

PSNC confirms two-tier approach to new pharmacy contract for April 2004

THE Pharmaceutical Services Negotiating Committee has confirmed that it is planning to negotiate a two-tier pharmacy contract. It still expects it to start in April 2004.

Sue Sharpe, chief executive of the PSNC, told *The Journal* last week that the lower tier should be similar to the present service provision. "There will still be a dispensing fee — the questions are about how much it will be and what proportion of the global sum it will take," Mrs Sharpe said. The higher tier will include payment for structured medicines use reviews and supplying medicines to treat minor ailments to patients exempt from prescription charges in order to take this work from general practitioners. Both tiers will have clinical governance and audit requirements. The PSNC has decided that before any new contract is agreed, it will ballot contractors as to whether the terms are acceptable.

Ahead of a new contract in England and Wales, the PSNC and the Department of Health are working on possible funding models. The Prescription Pricing Authority is also looking to simplify reimbursement for pharmacies, probably linked to electronic transmission of prescriptions. All of this work is at an early stage, but Mrs Sharpe still expects the new contract to take effect in April 2004. "Only substantial changes to the control of entry regulations would throw us off target," she said.

Other matters discussed at the PSNC February meeting are listed below:



Barry Andrews has been reappointed chairman of the PSNC

Period of treatment fee The PSNC is to ask the Department to reinstate the period of treatment fee from 1 April. The PSNC took a controversial decision at the end of last year to see the fee suspended (*PfJ*, 21/28 December 2002, p877), aiming to avoid an overspend on the global sum. Mrs Sharpe expects "a lot of views to be aired forcefully"

on the subject. Three motions on it will be debated at the local pharmaceutical committees' conference in London on 3 March.

However, she added that the Department of Health appears to want to get rid of the fee. It has already been abolished in Scotland. Mrs Sharpe said that the whole area covered by the fee is complex and that amending the list of treatments might be difficult.

PSNC chairman Barry Andrews has been reappointed for a second and final two-year term as chairman of the PSNC starting in July.

Public affairs Melanie Smaus has joined the PSNC in the new role of public affairs officer. She will work on lobbying politicians and keeping up to date with developments in Government policy.

LPC levy The PSNC is seeking a 2.8 per cent increase in the levy on LPCs.

Oxygen Contractors who have to pay rental to BOC on integrated oxygen cylinders should claim this as an out-of-pocket expense until the matter is settled with the Department.

Public health The PSNC, the Royal Pharmaceutical Society and PharmacyHealthLinks are to develop a public health resource pack for community pharmacists.

Technicians' association wants to include assistants

THE Association of Pharmacy Technicians UK (APT) wants to include pharmacy assistants in its membership from next year.

In an update to its five-year strategy, published this month, the APT says that by the end of 2004 it wants to include pharmacy support staff holding the National Vocational Qualification level 2 in pharmacy services as enrolled members. Changes to the association's byelaws to permit this are likely to be made at its annual conference in spring 2004. Ahead of this, there will be consultation with current members and a debate by the APT executive

committee. Pharmacy technicians holding NVQs at level 3 can become full members of the APT. The association supports the Royal Pharmaceutical Society's plans to register pharmacy technicians and wants to see all its full members registered.

Registration will be voluntary from 2005 and mandatory from 2007. In order to support this, the APT says that it will "continue to evolve" as a professional and representative body. It is aiming to have representation on the Society's reformed Council. It will also provide professional services and information to technicians and

support their continuing professional development.

"In the longer term, the APT should begin to distinguish between the regulatory 'policing' function of a modern regulator — perhaps provided by the Royal Pharmaceutical Society — and the distinct 'professional' role of an independent body," the strategy says.

In order to support its work, the APT is considering employing its first paid officer and establishing a registered office. The APT has set itself a target of presenting a case for these at its 2004 conference.

Hib booster campaign planned

ALL children aged between six months and four years are to be offered a booster dose of Hib (*Haemophilus influenzae* type b) vaccine, the Department of Health has announced.

The move follows advice from the Joint Committee on Vaccination and Immunisation and is in response to a small increase in the number of reported cases of *Haemophilus influenzae* type b disease. The "catch-up"

campaign is intended to reverse the reported increase and will involve a booster dose of Hib vaccine offered to all children over the age of six months and less than four years on 1 April 2003. The Department expects the campaign to start this spring and to last four months.

Haemophilus influenzae type b can cause a number of serious illnesses, including meningitis, in children.

BRIEFLY

NPA model contract for LPS pilots

The National Pharmaceutical Association has produced a generic model contract for local pharmaceutical services pilots. The contract will only require a solicitor to "top and tail" it with locally agreed requirements. Guidance notes are also available.

Longer-term use of antidepressants could reduce patients' risk of relapse

LONGER-TERM use of antidepressants could reduce the risk of relapse for patients with depressive disorders. This would involve giving antidepressants for courses of one or two years, rather than the currently recommended periods of four to nine months, after management of an acute episode.

The suggested new approach is the outcome of an overview led by Professor John Geddes, department of psychiatry, Oxford University, published in *The Lancet* (2003; 361:653). Professor Geddes and colleagues pooled data from 31 randomised trials involving over 4,400 patients. Most trials were of 12 months' antidepressant therapy, although duration ranged from six months to three years. All participants had received treatment for acute depressive episodes and were randomised either to continue treatment or to switch to placebo.

The researchers found that continued treatment reduced the chance of depressive relapse by around two-thirds. The average rate of relapse on placebo was 41 per cent, compared with 18 per cent on active treatment. The effect was similar across different classes of antidepressant. The reduction in risk was generally independent of the underlying risk of relapse and the duration of treatment before randomisation.

The authors call for further trials to establish the optimum length of therapy. They say that trials should include patients with milder disease, since most of the trials they examined involved patients at high risk of relapse. "We cannot make specific recommendations about which patients should or should not be offered long-term treatment with antidepressants, because treatment will depend on an individual's baseline risk, patients' treatment preferences and the clinician's prior beliefs," they state.

But co-author Professor Guy Goodwin, of Oxford University clinical trial service unit, adds: "We know that many patients remain at appreciable risk of recurrence after four to six months of treatment with antidepressants, and another one or two years of continu-

ation treatment will approximately halve their risk of another episode. In other words, the positive effects of antidepressants do not wear off over time. Many patients who do exceptionally well may elect to take such medicine indefinitely rather than increase the risk of further illness by stopping."

The researchers conceded that the risk of relapse or recurrence of depression might be increased by a direct pharmacological response to the withdrawal of medicines rather than the underlying disorder. "If there is an effect, the effectiveness of continuation therapy could have been overestimated," they say.

David Taylor, chief pharmacist, South London and Maudsley NHS Trust, commented that there had been a lack of information on the issue of antidepressant continuation. He drew attention to other new theories proposing that, although antidepressants were crucial in treating major depressive episodes, long-term treatment might actually worsen the course of depression in certain patients.

Action plan for improvements in epilepsy services includes strategies for medicines management

MEDICINES management programmes are among a range of strategies contained in an epilepsy action plan launched this week by the Department of Health. The plan details how the Department will make improvements to services in response to the National Clinical Audit of Epilepsy-Related Deaths, published last May (*PJ*, 25 May 2002, p711), which highlighted deficiencies in the quality of care provided for patients with epilepsy in general practice and hospitals.

The plan recommends that clinicians involved in the epilepsy audit be invited to participate in future National Prescribing

Centre medicines management workshops for primary care trusts. "This will lead to better awareness about managing epilepsy medication among GPs, pharmacists and other practice staff," it says. It also states that the Task Force on Medicines Partnership (based at the Royal Pharmaceutical Society's headquarters) will be expected to prioritise epilepsy in its projects, and to pilot professional development for pharmacists around shared decision-making in relation to medicines.

Launching the plan, Health Minister, Jacqui Smith said: "We have taken the

findings of the audit seriously and I hope that this action plan will result in improved services for people with epilepsy and their families."

The National Institute for Clinical Excellence is expected to publish appraisals of newer anti-epilepsy drugs in both adults and children later this year. The appraisals will be followed by a guideline on the diagnosis, management and treatment of epilepsy in 2004.

The action plan and audit report can be downloaded via *PJ Online* (www.pjnline.com/links).

Ginseng may improve memory function after stroke

CHINESE ginseng extract may improve memory function in stroke patients, say researchers. They tested a compound extract of ginseng in patients who had mild or moderate dementia after ischaemic stroke. The 25 patients who received ginseng three times a day for 12 weeks had higher total memory scores than the 15 patients in the control group who received

Duxil (almitrine plus raubasine), a drug that has been used to improve memory in elderly dementia patients ($P < 0.001$). Memory tests focused on immediate or delayed recall, delayed word recall, verbal learning and recognition, and visual recognition.

Trial data were presented at the American Stroke Association's 28th international conference in Phoenix, Arizona, last week.

Dr Robert Adams, chairman of the stroke council of the American Heart Association commented that a placebo-controlled study would be the next step in studying ginseng's effects on memory after stroke.

"At this time, a recommendation to use this herb for memory enhancement would be premature," he said.

Put stress on patients' interests in any responses to OFT report, MP advises

PATIENTS' interests in the consequences of pharmacy deregulation should be stressed above pharmacists' interests, a Member of Parliament advises.

James Grey, Conservative MP for North Wiltshire, recently met a group of local pharmacists to discuss the Office of Fair Trading report. Ray Jephson, of Wroughton Health Centre Pharmacy, Swindon, told *The Journal* that the group made a presentation on the report and its possible effects on pharmacy. "Mr Grey stressed that we would get on better if we came at the issue from the patient's point of

view, rather than the pharmacist's," Mr Jephson explained.

The MP worked through the points made by the pharmacists and brought out a list of additional services that, in general, are provided by most independent community pharmacies and which patients risked losing. These include:

- A wide range of non-prescription medicines
- Oxygen delivery
- Needle and syringe exchange
- Supervised methadone consumption

- Palliative care supplies
- Collection and delivery services
- Medicines management
- Monitored dosage systems
- Counselling on minor ailments
- Personal service

Mr Grey also advised that face-to-face meetings with MPs are the best way to get messages across to them. Meanwhile, other pharmacists and pharmacy organisations across Britain have been active in lobbying politicians and gaining support from their customers (see Panel below).

Pharmacists take action on the OFT report against deregulation

Bradford Bradford Local Pharmaceutical Committee has been winning support from the public as it campaigns to convince Members of Parliament to oppose pharmacy deregulation. LPC chairman James Currie has already taken a petition to his MP. He has also given out stamped addressed envelopes to patients so that they can write to the MP about the matter themselves. He gained over 1,800 signatures for his petition in just two weeks and gave out more than 200 envelopes in one week at a cost of just over £50.

Hertfordshire UniChem is hosting a meeting on 26 February for Hertfordshire and Bedfordshire LPC for pharmacists to hear what they can do to resist the Office of Fair Trading's call for deregulation. Speakers include John D'Arcy, National Pharmaceutical Association chief executive, and UniChem director Martyn Ward.

Sheffield Martin Bennett, secretary of Sheffield LPC, has already written to the six Sheffield MPs and to the chief executives of Sheffield's PCTs. He said: "There is no doubt that if the entry regulations disappear then the ability of PCTs to plan a comprehensive range of services to localities for delivery via community pharmacies will be severely curtailed." Mr Bennett's expectation is that deregulation will initially lead to a 10 to 15 per cent increase in pharmacy numbers but, in the longer term, numbers will fall by 15 to 20 per cent over five to 10 years with socially disadvantaged areas losing out.

Clive Betts, Labour MP for Sheffield Attercliffe, has already written to David Lammy, the Parliamentary Under-Secretary of State for Health who is responsible for pharmacy in England. Mr Betts wrote: "In my view the OFT always approaches these mat-

ters from a very strict competition and deregulation point of view and does not necessarily give all the practical considerations to the need to provide comprehensive cover for all areas in what effectively is a very close adjunct to an important public sector service."

Sutton, Merton and Wandsworth Sutton, Merton and Wandsworth LPC is to co-ordinate the use of posters prepared by the Pharmaceutical Services Negotiating Committee and the National Pharmaceutical Association, along with a poster of their own, leaflets and petition forms supplied by the NPA. There will also be preprinted postcards that patients can be asked to send to local MPs.

NPA The NPA is writing to patient support groups seeking their support in opposing pharmacy deregulation. The association is also writing to groups whose concerns are more neighbourhood-than health-oriented to see if they are willing to join the campaign to support pharmacies as key local businesses.

Scotland Pharmacists in Scotland have been asked to find five people each who will write to Scottish politicians to tell them why pharmacy contract controls should be retained. Contractors have also been asked by the Scottish Pharmaceutical General Council to consider asking other businesses in their area to write about the possible implications for local high streets if pharmacies close.

Wales The Royal Pharmaceutical Society's Welsh Executive has written to Welsh Health Minister Jane Hutt to express its views on pharmacy deregulation.

Computers to predict NHS fraud

COMPUTERS are to be used to find out what parts of the National Health Service are most susceptible to fraud.

The business intelligence company SAS and the NHS Counter Fraud Service (CFS) will develop software that examines data on pharmaceutical, dental and optical fraud in order to predict where fraud is most likely.

The NHS CFS was created in 1998 and is estimated to have produced a 14:1 return on its budget by cutting fraud by £200m. Pharmaceutical patient fraud is estimated to have been cut by 41 per cent, dental patient fraud by 25 per cent and optical patient fraud by 23 per cent. In some key areas,

fraud by NHS professionals is estimated to have fallen by 18-30 per cent.

Health Minister Lord Hunt said: "Major achievements have already been made in reducing fraud against the NHS, with estimated reductions in patient fraud of £61m, but there is still work to be done. . . . We aim to learn from every example of fraud so that we continuously improve our capacity to detect and stop it."

The CFS is now managed by a special health authority, the Counter Fraud and Security Management Service, which is chaired by Bill Darling, a Past-President of the Royal Pharmaceutical Society.

Advertisement

Low-dose and coated aspirin may have a reduced effect in stroke prevention

PATIENTS taking low-dose and enteric coated aspirin to prevent strokes may not be getting the antiplatelet effect they need to avoid such events, a preliminary study indicates.

Researchers from the Northwestern Memorial Hospital, Chicago, Illinois, presented their findings last week at the American Stroke Association conference in Phoenix, Arizona.

They collected data on aspirin dose and formulation type for 254 inpatients and outpatients with cerebrovascular disease, including ischaemic stroke, transient ischaemic attacks and stenosis of a cerebral artery, and measured the resulting antiplatelet effects.

Over half (56 per cent) of patients taking low-dose (81mg) aspirin showed no antiplatelet effect. No effect was seen in 28 per cent of patients in a group taking a 325mg dose.

Comparing enteric coated and non-coated formulations, the researchers found no antiplatelet effect in 65 per cent of patients taking the former presentation, compared with 25 per cent taking the uncoated drug. Other preliminary analyses showed that the antiplatelet effect of aspirin was less effective in older patients and more effective in women than men. "Routine testing of antiplatelet effects may be necessary," suggested Dr Mark Alberts, the study's lead

author. He added: "While research has established that aspirin reduces the risk of stroke in patients with cerebrovascular disease, the optimal dose and formulation still remains somewhat unclear. This study is significant in that it points researchers in the right direction — showing how we can maximise the effectiveness of aspirin. . . ."

"These study results are surprising and unexpected. They have huge public health implications because this could really change how aspirin is given routinely throughout the country, if not the world. This opens the door to the idea that perhaps aspirin should be given as a dose-adjusted medicine."

He cautioned that patients taking aspirin for its antiplatelet effects should not change their dose or stop taking their medication. But he added that it was important to understand that aspirin did not work in everyone.

He encouraged patients to embrace other means of stroke prevention, such as controlling blood pressure and diabetes, stopping smoking, and improving diet and exercise. "Do not rely on taking aspirin alone," he advised.

Hormone replacement therapy raises stroke risk for all women — with or without high blood pressure . . .

COMBINATION hormone replacement therapy (HRT) increases the risk of stroke in postmenopausal women of any age, whether or not they have hypertension, researchers report.

Dr Sylvia Wassertheil-Smoller, of the Albert Einstein College of Medicine in New York, and colleagues analysed data from the Women's Health Initiative study in which oestrogen plus progestogen was compared with placebo. The trial was stopped early after it was found that health risks seemed to exceed benefits in healthy women given HRT (*Pf*, 13 July 2002, p43).

At the time the trial was stopped, subgroup analyses by age, race, hypertension status and baseline risk had not been performed. However, the researchers now report that the increased risk of stroke associated with combination HRT extended across all age groups. Oestrogen plus progestogen was associated with a 70 per cent higher risk of stroke in women aged 50–59 years at baseline, compared with women in that age group who were given placebo, and a 26 per cent higher risk in those aged 70–79 years. In addition, excess risk was apparent in hypertensive

women and in women with normal blood pressure (who had a 28 per cent higher risk than placebo controls). Women with no history of cardiovascular disease who received combination HRT had a 40 per cent higher risk of stroke than similarly healthy women given placebo. "Our find-

ing is that [combined HRT] is absolutely not a strategy for primary prevention of cardiovascular disease," concluded Dr Wassertheil-Smoller.

Data were presented at the American Stroke Association's annual conference held in Phoenix, Arizona, last week.

. . . and increases the risk of heart disease in women with diabetes

WOMEN with diabetes who use hormone replacement therapy (HRT) are at increased risk of death from all causes and of developing ischaemic heart disease, a new study suggests. The study also confirms that HRT confers no cardiovascular protection.

Researchers analysed data for 13,084 postmenopausal Danish nurses. They found that current users of HRT smoked more, consumed more alcohol but were slimmer and had a lower prevalence of diabetes than women who had never used HRT.

In current users, compared with never users, HRT had no protective effect on

heart disease or myocardial infarction. However, women with diabetes who took HRT had an increased risk of death from all causes (hazard ratio 3.2), as well as an increased risk of developing ischaemic heart disease and MI compared with never users with diabetes.

The researchers say that the harmful effect of HRT among women with diabetes was not influenced by other risk factors for cardiovascular disease but could be explained by an influence on glycaemic control. The study is published in the *BMJ* (2003;326:426).

Buprenorphine useful in managing dependence

FURTHER evidence for the success of buprenorphine in the management of heroin dependence comes from a Swedish study published in this week's *Lancet* (2003;361:662).

Forty patients with at least a one-year history of opiate dependence were randomised to receive either maintenance buprenorphine (16mg daily for one year) or a tapered six-day regimen of the drug followed by placebo. Both groups received weekly counselling and were urine tested for illicit drug use three times a week.

The placebo arm was deemed ethically acceptable because of strict requirements for entry to methadone schemes in Sweden (documented four-year history of opiate misuse).

All patients in the placebo group had dropped out of treatment by the end of the one-year study despite counselling. Most had discontinued treatment by two months. However, three-quarters of the buprenorphine group were retained in the scheme for a year. Urine screens were around 75 per cent negative for a range of drugs of abuse in patients remaining in treatment.

Researchers noted an impaired survival in the control group, with four deaths (20 per cent) compared with none in the buprenorphine group.

Buprenorphine (as Subutex) is already used in some parts of the United Kingdom in the treatment of opioid dependence. Dr Trish Shorrock, senior pharmacist, Leicestershire community drug team, told *The Journal* that although it is not a replacement

for methadone, buprenorphine certainly has its uses for maintenance in some clients. It is not suitable for those requiring large opiate doses because its partial antagonist properties could precipitate withdrawal symptoms.

Her unit has used the agent in particular for a "fast track" four-week detoxification scheme involving young users with a short history of dependence. Dr Shorrock added that there was anecdotal evidence that buprenorphine was being bought on the street by addicts attempting "home detox".

Kay Roberts, area pharmacy specialist, drug misuse, Greater Glasgow Primary Care NHS Trust, told *The Journal* that because of a history of buprenorphine abuse in Scotland, its use for managing opioid dependence had not yet been adopted.

Dermatologist calls for pharmacist prescribing to reduce GP visits

PHARMACISTS should be able to prescribe effective medicines for skin complaints, Dr Allan Marsden, consultant dermatologist and president of the British Association of Dermatologists, told the All-Party Parliamentary Group on Skin last week.

"Pharmacists are very much in the front line. I would like them to have a good knowledge of dermatology and I would like [dermatologists] to make an input to their training", he said. He believes that this would be an important step towards increasing self-reliance among patients and would help to reduce the number of visits to GPs for skin problems.

Reviewing progress in dermatology over the past 30 years, Dr Marsden said many problems remained to be tackled. He pointed out that the incidence of scalp ringworm is increasing, particularly among Afro-Caribbean children in inner cities.

He added that treatment of atopic eczema has been "a relative failure". Minority ethnic groups tend to be severely affected

and adults with atopic eczema still face problems of stigmatisation and occupational discrimination. "Steroid phobia" continues to be a problem and he pointed out that he spends a lot of time explaining the safety of topical steroids and assuring patients that they will not develop horrifying side effects.

On the topic of acne, Dr Marsden said: "Roaccutane (isotretinoin) has been too effective — no one researches acne any longer." He added that since 1998 there have been case reports of suicide, depression and long-term cheilitis with Roaccutane, but there is still considerable pressure to prescribe the drug. The incidence of acne is now increasing among older females, possibly relating to the discontinuation of oral contraceptives, and antibiotic resistance is emerging in propionibacterium acnes, he said.

He went on to say that long waiting lists have been a problem in dermatology for many years. At present there is one dermatologist per 130,000 people and the estimated requirement is one per 80,000.

BRIEFLY

Vit B₁ prevents diabetes progression

A derivative of vitamin B₁ prevents the progression of diabetic complications such as retinal damage, researchers report. They fed diabetic rats benfotiamine, a fat-soluble synthetic analogue of vitamin B₁, for nine months and found that the compound interfered with three major pathways of high-glucose damage and prevented diabetic retinopathy. The research is due to be published in the March issue of *Nature Medicine* but is available now via the *Nature* website (www.nature.com/naturemedicine).

Haemophilia treatments boost

The Department of Health is to spend an additional £88m on recombinant clotting factors for treating haemophilia over the next three years. By March 2006, the majority of patients needing them should be receiving the new treatments.

Mediterranean diet benefits arthritis

Eating a mediterranean diet reduces the symptoms of rheumatoid arthritis (RA), say Swedish researchers. They assigned 26 people with RA to a diet that used olive and canola oils as a primary source of fat, as well as being high in fish, poultry, fruit and vegetables, and low in red meat and high-fat dairy products. Another 25 people were advised to continue with their normal diets. By the end of 12 weeks, physical function and symptoms of RA had improved among people eating a mediterranean diet (*Annals of Rheumatology* 2003;62:208).

Fish oil stabilises arterial plaques

Omega-3 fatty acids in fish oil stabilise atherosclerotic plaques, say researchers. They randomised 188 patients awaiting surgery to receive capsules containing sunflower oil, fish oil or a "control" oil. They found that patients given fish oil had fewer plaques with signs of inflammation than patients in either of the other groups. This indicates that the plaques are less likely to rupture, say the researchers (*Lancet* 2003;361:477).

Advertisement

Boots ends complementary health services as part of Wellbeing review

BOOTS The Chemists is stopping eight complementary health services as part of a further review of its Wellbeing Services.

Over the next few weeks, it will stop providing consultations for Alexander technique, aromatherapy, herbalism, homoeopathy, nutrition, osteopathy, physiotherapy and reflexology from 12 of its largest stores. The resulting space will be used for other product ranges, including healthy living exercise equipment. A spokesman for Boots said, however, that it will still be selling homoeopathic and herbal products.

Boots has now cut back or abandoned most of the Wellbeing Services introduced under its departing chief executive Steve Russell.

Boots is also changing the way its dental service is run. Its dentists will move from being employees to being self-employed and paid as a percentage of income. Boots



Herbs awaiting dispensing at a Boots Wellbeing store. The service will now be discontinued

now has 56 dental practices with around 180 dentists and over 150,000 registered patients. In the year to 1 March 2002, Boots

Wellbeing Services, which includes dental care, optical care and complementary health care, lost £33m on a turnover of £231m.

Pharmacists play “critical” role in smoking cessation

PHARMACISTS, together with practice nurses, midwives and health visitors, have been in the vanguard of the smoking cessation services and have a critical role in providing brief opportunistic advice and, where appropriate, in becoming smoking cessation specialists. So says a new report from the Health Development Agency. The report also gives recommendations to those providing smoking cessation services including advice on combining nicotine replacement ther-

pies and giving NRT with bupropion (see News Feature, p262, and Special Feature, p273). In addition, the document covers smoking cessation for adolescents, pregnant women and patients with diabetes.

The HDA has also published a separate report that gives advice on meeting smoking cessation targets for primary care trusts and practitioners. The two reports are available via *Pfj Online* (www.pfjonline.com/links).

Public happy with smart cards

MOST members of the public would be happy to have their medical records held on a smart card, a new survey has found.

As part of its response to a Home Office consultation on proposed entitlement cards, which members of the public might have to produce before they could gain access to Government services or claim state benefits, information technology group SchlumbergerSema surveyed 1,000 adults. Of these, 80 per cent agreed that all adults should

have to hold an entitlement card and 90 per cent were happy that health records be held on the card.

The data on such cards would be secured by an encrypted biometric — either a fingerprint, facial pattern or an iris photograph. SchlumbergerSema favours iris photography as being the most secure and the least intrusive when verification of identity is required. The decision to introduce such cards is a political one, it says.

More choice offered for birth pain relief

WOMEN will be given greater choice in the pain relief they may receive during while giving birth under new guidelines from the National Institute for Clinical Excellence (our Lobby correspondent writes).

Speaking at the Labour Party conference in Glasgow, Health Secretary Alan Milburn said that he wants women to make informed choices about how and where their babies are delivered and about what type of pain relief to have. “Some women already exercise these choices,” he said. “I now want to make them available to all.”

BRIEFLY

Medicines information guidance

The UK Medicines Information Network is producing legal and ethical guidance for those providing medicines information services. The first six parts are available on the UKMi website (www.ukmi.nhs.uk). Further parts will follow at approximately monthly intervals.

United Co-op restructures health

United Co-op has reorganised its health group, combining its four divisions under new health care group general manager, John Nuttall, MRPharmS. The four divisions are its 130-strong pharmacy chain, wholesaler Sants, surgical suppliers Wardles, and first aid and medical equipment supplier Hinchcliffe.

GHB reclassification

Gamma-hydroxybutyrate (GHB) is to be reclassified as a Class C Controlled Drug by the early summer (our Lobby correspondent writes). The Government has accepted a recommendation from the Advisory Council on the Misuse of Drugs to control the drug, and regulations will be laid before Parliament in the next few weeks.

ROYAL PHARMACEUTICAL SOCIETY NEWS

Council plans public health strategy

The Society's Council is to develop a strategy for pharmacy's involvement in public health, including the possibility of establishing a pharmacy specialism in public health (p283).

Access to patient records

The Society has told the NHS Information Authority that pharmacists should be able to access patient records and also contribute to them (p284).

Tamoxifen reduces the risk of benign breast disease

TAMOXIFEN can reduce the risk of benign breast disease in women at high risk for breast cancer and may reduce the need for some biopsies, a new trial analysis has shown.

The analysis was carried out on the records of over 13,000 women taking part in the US Breast Cancer Prevention Trial. This study has already shown that the incidence of invasive and non-invasive breast cancer can be reduced by as much as 50 per cent with tamoxifen compared with placebo in women at high risk of developing these conditions.

The new data showed that tamoxifen reduced the risk of benign breast disease by 28 per cent compared with placebo (30 vs 42 annual events per 1,000 person years), with women in the treatment group less likely to develop various types of lesions, such as cysts.

Tamoxifen also reduced the risk of fibroadenoma and adenoma, two conditions that often result in patients undergoing biopsies. Compared with the placebo group, the tamoxifen group had 29 per cent fewer biopsies (1,048 vs 1,469), with 19 per cent fewer women undergoing a biopsy. The effects of the drug on benign breast disease were more pronounced in women under 50 (*Journal of the National Cancer Institute* 2003;95:302).

The authors point out that tamoxifen use is associated with adverse events, such as deep vein thrombosis and stroke. Increases in these side effects were only evident among the postmenopausal women included in the trial. They conclude that tamoxifen can reduce the morbidity of benign breast disease but they do not advocate its indiscriminate use.

ACE inhibitors superior to diuretics, trial suggests

TREATING high blood pressure with angiotensin-converting-enzyme (ACE) inhibitors may result in fewer cardiovascular events among elderly people than treatment with diuretics, new data suggest. Furthermore, the benefit may be particularly evident among men.

Researchers compared the effects of enalapril with those of hydrochlorothiazide in 6,083 elderly hypertensive patients. Although these drugs were the recommended therapies, the choice of agent and dose was made by the patient's general practitioner. To achieve target blood pressure, addition of beta-blockers, calcium channel blockers and alpha-blockers was allowed for all patients. Subjects were followed for an average of 4.1 years.

The researchers report that, by the end of the study, blood pressure reductions were similar for both treatment groups. However, cardiovascular events or deaths occurred less frequently among patients assigned to ACE inhibitor therapy than among those assigned to a diuretic (hazard ratio 0.89, 95 per cent confidence interval, 0.79 to 1.00, $P=0.05$). Among male patients, the hazard ratio was 0.83 (0.71 to 0.97, $P=0.02$), and among female patients it was 1.00 (0.83 to 1.21, $P=0.98$).

Rates of non-fatal cardiovascular events and myocardial infarctions decreased with ACE inhibitor treatment, whereas a similar number of strokes occurred in each group. The researchers comment that because men have a higher cardiovascular risk than women, "ACE-inhibitor treatment may be of particular advantage . . . because of factors that influence the atherosclerotic process, such as stability of plaque and endothelial

function" (*New England Journal of Medicine* 2003;348:583).

In an accompanying editorial (ibid p639), Dr Edward Frohlich, of the Ochsner Clinic Foundation in New Orleans, discusses why the results of the study seem to contradict those of another major trial — the antihypertensive and lipid-lowering treatment to prevent heart attack trial (ALLHAT) — which found that diuretics were more effective than ACE inhibitors for blood-pressure control.

He suggests that health care providers should assume more direct control of the interpretation of studies, since trials compare different therapies and use different definitions of clinical outcomes.

He concludes: "We must remember that trials describe population averages . . . whereas physicians must focus on the individual patient's clinical responses."

PJ Online

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

News

The *PJ Online* news page has links to the news pages in the *The Journal*, *Hospital Pharmacist* and *Prescribing & Medicines Management*. There is also about 7–10 days worth of other news items. Health promotions, awareness campaigns and other topical items are listed in addition.

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Journals

This page contains a selection of the current contents of *PJ* publications. The complete list of contents of the current issue of the *IJPP* and *Tomorrow's Pharmacist* are included. Links to journal-related matters, including advice for contributors, subscriptions, change of address and reprints are also included.

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Law and Ethics Bulletin

The bulletin is available online, from 1992 to date. Bulletins for 2001–2003 are listed in date, alphabetical and subject order.

www.pjonline.com/lawandethics

Notice-board series

The three following subjects can be found in the "Series" section of the notice-board.

www.pjonline.com/noticeboard/series

- **Slimming**
Two articles looking at the effectiveness, or otherwise, of diet products and methods.
- **Obesity**
Four articles on the associated risks of obesity, drug and non-drug strategies, and obesity management.
- **Nutraceuticals**
Eight articles on nutraceuticals.

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