the campaign by the Society for the Protection of Unborn Children (SPUC) to persuade people to boycott supermarket chains that supply emergency hormonal contraception to girls under 16 years old through their instore pharmacies. The campaign has led Tesco to stop supplying EHC to under 16s (*PJ*, 27 July, p124) resulting in its expulsion from a patient group direction scheme in Manchester (*PJ*,

24 August, p247). Mrs Gidley said: "Supporters of this campaign appear to support bringing babies that may not be wanted into the world. We need a sensible and practical approach to the rise in teenage pregnancy rates, not ill-judged campaigns such as this." She added that successful sex education schemes run in the Netherlands should be examined for use in the United Kingdom.

In response, SPUC asked whether Mrs Gidley had a vested interest in ensuring that EHC remained available through pharmacies, pointing out that part of her general election expenses last year had been paid for by the Royal Pharmaceutical Society's parliamentary fund.

Manchester school of pharmacy to house virtual hospital ward

PHARMACY students at the Manchester school of pharmacy will hold joint training sessions with medical and nursing students in a "virtual hospital ward" following a successful funding bid by the school.

The Higher Education Funding Council for England, through its development of teaching and learning fund, is to support the establishment of the ward. Students will be taught together using interactive case studies focusing on good prescribing practice,

medicines administration and error reporting procedures. There will also be evaluations of students' performance and their perceptions of their professional roles in a multidisciplinary environment.

The funding bid was led by Dr Larry Gifford, dean of the school of pharmacy, and Professor Judy Cantrill, professor of medicines usage, evaluation and policy. They hope to extend the project to include primary care settings.

BRIEFLY

Lloyds goes back to the floor
Lloydspharmacy is formalising its "Back to the shop floor" scheme for pharmacists working at its head office as part of its continuing professional development programme. As well as spending time in pharmacies, the pharmacists will attend workshops on law and ethics, pharmacy practice, how to respond to symptoms and clinical pharmacy.

Women more likely to adhere to statins

WOMEN are more likely to adhere to statin treatment than men following myocardial infarction (MI), researchers in Scotland have found. Furthermore, patients who adhere well to statin therapy are less likely to suffer a further MI than those who do not.

Dr Li Wei and colleagues from the Medicines Monitoring Unit at Ninewells Hospital and Medical School, Dundee, used a database linking patients' health records to examine how frequently statins were prescribed for patients after an MI and how well patients adhered to statin treatment. The database contained hospital discharge data and information about dispensed community prescriptions.

During the study period — January 1990 until December 1995 — 5,590 patients experienced an MI but only 7.7 per cent received statin treatment following discharge from hospital. The researchers suggest that this was because at that time the evidence base for statin therapy post-MI was not strong.

The researchers found that compared with patients who did not receive statins, patients who adhered well to statin therapy

(80 per cent adherence or greater) were less likely to suffer a further MI. Those who did not adhere well showed no improvement compared with those not treated with statins. "[The] highly compliant subjects had a very good outcome with an 81 per cent reduced risk of recurrent MI and 53 per cent reduced risk of all-cause death compared to subjects not prescribed statins once all other factors had been adjusted for. Subjects who had less good compliance did not have statistically significantly improved outcome," said Professor Tom Macdonald, one of the study authors.

The researchers say that women were more likely to adhere to treatment, although they were less likely to be prescribed statins than men.

Professor MacDonald told *The Journal* that the study demonstrated the pivotal importance of patient compliance in the real-world community setting. "Promoting good compliance with medicines is a major challenge for the delivery of effective health care interventions," he said.

The researchers also found that older patients were less likely to be prescribed statins than young patients and that, overall,

patients living in more deprived areas were prescribed statins most often (*Heart* 2002;88:229).

Etoricoxib more effective than naproxen for rheumatoid arthritis

The new cyclo-oxygenase-2 inhibitor ETORICOXIB (Arcoxia) is more effective than naproxen for treating patients with rheumatoid arthritis, a study shows. Etoricoxib was launched earlier this year.

American researchers say that the superior efficacy of etoricoxib over naproxen, and placebo, was consistently observed over a range of measures, including tender and swollen joint counts and assessments of pain, inflammation, physical function and global disease activity. They add that etoricoxib was generally well tolerated in patients with rheumatoid arthritis.

They randomly assigned 816 patients who were chronic users of non-steroidal anti-inflammatory drugs to receive etoricoxib 90mg once daily, naproxen 500mg twice daily or placebo, for 12 weeks. Of these patients, 230 in the etoricoxib group (71.2 per cent), 96 in the naproxen group (55.2 per cent) and 122 taking placebo (37.8 per cent) completed the trial.

The most common reason for discontinuation was lack of efficacy and more patients in the naproxen group (36.5 per cent) and placebo group (54.5 per cent) discontinued for this reason than in the etoricoxib group (21.7 per cent) ($P < 0.01$ for etoricoxib versus placebo and naproxen).

Drug-related adverse events occurred most frequently in the digestive system, with patients in the naproxen group experiencing slightly higher incidences of dyspepsia, heartburn and nausea than patients in the other groups. The researchers conclude

that the reason for etoricoxib's superior efficacy is unclear, as is whether or not the finding is a unique feature of the population studied (*Journal of Rheumatology* 2002;29:1623). The study was funded by Merck Research Laboratories.

BRIEFLY

Benefit of long-acting risperidone
Treating patients with schizophrenia with long-acting risperidone (Risperdal Consta) can reduce the rate of hospital admissions, say researchers. An analysis of a one-year, open-label trial shows that the percentage of patients requiring admission to hospital fell from 38 per cent to 12 per cent after patients were switched from other antipsychotic drugs to long-acting risperidone. Data were presented this week at the World Psychiatric Association congress in Japan.

Screening reduces mastectomies
Screening women for breast cancer has reduced mastectomy rates, an observational study confirms. This follows a recent suggestion that mammographic screening increased the number of mastectomies. The researchers say that the rate of breast conserving surgery has increased with the advent of screening (*BMJ* 2002;325:418).

Torasemide reduces cardiac mortality

PATIENTS with congestive heart failure (CHF) who are treated with the loop diuretic torasemide (Torem) may have a reduced risk of cardiac mortality compared with patients treated with furosemide, say Spanish researchers (*European Journal of Heart Failure* 2002;4:507).

They analysed data from 1,377 patients with mild to moderate CHF who were treated with standard CHF therapy plus torasemide 10mg daily, furosemide 40mg daily or other diuretics at the recommended doses. The trial was open-label and patients received treatment in a non-randomised fashion. The researchers found that after 12 months, torasemide treatment was associated with lower all-cause mortality than other diuretic treatments — 17 patients (2.2 per cent) in the torasemide group died compared with 27 (4.5 per cent) in the furosemide/other diuretics group. A lower incidence of cardiac mortality was observed in patients treated with torasemide.

The researchers also report an improvement in cardiac function and a lower incidence of abnormal serum potassium levels in more torasemide-treated patients than furosemide-treated patients. "These data . . . provide further support for the concept that some diuretics, by their specific pharmacologic profile, might provide additional benefits in CHF which are beyond their pure diuretic effect." They suggest that the previously reported anti-aldosterone effect of torasemide may account for its ability to reduce mortality in CHF patients.

The study was sponsored by Roche.