

Omeprazole to be a pharmacy medicine

GALPHARM Healthcare is seeking pharmacy medicine classification for omeprazole 10mg gastroresistant tablets. The company wants to market the product for the relief of heartburn (reflux-like symptoms) in adults.

In its application to the Medicines and Healthcare products Regulatory Agency, Galpharm says that acid regurgitation and heartburn are conditions that are self-diagnosable and for which the H₂-receptor antagonists ranitidine and famotidine are already available over the counter.

Consultation letter ARM7, issued by the MHRA, says that the proposed dosage of 20mg omeprazole daily until relief is achieved, followed by a reduced dose of 10mg daily for a maximum of four weeks treatment, and the 28-tablet pack size limit the danger of masking serious underlying disease. These proposals are in line with approved regimens for non-prescription omeprazole in Sweden and the United States.

In support of its application, Galpharm proposes to give pharmacists a training doc-

Treating heartburn and acid regurgitation would be the indications for omeprazole

ument which will explain how to diagnose gastroesophageal reflux disease. It will also explain when patients should be referred to a general practitioner for further investiga-

tion. The Committee on Safety of Medicines has agreed these proposals.

According to the MHRA, changing the legal classification of omeprazole 10mg tablets from prescription-only medicine to P medicine poses no safety concerns beyond those set out in the product's summary of product characteristics. It says that single oral doses of up to 400mg have not resulted in any severe symptoms.

"The overall risk-to-benefit to the community of pharmacy availability of omeprazole 10mg tablets is regarded as favourable," the MHRA concludes. "The reclassification does not raise any clinically significant new safety problems and there is no need for further investigation of activity or side effects. Therefore, there is no indirect or direct danger when omeprazole is used correctly."

Comments on Galpharm's application can be sent to Amanda Lawrence, Room 14-152, MHRA, Market Towers, 1 Nine Elms Lane, London SW8 5NQ (e-mail Amanda.Lawrence@MHRA.gsi.gov.uk) until 27 June.

Nottingham best for pharmacy: *Guardian*

NOTTINGHAM University's school of pharmacy is the best place in Britain to study pharmacy, according to the *Guardian's* latest university guide.

The newspaper awards Nottingham a score of 89 per cent based on its own calculation of weighted scores for teaching, entry qualifications, spending per student, student-staff ratio, job prospects and academic improvement achieved by students. Second equal, with scores of 87.5 per cent, are Manchester and Cardiff.

The *Guardian* rated Manchester's pharmacy school as the best last year (*P7*, 1 June 2002, p752).

Pharmacy must not subsidise NHS

PRIMARY care trusts must not be allowed to use community pharmacy as a means of subsidising National Health Service building developments, the National Pharmaceutical Association says.

The NPA has published a resource pack for local pharmacy leaders to help them argue the case for maintaining the existing pharmacy network as and when general practitioner surgeries are relocated into one-stop centres and other developments.

Changes in the location of GP premises will have a huge impact on the pharmacy network, the NPA warns. PCTs will have considerable freedom to decide how they will deal with community pharmacies in

relation to planned developments. The NPA's concern is that pharmacies could be viewed as a means of generating income for new developments by charging them retail rents. They should be treated as a clinical services just like GP or dental practices, said Georgina Craig, the NPA's head of service development.

"The choices they make will depend on local relationships and local pharmacy leaders' ability to demonstrate and persuade key individuals that working collaboratively with the profession to build a sustainable network of pharmacies in all neighbourhoods will contribute to health gain for the local community," she said.

"Flawed" study reignites MMR safety row

THE debate over the safety of the mumps, measles and rubella vaccine (MMR) vaccine has been reignited following the publication of a study questioning the vaccine's safety. But the Department of Health has dismissed the study as flawed.

American researchers analysed the incidence of serious neurological symptoms with MMR using data on suspected adverse reactions from a US database and estimates of vaccination numbers. Development of cerebellar ataxia, autism, mental retardation and permanent brain damage within 30 days of immunisation was recorded. The results show that MMR vaccination is associated with an increase in serious neurological disorders compared with diphtheria, tetanus and pertussis (DTP) vaccination. The relative risk of each disorder occurring was: cerebellar ataxia 8.2, autism 5.2, mental retardation 1.7 and brain damage 2.3.

The researchers suggest that a killed, instead of live, MMR vaccine might reduce the number and severity of adverse reactions (*International Pediatrics* 2003;18:108).

The Department of Health criticised the study saying that the Committee on Safety of Medicines believes that this type of analysis has serious methodological flaws and therefore cannot be used to determine and compare the incidence of adverse reactions associated with different vaccinations. □ *MMR and the media* A report from researchers at Cardiff University, funded by the Economic and Social Research Council, has concluded that the public has been "duped" by the media over MMR. They found that over half the British public believed that experts were split over MMR's safety because both sides of the debate received equal media coverage, despite most experts rejecting the MMR and autism link.

ROYAL PHARMACEUTICAL SOCIETY NEWS

Council election result

The 2003 election of seven members of the Council has resulted in four changes in the Council's composition.

The only retiring candidates who successfully sought re-election were Alison Ewing, Nicola Gray and Linda Stone. They are joined on the Council by Martin Astbury, Douglas Simpson, Noel Wicks and Nicholas Wood. They replace Hassan Argomandkhah, Peter Curphey and Kirit Patel, who were unsuccessful in the election, and Dr Gordon Appelbe, who has retired from the Council. The election was the first to be held under the first-past-the-post system after 27 years of the single transferable vote system.

Evidence for pimecrolimus questioned and advertisement criticised by *DTB*

NO CONVINCING evidence exists to justify the use of pimecrolimus (Elidel) cream in first-line management of atopic dermatitis, according to the *Drug and Therapeutics Bulletin*. Furthermore, the bulletin criticises an advertisement for the cream. Novartis, manufacturer of Elidel, withdrew the advertisement before the bulletin was published.

This month's *DTB* questions the efficacy of pimecrolimus as an alternative to conventional therapy with corticosteroid creams. It reviewed evidence that examined the use of pimecrolimus in both treatment of dermatitis and prevention of flares. Although studies showed that pimecrolimus was more effective than a placebo cream, the bulletin found no trials that compared it with standard therapy.

"Long-term intermittent use of pimecrolimus cream to prevent progression from early symptoms of atopic dermatitis to flares has not been compared with the most appropriate conventional therapy for patients with mild or moderate disease, that is, brief treatment with a mild or moderately

Elidel cream is not licensed for treating atopic eczema in children under two years old

potent corticosteroid commencing before the flare has become severe," the bulletin concludes.

The same is true for treatment of dermatitis in children where no trial compared pimecrolimus with mild or moderately potent steroid creams. In adults, a trial comparing pimecrolimus with 0.1 per cent

betamethasone found that the steroid cream was more effective for dermatitis.

The bulletin also criticises an advertisement for pimecrolimus cream. The cream is licensed for children aged over two years, but the advertisement shows a picture of a baby who appeared to be younger than this. "This implies its use in this age group and therefore breaches [advertising] regulations," it says (2003;41:33).

However, a spokesman for Novartis said that the child was aged over two years when the photograph was taken but, following feedback from the Medicines and health Products Regulatory Agency, the company withdrew the advertisement. Corrective statements will appear in all publications in which the advertisement appeared.

In terms of the *DTB*'s other conclusions, he said: "Studies were designed to evaluate the efficacy of pimecrolimus in the prevention of flares of atopic eczema. As there are no other treatments that are specifically licensed for this indication, no studies were undertaken with an active comparator."

PSNC concerned about lack of further Charter talks

THE Pharmaceutical Services Negotiating Committee has expressed concern at being told that there will not be a further round of consultation on the Royal Pharmaceutical Society's proposed new Charter.

The Society has told the PSNC that the current round of consultation, including material issued with *The Pharmaceutical Journal* (15 and 22 March), "is the only consultation that will be made and there will be no further opportunities". The committee believes that a decision on whether to seek a new Charter should be made by members of the Society themselves and that the current consultation arrangements are inadequate.

Sue Sharpe, chief executive of the PSNC, said at a press briefing after its May meeting: "The future role for the Society and its ability to represent the interests of pharmacists is vitally important for all members of the profession. Community pharmacists potentially have an exciting future role to perform but they must have the fullest

support of all the professional organisations. That is why the PSNC is so concerned about the Society's proposals."

Other matters discussed by the PSNC are reported below.

OFT The PSNC and the NHS Confederation, which represents primary care trusts, have submitted a joint proposal to the Government on control of entry into pharmacy contracts. This aims to achieve a balance between the need to develop competition and the need to plan health care provision.

Mrs Sharpe said that the PSNC still believes that it has strong cross-party support for its position and that the Department of Health "will have a fight on its hands" if it does not get the balance right. "This issue will not go away," she said.

NHS IT The PSNC sees engaging with the National Health Service information technology programme as one of its priorities

for the year and has committed resources to doing so. Mrs Sharpe noted that one of the key issues for community pharmacists will be gaining access to patient records so that they could both read them and, for medicines management and repeat dispensing, add to them.

NPSA Following a presentation from the National Patient Safety Agency, the PSNC is to issue guidance to local pharmaceutical committees that may be involved with local error reporting schemes.

□ **Mental health** The PSNC has produced a pack to encourage pharmacists to develop community pharmacy-based mental health services. There will also be two grants of £2,000 available for projects which will develop the role of the community pharmacist in improving the concordance of patients with severe and enduring mental illness.

Keep lobbying MPs, NPA urges members

COMMUNITY pharmacists in England should continue to lobby Members of Parliament over control of entry, the National Pharmaceutical Association says.

The NPA has written to all its members in England encouraging them to keep up the momentum of local lobbying activities. It wants them to write again to their local MPs warning that if the Government's proposed "balanced package of measures"

involves anything other than a flexing of the current control of entry regulations, it will not be in the best interests of their constituents or local pharmacy services.

NPA members are being sent a guide to lobbying MPs on the matter. The key point it stresses is that "local problems need local solutions". Problems should be solved by discussions between local pharmaceutical committees and primary care trusts.

BRIEFLY

Scottish health minister

Following this month's election of a new Scottish Parliament, Malcolm Chisholm is to continue as the Scottish Executive's Minister for Health and Community care. Frank McAveety has been replaced as Tom McCabe as the Executive's deputy health minister.

BP higher in Europe than in America

AVERAGE blood pressure (BP) levels are higher in European countries, including England, than they are in North America, according to a review of eight national surveys.

The surveys were carried out between 1986 and 1999 in a number of European countries, Canada and the United States, involving between 1,800 and 23,000 people in each.

Looking at the figures overall, an American research team found clear differences between systolic blood pressures in European countries compared with North America. Mean systolic and diastolic pressures were higher in Europe across the entire age range (35–74 years) with average values of 136/83mmHg compared with 127/77mmHg. The difference in mean systolic BP already existed among those aged 35 to 39 years old

Rates of high blood pressure in different countries correlate with observed rates of death from stroke

(9mmHg) and by the age of 65 years this difference had risen to 13mmHg.

Within Europe, the highest prevalence of hypertension (BP \geq 140/90mmHg or treatment with antihypertensives) was in

Germany (55 per cent), followed by Finland (49), Spain (47), England (42), Sweden (38) and Italy (38). Prevalences in the United States and Canada were half the rate in Germany at 28 and 27 per cent, respectively.

The researchers note that the prevalence of hypertension in these countries is closely correlated with deaths from stroke: 41.2 per 100,000 population in Europe against 27.6 per 100,000 in North America.

The researchers comment that despite the limitations of individual studies, they believe that the contrasts they found “are real and of substantial magnitude”. They say that BP has been noted to be falling in the US over the past 20 years and that this may be due to more aggressive BP guidelines being followed (*JAMA* 2003;289:2363).

Low-dose diuretics still the best antihypertensives

LOW-DOSE diuretics are still the best first-line antihypertensives for preventing cardiovascular disease and deaths, according to a network meta-analysis.

Researchers led by Dr Bruce Psaty from the University of Washington, Seattle, combined data from 42 clinical trials in a network that allowed them to make comparisons between six active treatments and placebo.

Overall, low-dose diuretics were better than placebo for reducing coronary heart

disease, congestive heart failure, stroke, cardiovascular events and total mortality. None of the other first-line treatments — beta-blockers, angiotensin-converting-enzyme inhibitors, calcium channel blockers, alpha-blockers and angiotensin receptor blockers — was significantly better than low-dose diuretics for any outcome.

The authors conclude that clinical practice and treatment guidelines should include low-dose diuretics as the first-line treatment. Any future clinical trials should use

diuretics as their standard treatment against which other agents are evaluated (*JAMA* 2003;289:2534).

□ **American BP guidance** Updated guidance on the treatment of high blood pressure has been issued by the American Joint National Committee (JNC 7). The guidance says that thiazide diuretics should be the starting point for treatment. It stresses that patients will need to be motivated to continue with their treatments as this gives the best results (*JAMA* 2003;289:2560).

Combine drugs for high cholesterol

TREATMENT with both atorvastatin (Lipitor) and ezetimibe (Ezetrol) is significantly better in reducing cholesterol levels than either alone, researchers say.

A study of 628 patients compared ezetimibe (10mg a day), atorvastatin (10, 20, 40 or 80mg a day) and a combination of both (at all doses of atorvastatin).

Co-administration resulted in significantly greater reductions in low density lipoprotein (LDL) cholesterol; a 55 per cent reduction across the pooled groups compared with a 42 per cent reduction for the pooled atorvastatin groups and an 18 per cent reduction in the ezetimibe group.

Combination therapy with the lowest dose of atorvastatin (10mg) achieved similar results to those achieved with the maximum dose of atorvastatin alone (80mg). In these two groups, LDL cholesterol was reduced by 50 and 51 per cent, respectively, and triglycerides by 31 per cent in both groups. A significantly greater increase in high density lipoprotein (HDL) cholesterol was observed in the combination group (9 per cent compared with 3 per cent).

Co-administration of ezetimibe and atorvastatin was well tolerated. The safety

profile was similar to that for atorvastatin alone.

The researchers say that the majority of patients do not achieve the recommended LDL cholesterol levels on statins. “Because each doubling of a statin dose provides only 5–6 per cent additional LDL cholesterol reduction, the need for multiple dosage adjustments may limit the routine use of optimum statin doses in clinical practice,” they say. “In clinical practice, ezetimibe co-administered with a statin may enable more patients to achieve recommended target LDL cholesterol levels by offering greater LDL cholesterol lowering with fewer dose titrations as well as a well-tolerated alternative for patients in whom maximal dose statin monotherapy is inadequate.”

They explain that the benefits appear to come from the different mechanisms of action of these agents. Statins inhibit cholesterol synthesis and ezetimibe inhibits cholesterol absorption across the intestinal wall (*Circulation* 2003;107:2409).

Ezetimibe has also been shown to be effective when co-administered with simvastatin (*Pf*, 12 April, p506). It was launched last month (*Pf*, 26 April, p563).

Benefit of linezolid

PATIENTS given the oxazolidinone antibacterial linezolid (Zyvox) for methicillin resistant *Staphylococcus aureus* (MRSA) hospital acquired (nosocomial) pneumonia are more likely to survive than patients treated with vancomycin, according to a study presented this week at the American Thoracic Society conference in Seattle.

Overall survival in linezolid-treated patients was 80 per cent compared with 63.5 per cent in vancomycin-treated patients. Linezolid therapy was identified as a significant independent predictor of survival (odds ratio 2.2, $P=0.5$).

Presenting the study, Dr Richard Wunderink, clinical associate professor of medicine, University of Tennessee, Memphis, said: “This study calls into question whether vancomycin should still be the standard treatment in MRSA nosocomial pneumonia.” He observed that doctors who prescribe vancomycin tend to underdose in patients with renal problems because of the risk of renal failure. Treatment with linezolid would be especially appropriate for these patients. However, he added that linezolid is more expensive than vancomycin.

Further reports from the ATS conference will appear in next week's *Pf*.

More than 617 million prescriptions were dispensed in England last year

MORE than 617 million prescriptions for medicines worth over £6.8bn were dispensed in England in 2002, according to detailed statistics issued by the Department of Health. The number of prescriptions was up 5.1 per cent on the previous year, while the cost rose by 11.4 per cent.

Cardiovascular products continue to make up the largest category of prescribing, with 162 million prescription items being dispensed at a net ingredient cost (NIC) of £1.7bn. In this section both lipid lowering drugs and antihypertensives contribute most of the top 10 pharmaceutical products measured by NIC. Over 7.1 million prescriptions for various strengths of Zocor (simvastatin) cost a total of £255m during 2002. This product has recently come off patent.

When the prescription data are sorted by the number of prescriptions written, rather

than by cost, different patterns emerge. The most commonly prescribed medicines are dispersible aspirin 75mg tablets (15.1 million prescriptions at an NIC of £7.1m), bendroflumethiazide 2.5mg tablets (13.9 million, £15.8m), co-proxamol tablets (8.4 million, £11.5m), atenolol 50mg tablets (7.9 million, £10.6m) and paracetamol 500mg tablets (7.4 million, £6.3m). The products dispensed in the largest quantities were Ensure Plus and Fortisip with 2.7 million litres and 1.6 million litres dispensed, respectively.

The figures are based on prescriptions written by general practitioners, dentists and hospital doctors and dispensed in the community in England. Hospital dispensing is not included. Copies of the figures and an associated spreadsheet can be downloaded from the Department of Health website (see www.pjonline.com/links/pj).

Few Americans buy medicines on the internet

ONLY five per cent of American internet users have obtained medicines from online pharmacies, according to a survey.

The survey covered 4,764 internet users across the United States drawn from a research pool of 60,000 households. Of these, 39.7 per cent had used the internet within the previous year to look for health information, although less than 10 per cent were doing so more than once a month. They were also asked whether they used e-mail or the internet to communicate with others about health problems. Just over 25 per cent had contacted friends or family in the past year, 11.2 per cent had been in touch with other people with similar medical conditions or concerns and 6 per cent had communicated with a health professional.

Asked about the use of the internet to obtain prescription medicines, 5 per cent had purchased medicines and 33 per cent had sought further information about a product.

Around half of the internet users who reported that they had one or more of five chronic medical conditions — cancer, depression, diabetes, heart disease and hypertension — said that they believed that they had gained a better insight into their condition or its treatment. Almost all respondents said that using e-mail or the internet had not affected the number of times they had visited or telephoned a health professional. Smaller but nearly equal numbers of the rest said that it had either increased or decreased their consultation rate.

The study authors say that internet use for health purposes in the survey was much lower than the 80 per cent quoted in some highly publicised reports but in line with other studies. Although information seeking was common, it appears to be having only a limited effect on either treatment decisions or the use of health care services. The study appears in the 14 May issue of *JAMA* (2003;289:2400).

PJ Online

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

Survey: Why are you a locum pharmacist?

A survey by *The Journal* of locums' reasons for choosing this area of practice, on which a forthcoming article will be based. www.pjonline.com/survey

Patient packs

A series on patient packs, including the history, benefits and required government involvement. www.pjonline.com/noticeboard/series

National workforce census

Following last year's survey by the Society, a series of articles on the findings begins here. www.pjonline.com/noticeboard/series

Article series

This section lists various series published in *The Journal* and *Hospital Pharmacist* including continuing professional development, Agenda for Change, Improving Working Lives and others. See also the links page. www.pjonline.com/noticeboard/series www.pjonline.com/links

Pharmacy information pointers

A series of articles prepared by the Society's Information Centre. The articles are updated as necessary.

- Identification of foreign medicines
 - Medicines requiring storage at low temperature in the pharmacy
 - Preparation of chloroform water and peppermint water
- www.pjonline.com/pip

BRIEFLY

Combination for osteoporosis

Combined treatment with hormone replacement therapy and alendronate (Fosamax) is more effective than either therapy alone in preventing bone loss in postmenopausal women, a study has shown. After three years of treatment, bone mineral density was significantly greater in women treated with combination therapy than either treatment alone. But the study also showed that alendronate monotherapy was more effective than HRT alone (*JAMA* 2003;289:2525).

Anticonvulsant role in nausea

Gabapentin (Neurontin) might have a role in treating chemotherapy-induced nausea, a small open-label study shows. Breast cancer patients were given gabapentin 300mg three times a day for two out of four rounds of chemotherapy. Gabapentin was associated with reductions in both acute and delayed chemotherapy-induced nausea, and three out of nine patients had complete resolution of nausea when taking gabapentin (*Lancet* 2003;361:1703).

Patients want more information

A comprehensive policy on the provision of information to cancer patients is needed, according to the organisation PatientView. It conducted a survey of cancer patient groups and concluded that patients cannot rely solely on doctors and pharmacists to provide information on prescription medicines. Patients wanted to know more about their medicines, in particular what lifestyle changes are needed because of treatment, how to monitor progress and information about side effects.

Stepping down inhaled steroids

Stepping down inhaled corticosteroids in chronic stable asthma leads to a significant reduction in the dose of corticosteroid without compromising asthma control, a study of 259 patients has concluded. Over a one-year period, patients who had their treatment stepped down received 25 per cent less corticosteroid daily than those who had no dose alteration. This can reduce the risk of steroid-related side effects, the authors conclude (*BMJ* 2003;326:115).

Guidance on anti-obesity drugs

A new report that gives guidance on prescribing anti-obesity drugs has been published by the Royal College of Physicians. The report outlines when anti-obesity drugs are appropriate, for which groups of patients they are appropriate and how they should be used. "Anti-obesity drugs: guidance on appropriate prescribing and management" can be purchased from the college on 020 7935 1174 ext 358, price £8.

Passive smoking risk might have been overstated, study suggests

PASSIVE smoking might not be as harmful as previously thought, research suggests.

American researchers studied Californian participants in the American Cancer Society study who were followed for 39 years. They focused on the 35,561 people who had never smoked but who had a spouse with known smoking history.

Exposure to environmental tobacco smoke was not significantly associated with the death rate for coronary heart disease, lung cancer or chronic obstructive pulmonary disease. However, the relative risks for chronic obstructive pulmonary disorder suggested an association. The adjusted relative risks for male never-smokers with a spouse who had ever smoked were 0.93 for coronary heart disease, 0.63 for lung cancer and 1.20 for chronic obstructive pulmonary disorder. The figures for female never-smokers were 0.99, 0.94 and 1.16, respectively. The study did find a strong relation between active cigarette smoking and deaths from all three conditions.

The researchers conclude that the findings "do not support a causal relation between exposure to environmental tobacco smoke and tobacco related mortality, although they do not rule out a small effect". They add: "It seems premature to conclude that environmental tobacco smoke causes death from coronary heart disease and lung cancer." (*BMJ* 2003;326:1057.)

The British Medical Association — which is campaigning for smoke-free public places — condemned the study as "funda-



SHEILA TERRYS/SCIENCE PHOTO LIBRARY

How harmful is passive smoking?

mentally flawed". The BMA says the study failed to collect detailed data on passive smoking. Dr Vivienne Nathanson, head of science and ethics at the BMA, commented: "There is overwhelming evidence, built up over decades, that passive smoking causes lung cancer and heart disease, as well as triggering asthma attacks."

□ **Hardcore smokers** A second study published in the *BMJ* concludes that 16 per cent of smokers in the United Kingdom are classified as "hardcore". This was defined as less than a day without cigarettes in the past five years, no attempt to quit in the past year and no desire or intention to quit. This group of smokers tended to be older, more dependent on nicotine and from a socioeconomically deprived background (2003;326:1061).

Second mode of action suggested for trilostane in breast cancer

CLARIFICATION of the modes of action of trilostane (Modrenal) in breast cancer was given this week.

Speaking at a press briefing, Dr Chris Wood, chief executive of the drug's manufacturer, Bioenvision, explained that although trilostane has been licensed for use in advanced breast cancer for a number of years, data about how exactly the drug works have been needed. "Until now, it has not been widely used," he said.

Professor Gavin Vinson, professor of biochemistry at Queen Mary, University of London, said that trilostane inhibits breast cell proliferation through two pathways. The first, an oestrogen-dependent pathway, is already known about. However, he presented data on the discovery that a second pathway — a growth factor-dependent pathway — established a new mechanism of action for trilostane. This is mediated by trilostane acting at the binding site of a protein called AP1. "Trilostane blocks both pathways and this makes it a unique drug," he said.

Dr Wood presented the results of a meta-analysis of studies examining the effi-

cacy of trilostane. Of a total of 714 postmenopausal women with advanced breast cancer, 35 per cent responded to trilostane treatment, 38 per cent did not respond and 28 per cent either stopped treatment early or died.

Dr Wood recommended that trilostane should be used in postmenopausal women with advanced breast cancer after treatment with tamoxifen and aromatase inhibitors.

Dr Rob Stein, a consultant in medical oncology at University College London Hospitals NHS Trust, was cautious about trilostane's use. The evidence discussed at the press briefing raised questions that were worth further investigation but "my suspicion is that it will not prove terribly useful", he said. He believes evidence to support use of trilostane is currently incomplete.

In particular, he raised two points. "It is an inconvenient drug to give and I suspect it is not hugely efficacious." Some of the difficulties with trilostane include its side effect profile, the need for concomitant corticosteroids replacement and the fact the multiple doses are needed each day.