

Health Secretary prepared to over-rule OFT proposal

THE Secretary of State for Health (Alan Milburn) has signalled that proposals from the Office of Fair Trading to abolish controls over National Health Service dispensing contracts will be over-ruled if there is sufficient hostility from stakeholders (our Lobby correspondent writes).

Compelling evidence that might be collected during the current 90-day consultation period that benefits will not be passed on in full to patients and consumers will be enough to ditch the inquiry, according to Whitehall sources.

Sources also confirm that Patricia Hewitt, Secretary of State for Trade and Industry, will not risk a Cabinet battle with Mr Milburn if the consultation process fails to reassure him that wider Government plans to improve pharmacy services, including an extension of one-stop health shops, will not be undermined.

Stakeholders whose views ministers consider to be paramount include pharma-

cists, dispensing doctors, the NHS and patients themselves.

Mr Milburn is understood to be deeply unimpressed that only some supermarkets, but not all, have cut prices by up to 30 per cent since resale price maintenance was brought to an end for medicines nearly two years ago.

One source said: "These will all be factors for consideration. The OFT delivered a strong case, but the final decision is not a foregone conclusion."

The Department of Trade and Industry is ready to prepare regulatory changes but, even if these are introduced, there would have to be further consultation on draft proposals in an already overcrowded Parliamentary timetable.

Responsibility for the contract control regulations in Wales, Scotland and Northern Ireland is devolved, but ministers expect the final outcome to be agreed by all parts of the United Kingdom.

OFT chief denies conflict of interest in pharmacy report



John Vickers: advised supermarkets in a previous position as an economics professor

ACCUSATIONS that the Director General of Fair Trading, John Vickers, was wrong to have taken part in an inquiry into the pharmacy market because of a possible conflict of interest have been denied by the Office of Fair Trading.

It emerged on 27 January that Mr Vickers had ruled himself out of an OFT investigation into plans for a takeover of Safeway because he had been a paid adviser on mergers for supermarket groups while he was an economics professor in the 1990s.

John D'Arcy, chief executive of the National Pharmaceutical Association, said: "If John Vickers has got a conflict of interest now, he must have had when he started the pharmacy inquiry. You can try to differentiate it, but the pharmacy inquiry was heavily influenced by the impact supermarkets could have in the pharmacy market. This must cast serious doubt about the objectivity of the pharmacy inquiry."

Denying that there was a conflict of interest, an OFT spokesman said: "It's a totally different issue. The director general's previous work related specifically to mergers. The pharmacy inquiry was a wider study related to entry to the market." He added: "We don't expect large numbers of pharmacies to close."

Concerns expressed about rural dispensing after deregulation

BOTH pharmacists and dispensing doctors have expressed concerns that the Office of Fair Trading proposal to deregulate pharmacy contracts has failed to clarify the position regarding dispensing in rural areas.

As well as recommending that control of entry for new pharmacies should be abolished (*PJ*, 25 January, p103), the OFT report also says that the prejudice test, which allows dispensing doctors in England and Wales to object to the granting of a pharmacy contract in their area, "should fall away together with the regulations establishing the controlled areas to which the test applies" [Para 5.8]. In Scotland, doctor dispensing is undertaken at the request of local health boards, not the doctors.

Representatives of pharmacy contractors and dispensing doctors have spent the past few years reaching an agreement over rural dispensing. And before the OFT announced its inquiry, the agreement had been turned into a set of, as yet unpublished, draft regulations. Mike King, assistant secretary at the Pharmaceutical Services Negotiating Committee told *The Journal* that progress on the regulations had slowed down as the OFT report approached publication. "We need to see how the recommendation of the OFT report is taken forward before we can see how our agreement progresses," Mr King said.

Immediately before the publication of its report on 17 January, the OFT held a briefing for stakeholders consulted during the inquiry. *The Journal* understands that a large part of this briefing was taken up by questions aimed at trying to clarify the doc-

tor dispensing issue. In a report published on the Dispensing Doctors Association (DDA) website, Dr David Barker, a member of the DDA board, says: "At the meeting I was unsure whether to be incandescent with rage at deregulation or totally euphoric at the huge opportunities it will give doctors to co-locate pharmacies at their surgeries. The view of the pharmacists present was that the latter view was more likely and that there would be a rush of GPs moving to establish their own pharmacies. The National Pharmaceutical Association appeared particularly unhappy, not without cause."

NPA chief executive John D'Arcy told *The Journal* that in his view the OFT appeared to see dispensing doctors "as the last resort", similar to the Scottish model. "In that case, what is to happen to the existing 4,000 or so dispensing doctors?"

Mr King said that the situation was "a double-edged sword — the implications need thinking through". The PSNC is seeking an urgent meeting with doctors' representatives.

Commons motion opposes OFT proposal

AN early-day motion (EDM) has been tabled in the House of Commons urging the Government not to accept the Office of Fair Trading's recommendation that National Health Service pharmacy contract controls should be scrapped.

Tabled by Edward O'Hara (Lab, Knowsley South) on 22 January, EDM 561 notes concern that supermarkets would use

their market power to undermine and eliminate small local pharmacies. EDMs are a device used by MPs to draw attention to issues about which they are concerned.

n PSNC meeting The Pharmaceutical Services Negotiating Committee met Health Minister David Lammy on 28 January. He was "anxious to explore and evaluate the impact of deregulation", the PSNC said.

Pharmacy staff to ease doctors' hours

PHARMACY staff at Basildon hospital are to help reduce doctors' working hours as part of a new Government initiative.

Pilot schemes are being set up to test different solutions to implement the European Working Time Directive for junior doctors (under which, from August 2004, doctors will be subject to a maximum 58-hour working week).

The scheme at Basildon is one of 19 chosen to receive Department of Health funding from over 400 national proposals and is the only one involving pharmacy.

Geoff Sharman, chief pharmacist, Basildon and Thurrock University Hospitals NHS Trust, told *The Journal* that the project involved funding for a pharmacist and four technicians for an 18-month pilot.

The technicians will be responsible for:

- Ensuring all patients have a detailed, documented medicine history
- Preparing inpatient prescription cards for review and authorisation by the admitting doctor
- Assessing the suitability for continued use of patients' own medicines
- Ensuring each patient's medication summary is prepared for discharge.

Mr Sharman said that these roles would be integrated into the clinical pharmacy service already in place at the trust. The project would be a seven-day-a-week, extended hours scheme, with technicians aiming to carry out initial assessments before the



Technicians are to take medication histories and write prescription charts for doctors to sign

patient is seen by a doctor. Pharmacists would be reviewing information from the technicians at all stages. Mr Sharman hopes that the majority of patients will be included at the point of admission. "The scheme will mean doctors are less stretched and have more time for patient care," he added.

The trust will be looking at the time taken to roll out the service, the time saved by junior doctors and quality improvements in medicine management.

It is expected that at least 10 hours per day of doctors' overtime at Basildon hospital will be saved by reducing their paperwork relating to patient medication. If it is successful, the scheme will be taken to other trusts across England.

Principal pharmacist Julia Keating has been recently appointed to lead the project, with advertisements for the technicians' posts expected to appear in *The Journal* shortly. Mr Sharman said that he hoped the scheme would be rolled out from April.

Commenting on the scheme Ms Keating said: "One of the mainstays of the medicines management initiative is the continuity of patients' medicine-taking. Pharmacy staff will ensure patients receive the right medicines from the moment they arrive in hospital, and that information is swiftly and accurately communicated to other health care professionals, including the patients' GPs when they are discharged."

Charge fraud pharmacist fined

DEFRAUDING the National Health Service of £2,000 has cost a Derby community pharmacist £27,000.

Lay Ean Atkinson was fined and ordered to pay costs after being found guilty retaining prescription charges paid by patients.

An investigation by the NHS Counter Fraud Service in October 1999 revealed that Ms Atkinson, who owned two pharmacies in the Derby area, had been retaining prescription charges and endorsing prescriptions to suggest that that multiple small packs had been supplied when larger packs had in fact been dispensed.

Ms Atkinson was arrested in July 2000 and found guilty of 15 counts of false accounting at Wolverhampton Crown

Court on 5 December 2002. She was cleared of two further counts of false accounting and two counts of giving false information. On 24 January 2003, she was fined £7,500 and ordered to repay the full amount. She was also ordered to pay prosecution costs of £17,500.

The Department of Health took the unusual step of issuing a press release commenting on the case on 27 January. Jim Gee, director of the Counter Fraud Service, said: "All fraud against the NHS, no matter how big or how small, deprives the NHS of resources needed for the delivery of patient care and the continuing improvement of NHS front-line services."

He said that 98 per cent of CFS prosecutions were successful.

No cows are sacred in shake-up for medical training

A GROUNDBREAKING review of the way doctors are recruited and trained shows that the Government is willing to challenge accepted norms for training in the health professions.

The medical royal colleges have agreed that postgraduate training for doctors should be modernised and, in some cases, shortened in order to meet the needs of the National Health Service for more consultants. There is also to be a Postgraduate Medical Education and Training Board to oversee the royal colleges' regulation of consultant training and to improve the quality of training. Practical solutions for cutting doctors working hours to meet legal limits are expected to include letting other staff take on some doctors' roles.

The General Medical Council regulates undergraduate medical education and, until now, the medical royal colleges have regulated postgraduate training themselves with no external oversight.

The Royal Pharmaceutical Society regulates undergraduate pharmacy training, but there is currently no regulator for postgraduate pharmacy training.

New schools on track for September start

TWO planned new schools of pharmacy should take their first students in September.

The University of East Anglia has been given approval by the Royal Pharmaceutical Society to accept its first students on its master of pharmacy degree course this year. The school will be inspected annually by the

Society until the first cohort completes the course and then, all being well, the degree will be formally accredited.

The Medway school of pharmacy at Chatham Maritime, Kent, has been approved by its parent bodies, the Universities of Kent and Greenwich. The school is to be inspected by the Society this month.

Asthma guideline encourages use of other drugs before raising steroid dose

AN UPDATED guideline on managing asthma was published earlier this week by the British Thoracic Society and the Scottish Intercollegiate Guidelines Network.

The joint guideline replaces asthma guidelines previously published separately by the BTS and SIGN. Changes include new sequences of treatment, with an emphasis on the use of add-on therapies in the early stage of the disease before resorting to higher doses of inhaled corticosteroids. The guideline also encourages the use of educational materials and individual asthma action plans to help patients monitor and manage their own symptoms.

The drug management section of the guideline gives a step-wise approach to treatment (see Panel) with the aim of gaining and maintaining control of asthma symptoms and then stepping down when control is good. It suggests that patients should be regularly reviewed as treatment is stepped down and that patients should be maintained on the lowest possible dose of an inhaled steroid. Reductions in inhaled steroid doses should be slow because patients deteriorate at different rates, it says. It suggests that reductions are considered every three months, decreasing the dose by approximately 25–50 per cent each time.

The guideline also includes advice on

the use of intravenous magnesium and the potential use of continuous nebulisation of a β_2 -agonist for severe or life-threatening attacks. Non-pharmacological management and complementary and alternative medicines are also included.

If patients experience exercise-induced asthma, treatment should be reviewed. In patients taking inhaled steroids who are

otherwise well controlled, the following treatments should be considered: leukotriene receptor agonists, long-acting β_2 -agonists, cromoglicate and related therapies, oral β_2 -agonists, and theophyllines.

The new guideline is published as a supplement to the February issue of *Thorax* (2003;58), and can be downloaded from the BTS (www.brit-thoracic.org.uk) website.

Stepwise management of asthma in adults

- **Step 1: Mild intermittent asthma** Inhaled short-acting β_2 -agonist as required
- **Step 2: Regular preventer therapy** Add inhaled steroid 200–800 $\mu\text{g}/\text{day}^*$
- **Step 3: Add-on therapy** Add inhaled long-acting β_2 -agonist (LABA), then assess control of asthma:
 - Good response to LABA — continue therapy
 - Benefit from LABA but control inadequate — continue LABA and increase steroid dose to 800 $\mu\text{g}/\text{day}^*$
 - No response to LABA — stop LABA and increase steroid dose to 800 $\mu\text{g}/\text{day}^*$. If control is still inadequate, try other therapies, such as leukotriene receptor antagonist or sustained-release theophylline
- **Step 4: Persistent poor control** Consider trials of increasing inhaled steroid up to 2,000 $\mu\text{g}/\text{day}^*$ or add fourth drug (eg, leukotriene receptor antagonist, SR theophylline, oral β_2 -agonist)
- **Step 5: Continuous or frequent use of oral steroids** Use daily oral steroid at lowest dose providing adequate control, maintain high dose inhaled steroid, consider other treatments to minimise use of oral steroid, refer patient for specialist care
 (* beclometasone equivalent dose)

Long-term survival improved with inhaled corticosteroids in COPD

THE long-term survival of patients with chronic obstructive pulmonary disease (COPD) after discharge from hospital is improved by the use of inhaled corticosteroids, say Canadian researchers.

Dr Don Sin, of the University of Alberta, Edmonton, and colleagues studied 6,740 elderly patients with COPD over three years. They found that COPD patients taking inhaled corticosteroids after hospital discharge had a 25 per cent relative reduction in risk for all cause mortality compared with similar patients who did not take these medicines (relative risk 0.75, 95 per cent confidence interval 0.68–0.82).

They also discovered that patients who were taking moderate or high doses of inhaled steroids had a better survival rate than those who were on low-dose corticosteroid therapy.

For pulmonary-specific causes of mortality, inhaled corticosteroid therapy was associated with a 30 per cent risk reduction (0.70, 0.53–0.93).

To test the robustness of the observed relationship between inhaled corticosteroid therapy and mortality, the researchers conducted a series of subgroup analyses.

They found that even among the healthiest members of the cohort inhaled

corticosteroids were associated with a survival advantage.

The researchers say: “These data suggest an important role of inhaled corticosteroid therapy in improving clinical outcomes in these high-risk COPD patients.” They also suggest that clinicians should consider using doses of inhaled corticosteroids equivalent to 500 μg beclometasone or higher daily to achieve maximum survival benefits.

The study is published in the February issue of the *European Respiratory Journal* (2003;21:260).

BRIEFLY

Folic acid and multiple births

Consumption of 400 μg of folic acid before or during early pregnancy does not increase a woman's likelihood of having a multiple birth, say researchers. This is the case whether folic acid is taken before the date of ovulation, around the time of fertilisation or after conception, they add (*Lancet* 2003;361:380).

Nimodipine fails to show benefit in eclampsia trial

MAGNESIUM sulphate is more effective than nimodipine (Nimotop) in preventing eclampsia in women with severe pre-eclampsia, researchers have found.

Dr Michael Belfort, of the University of Utah, Salt Lake City, and colleagues hypothesised that if eclampsia is caused by cerebral ischaemia, nimodipine would be an alternative therapy to magnesium sulphate with potential advantages (oral administration, minimal toxicity, and antihypertensive effect). However, their findings do not support this.

They randomised 1,650 women with severe pre-eclampsia to either oral nimodipine (60mg every four hours) or intravenous magnesium sulphate (given according to local protocol) until 24 hours post partum. They found that the women who received nimodipine were more likely to have a seizure than those who received magnesium sulphate (2.6 per cent vs 0.8 per cent, $P=0.01$).

The researchers conclude that the lack of effectiveness of nimodipine — a cerebral vasodilator — supports the hypothesis that eclampsia may be caused by cerebral overperfusion rather than decreased cerebral blood flow (*New England Journal of Medicine* 2003;348:304).

Too much vitamin A leads to increase in fracture risk

A DIRECT link between high serum levels of vitamin A and the risk of fracture has been found in a long-term, prospective study involving 2,322 Swedish men.

At enrolment into the trial, levels of serum retinol (vitamin A) were measured. Subjects were followed for 30 years and fractures documented in 266 men. The risk of fracture was highest among men with the highest levels of serum retinol. Men with retinol levels higher than 103.12µg/dL had an overall risk of fracture that was seven times greater than that for men with lower levels.

Fracture rates were 1.64 times higher in men with retinol levels greater than 75.62µg/dL than in men whose retinol levels fell in the range 62.16–67.60µg/dL. For

hip fractures the rate was 2.47. The researchers also compared the fracture risk of men who consumed more than 1.5mg retinol per day with those taking less than 0.5mg. The risk was increased by a factor of two among those in the higher category.

The authors of this study (*New England Journal of Medicine* 2003;348:287) say their findings are consistent with previous animal and dietary studies. "Our findings . . . suggest that current levels of vitamin A supplementation and food fortification in many Western countries may need to be reassessed," they add.

Dr Pamela Mason, a pharmacist with a special interest in nutrition, said that on current evidence of fracture risks, she would not advise elderly people against taking multivitamin products containing vitamin A (providing they contained no more than 100 per cent of the recommended daily amount). However, patients with well-established osteoporosis could be warned about the latest findings. She added that many older people take cod liver oil in addition to multivitamin supplements and suggested that fish body oil, containing little or no vitamin A, could be taken instead of fish liver oil.

Recommended limit

Current recommended upper limits of vitamin A daily intake range from 1,500µg (for supplement intake alone) to 3,000µg (for dietary and supplement intake combined). The EU RDA is 800µg of retinol equivalent.

New guidelines recommend bone-protective therapy

PATIENTS at high risk of glucocorticoid-induced osteoporosis — those aged 65 years and over, and those who have already had a fracture caused by fragile bones — should be advised to start bone-protective therapy at the same time as starting glucocorticoids.

This is one recommendation included in new guidelines launched earlier this week by the Royal College of Physicians, the National Osteoporosis Society and the Bone and Tooth Society of Great Britain. The guidelines also recommend that other patients taking glucocorticoids should have their bone mineral density measured with dual energy X-ray absorptiometry.

Measures listed in the guidelines that should be taken to reduce bone loss include reduction of glucocorticoid doses to a minimum, consideration of other formulations or ways of administering the drug and the use of alternative immunosuppressive agents.

Good nutrition, an adequate dietary calcium intake and appropriate physical activity should be encouraged, and tobacco use and alcohol misuse avoided, the guidelines state.

Copies of "Glucocorticoid-induced osteoporosis: guidelines for prevention and treatment" are available priced £15 from the Royal College of Physicians publications department (020 7935 1174 ext 254).

Reconsider first-line paracetamol use for knee osteoarthritis

THE recommendation that paracetamol should be used in preference to non-steroidal anti-inflammatory drugs in the initial treatment of osteoarthritis of the knee should be reconsidered, according to researchers from Rush Medical College, Chicago, Illinois.

Dr John Case and colleagues conducted a double-blind, placebo-controlled trial of diclofenac sodium (75mg twice daily) versus paracetamol (1g four times daily) in 82 patients with osteoarthritis of the knee. At two and 12 weeks, clinical improvements were seen in the group of patients treated with diclofenac ($P<0.001$) but not in the group treated with paracetamol.

The researchers point out that there is scant evidence for a therapeutic effect of paracetamol relative to placebo in this group of patients. They add that this is because most published studies use active comparators (ie, non-steroidal anti-inflammatory drugs).

"The advocacy of [paracetamol] use in subjects with osteoarthritis of the knee should be reconsidered pending further placebo-controlled studies," they conclude (*Archives of Internal Medicine* 2003;163:169).

Further evidence supports use of glucosamine for knee pain

PEOPLE who suffer from regular knee pain may benefit from taking glucosamine supplements, say Australian researchers. They suggest that glucosamine may be a potential treatment for degenerative joint disease by limiting further degeneration and promoting tissue repair.

The researchers randomly assigned 46 patients with chronic knee pain to receive either glucosamine 2g or placebo daily. The patients were all aged between 20 and 70 years and regularly suffered knee pain.

Throughout the three-month trial, knee pain and mobility were assessed at regular intervals using clinical and functional tests, two questionnaires and subjective patient evaluations. Mobility improved over time in both groups of patients, but this happened more quickly in the patients treated with glucosamine.

By week eight, patients treated with glucosamine had better quality of life scores ($P<0.05$) and lower knee pain scores ($P<0.05$) than those given placebo.

By week 12, almost nine out of 10 (88 per cent) of those treated with glucosamine said their knee pain had lessened compared with only three (17 per cent) in the group given the placebo.

The authors conclude that 2g of glucosamine daily can provide some degree of pain relief and improve mobility in patients with chronic knee pain resulting from previ-

ous cartilage damage or possibly osteoarthritis (*British Journal of Sports Medicine* 2003;37:45).

The results of the study support previous data that show glucosamine delays the progression of osteoarthritis in the knee joint (*Pf*, 26 October 2002, p594).

Pill risk warnings poorly understood

FEW educated women fully understand the risk of thrombosis associated with the contraceptive pill as it is explained in current patient information leaflets.

Warnings on thrombosis risk to be included in packs of third generation oral contraceptives were set out by the Committee on Safety of Medicines in 1999.

Theo Raynor, professor of pharmacy practice, medicines and their users, Leeds university, and colleagues assessed how well 186 female university students, including many current or past pill users, understood the information. Some women were provided with an explicit statement on relative

risk in an attempt to clarify the issue (see panel). They found that less than 12 per cent of women fully understood the absolute levels of risk of thrombosis from taking the pill and from being pregnant.

When asked to assess risk in the same terms as used in the leaflet, one third still gave incorrect estimates. A fifth of women showed no understanding of the relative risk of a thrombosis while taking the pill compared with that while pregnant. Less than 40 per cent fully understood the relative risks involved. The additional statement on relative risk appeared to have no effect on understanding.

The authors of the study (*Contraception* 2002;66:305) say that, while the CSM requires exhaustive testing of drugs themselves, it requires little or no testing of accompanying information. They strongly urge the CSM to revise the wording of the information for the contraceptive pill, which is currently provided to millions of women in the United Kingdom. Speaking to *The Journal*, Professor Raynor said: "Although it is clear that the current wording does not work, we do not yet know what would. It is apparent that it is difficult to get these messages of risk across — even to people who might be expected to understand."

His project, on the understanding of the risks of side effects of medicines in general, is now focusing on alternative ways to present this information. In a joint programme with the psychology department at the Uni-

versity of Reading, headed by Professor Dianne Berry, researchers will be looking at the effect of verbal descriptors of risk used together with percentages. Other suggestions had been to use graphical representations of risk, although Professor Raynor did not think this would be suitable for medicines listing multiple side effects.

A spokeswoman for the Department of Health said that the Medicines Control Agency was aware of difficulties in interpreting advice and said that the issue was under review. She added that the MCA would be making an announcement regarding this problem later this year.

Information provided

The following statements were included in the information provided to women:

- **In healthy non-pregnant women not taking the pill** About five cases of thrombosis occur per 100,000 women per year
- **In women taking the oral contraceptive pill** About 15 cases of thrombosis occur per 100,000 women per year
- **In pregnant women** About 60 cases of thrombosis occur per 100,000 pregnancies per year. That is, around four times the risk of being on the pill [this sentence was included in the information given to half the women]

FDA updates warnings for HRT and over-the-counter spermicides

THE United States Food and Drug Administration has added warnings to be given with product information for some hormone replacement therapy (HRT) products.

The FDA has asked all manufacturers of oestrogen and oestrogen/progestogen products used in postmenopausal women to warn that these agents should not be used for the prevention of cardiovascular disease, as highlighted in the Women's Health Initiative Study published last year (*Pf*, 13 July 2002, p43). They must also highlight findings from the study of increased risks of myocardial infarction, stroke, invasive breast cancer, pulmonary emboli and deep vein thrombosis during five years of treatment with HRT compared with placebo.

A spokeswoman for the Department of Health told *The Journal* that advice on HRT from the Medicines Control Agency would be updated this summer. She added that, since these products were not currently licensed for the prevention of coronary heart disease, no further recommendations would be given on this issue. She repeated guidance given when the study was first published, that the results confirmed previously known findings, that the product investigated in the US was used continu-

ously (rather than cyclically as in United Kingdom treatment) and that the results did not necessitate any immediate changes to therapy.

In addition, the FDA is updating guidance to manufacturers regarding the development of new products for use in postmenopausal women. It intends to work with researchers to find out whether lower doses of hormones produce lower risks, whether other types of hormones or routes of delivery affect risks, and how women can best stop taking oestrogens and progestogens.

n Contraceptives containing Nonoxinol-9 The FDA has also proposed a new warning for OTC vaginal contraceptives containing the spermicide nonoxinol-9. It states that these spermicides do not protect against infection from HIV or other sexually transmitted diseases (STDs).

It also advises consumers that these products can increase vaginal irritation, which may increase the possibility of transmitting the AIDS virus and other STDs from infected partners. These proposed statements were based on recent research including a four-year World Health Organization study.

More tamoxifen prevention data

MORE evidence "now clearly shows that tamoxifen can reduce the risk of ER [oestrogen receptor] positive breast cancer". The findings come from an analysis of 14 trials of breast cancer prevention involving over 40,000 women, including five trials with tamoxifen or raloxifene.

The results follow data reported in *The Journal* last week (January 25, p104) supporting use of tamoxifen for prevention of breast cancer in high risk women and show that tamoxifen reduced the incidence of breast cancer by 38 per cent in women at high risk. Women on either tamoxifen or raloxifene had, however, a two-fold increased risk of a thromboembolic event and a 2.4 relative risk of developing endometrial cancer.

The researchers say that the next challenge is to minimise the side effects of tamoxifen so that it can be used as a frontline preventive drug for breast cancer. Professor Jack Cuzick, senior researcher, Cancer Research UK, and lead author of the review, said: "It may be possible to reduce side effects of tamoxifen by using a lower dose or adding low dose aspirin. Carefully selecting women to exclude those already at risk of blood clotting disorders or endometrial cancer may also be a way of making the use of tamoxifen more viable" (*Lancet* 2003;361:296).

Health Minister calls into Boots's flagship branch



During his visit, Mr Lammy (centre right) is seen talking to Ms Anoff accompanied by Baljit Singh, assistant store manager, (left) and Digby Emson, superintendent pharmacist, Boots

DAVID LAMMY, Parliamentary Under-Secretary of State for Health, visited the flagship of the Boots The Chemists chain, at Victoria Centre, Nottingham, on 23 Janu-

ary as part of a series of engagements in the area. During the visit he spoke to pharmacy manager Afua Anoff and talked about the delivery of the pharmacy plan for England.

MEPs oppose free movement "holiday"

A EUROPEAN parliamentary committee is expected to recommend that a proposal to allow health professionals to take "working holidays" for up to 16 weeks in another European country without local registration should be dropped (*PJ*, 27 July 2002, p123).

A spokesman for the Alliance of UK Health Regulators on Europe, which includes the Royal Pharmaceutical Society, said that Stefano Zappala, the Italian rapporteur of the European Parliament's legal affairs committee, which is scrutinising the proposal, said at a meeting last week that his report would not recommend the inclusion of the 16-week proposal.

Mr Zappala says that the draft directive fails to distinguish clearly between learned professions and other professions and commercial activities. "The commission fails to recognise that mounting a legal defence or carrying out a surgical operation is totally different to building a table."

The proposal is contained within a draft EU directive on the recognition of qualifications (COM[2002]119).

Treating depression makes employees feel no better

RESEARCH by the Health and Safety Executive has found that medicines prescribed to treat anxiety and depression can cause the same problems at work as the illnesses themselves.

The HSE report, "Effects of prescribed medication on performance in the working population", says that anxiety, depression and their associated treatments affect work performance and that accidents and near misses can be caused by all three. Workers with responsibilities for others, such as

teachers, doctors and managers, present a particular risk.

Non-compliance was found to be common because of side effects, the time taken for treatment to start working and because starting treatment made people feel worse than before. Patients found it difficult to distinguish between side effects and the symptoms of depression and anxiety because they are often the same. People were unprepared for the effects of their treatment and thought that they had not

been given enough information by doctors or pharmacists.

Patients taking part in focus group discussions for the research reported being changed by their medication from people who could not work because of their illness into people who could not work because they no longer cared. Only four of the 784 people involved in the research reported that taking antianxiety or antidepressant medicines had improved the quality of their work.

PJ Online

PJ Online contains the editorial contents of *PJ* publications.

General interest

PJ Online has over 15,000 pages of information. A number of articles, though written for pharmacists, are also of potential interest to the wider public. This section seeks to broaden the use and usefulness of *PJ Online*.

www.pjonline.com/general

Topics

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Agenda for 2003

The series designed to make the profession think about its future.

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HPA chief appointed

DR PAT TROOP, currently deputy chief medical officer for England, has been appointed chief executive designate of the Health Protection Agency. The agency will be responsible for infectious disease control, health emergency planning and biological, chemical and radiological hazards.

ROYAL PHARMACEUTICAL SOCIETY NEWS

Blood pressure monitoring

The Society has produced revised and greatly expanded practice guidance on blood pressure monitoring (p171).

Chloroform and peppermint waters

An article in the Pharmacy Information Pointers series answers questions about the preparation of chloroform water and peppermint water (p172).