

# Pharmacy needs to have a role in tackling obesity

Tackling obesity should be one of the roles for community pharmacy that is enabled by the new contract for England and Wales, the All-Party Pharmacy Group says.

In a report to ministers, the APPG recommends that the new contract should set out a defined public health role for pharmacists. In relation to weight management and obesity, it says that a national service standard should be drawn up, which can be adopted and adapted according to local needs.

In addition, it recommends that pharmacies will need to have access to electronic patient records and financial support for installing counselling areas so that services can be provided to appropriate standards.

In drawing up its report, the APPG spoke to Roger King, secretary to Dorset Local Pharmaceutical Committee. Mr King has been involved in a coronary heart disease screening programme that involves collecting information on weight, diet and exercise. Mr King told the group that results from the programme show a direct correlation between increased weight and higher risk of CHD.

Mr King said that he had tried to put over the message that “we can do it in community pharmacy — given the right resources”. He said that demonstrating to patients, using a computer program, how reducing their weight also reduced CHD risk was helpful. “Many people know that they are overweight

## Patients can be shown how losing weight reduces their risk of heart disease

but don't know what to do about it.” Mr King said that only basic equipment and a private counselling area was needed for risk assessment. Measuring blood lipid profiles could be added to the service.

The APPG also heard from other pharmacists about specific weight management services. The use of patient group directions for anti-obesity therapies would be a helpful step, it was suggested.

The group has asked for its report to be considered as part of the consultation on a

public health White Paper, announced by Health Secretary John Reid last week (*PJ*, 7 February, p146).

■ **More obesity** A quarter of men and one-fifth of women who took part in the 2001 national diet and nutrition survey were obese, according to the Food Standards Agency. This had risen from 8 per cent and 12 per cent, respectively, in 1987. In addition, 41 per cent of men and 33 per cent of women were overweight, according to the 2001 survey which recorded eating patterns and levels of activity.

BSP/Laurent/Pat.H.Amer/SPL

## The Society

### Health minister supports Council's modernisation

The Minister for Health, Rosie Winterton, expressed her support for moves to strengthen the Society when she spoke at a Council dinner last week (p199).

### Devolution review

The Council has decided to carry out a review of the Society's functions, structure and ways of working to ensure that it can meet the needs of devolution (p197).

### CRHP and disciplinary cases

Powers of the Council for the Regulation of Healthcare Professionals to challenge the disciplinary decisions of health profession bodies have been described to the Society's Council (p198).

### Response to *Which?* report

The issues raised in the *Which?* report on pharmacy services are to be addressed as part of the Society's continuing work to improve practice (p198).

## One-third of adults could be obese by 2020

If current trends continue, at least one-third of adults, one-third of girls and one-fifth of boys could be clinically obese by 2020, a new report suggests.

“Storing up problems: the medical case for a slimmer nation” has been jointly produced by the Royal College of Physicians, the Faculty of Public Health and the Royal College of Paediatrics and Child Health. The report says that action needs to be taken at every possible level — national, local, community and individual — together with changes in social and cultural factors. Among its recommendations are calls for:

- A cabinet-level Government task force on obesity
- Sustained public education campaigns
- Better food labelling and promotion
- Public services to take the lead in promoting healthy eating and active lifestyles
- Management of obesity to be included in all NHS plans and policies
- More research into prevention and treatment of obesity

Copies of the report are available from the Royal College of Physicians, price £12 (tel 020 7935 1174 ext 358).

## Technicians told not to participate in Agenda for Change yet

Pharmacy technicians are being advised not to participate in local evaluation of Agenda for Change at early implementer sites. The advice comes from the Association of Pharmacy Technicians UK and UNISON.

The two organisations say that they have strong reservations about the validity and appropriateness of the five draft job profiles for pharmacy technicians that are currently out for consultation. In addition, there are a number of profiles that have not been published for trainees and higher level posts.

“[Our advice] is not to participate in local evaluations until the national benchmark job profiles have been agreed and posted on the Department of Health website for use in early implementer sites,” they said. “Until there is agreement, draft profiles should not be used by early implementer sites since they will probably lead to numerous local appeals.” The association and UNISON advise pharmacy technicians who are already participating in job profiling to stop and wait for the national profiling process to be completed.

# Amount of active ingredient in some St John's wort products may not match claims on product's label

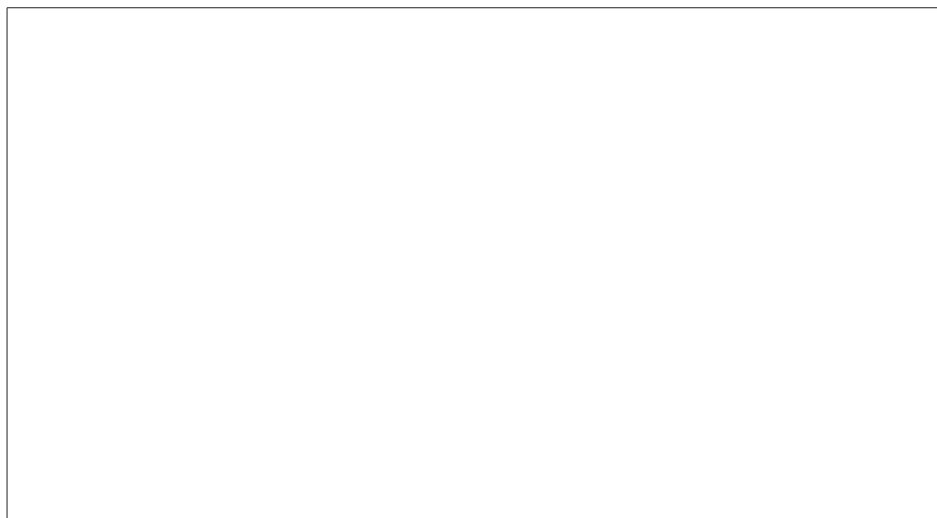
Some commercial products of St John's wort (*Hypericum perforatum*) contain much higher or much lower amounts of active ingredient than stated on the label, say researchers from Taiwan.

Professor Miao-Lin Hu and colleagues from the National Chung-Sing University examined five St John's wort products purchased from Californian health food stores. They used liquid chromatography methods to measure the amounts of hypericin and pseudohypericin, the two active ingredients of St John's wort, contained in each product.

Despite none of the products listing pseudohypericin as an ingredient, it was present in all of them in higher quantities than hypericin. The actual amounts of hypericin ranged from 1.7 to 38.5 per cent of the stated amount. When the total hypericin content was measured, the amounts ranged from 2.9 to 114 per cent of the stated amount.

The study is published online at <http://interscience.wiley.com/jsfa> in the *Journal of the Science of Food and Agriculture*, a journal of the Society of Chemical Industry.

Commenting on the study, Jonathan Berman, of the health and safety group at the SCI, said: "Inaccurate labelling has at least one of two effects. The first is potentially to lead to an incorrect dose when the label is complied with. The second is the potential to de-



Gustaf/SPL

## St John's wort contains both pseudohypericin and hypericin

grade the perceived significance of the label information among other dispensing practitioners, or patients." This perception could then carry over to other drugs, he added.

A spokesman for the Medicines and Healthcare products Regulatory Agency told *The Journal* that there is evidence that some unlicensed herbal medicines available in the UK are manufactured to poor quality standards. He said: "Under the current UK regu-

latory arrangements it is difficult for the public to identify which products are made to good standards and which are prone to the kind of problems identified in the research."

He added that the proposed European Directive on Traditional Herbal Medicinal Products would apply to manufactured over-the-counter herbal remedies. This will set clear standards for quality, manufacturing and labelling information.

# Call for improved evidence base for complementary medicine in UK

Complementary and alternative medicine (CAM) in the UK is under-researched and access to it is unequal, suggest the authors of an article in the *Journal of Medical Ethics*.

Led by Edzard Ernst, professor of complementary medicine at the Peninsula Medical School, Exeter, the authors point out that around one in five people in the UK uses complementary medicine. However, most users pay privately for CAM, leading to un-

equal distribution of these therapies among the population.

The authors believe that widespread use of CAM, which in many cases is untested, may put patients at risk. They suggest that adequate research funds must be made available to rectify this. The authors acknowledge that many CAM therapies are underpinned by philosophies that challenge orthodox medical perspectives, but say that there are no reasons

why rigorous research cannot be undertaken (published online at <http://jme.bmjournals.com/cgi/data/26/1/DC1/9>).

Meanwhile, US researchers have also called for the standards of evidence-based medicine to be applied to CAM. They suggest that placebo-controlled trials of CAM treatments are ethically justified and that the arguments that such trials are not appropriate lack merit (*JAMA* 2004;291:599).

# Aluminium in vaccine cleared as ADR cause

Researchers have found no evidence that aluminium salts in vaccines cause any serious or long-lasting adverse events.

Tom Jefferson, of the Cochrane Vaccines Field, Rome, and colleagues reviewed eight studies for evidence of adverse events in children after exposure to aluminium-containing diphtheria, tetanus and pertussis vaccines. The studies reviewed included three randomised controlled trials, four controlled clinical trials and one cohort study. The researchers found that, compared with vaccines containing no

aluminium, those with aluminium adjuvants caused more local reactions (odds ratio 1.12, 95 per cent confidence interval 0.85–1.48). However, overall, these vaccines resulted in fewer adverse reactions up to 24 hours after vaccination (0.21, 0.15–0.28).

The researchers say that aluminium has been blamed for causing a number of adverse reactions but they "doubt whether there is sufficient evidence to support further research on the topic" (*Lancet Infectious Diseases* 2004;4:84).

# Call for comments on latest stage of Shipman inquiry

Pharmacists are invited to comment on the most recent stage of the Shipman inquiry which examined the use and monitoring of Controlled Drugs in the community (*PJ*, 24 January, p81).

Transcripts of the seminars are available on the inquiry's website ([www.the-shipman-inquiry.org.uk](http://www.the-shipman-inquiry.org.uk)). Comments should be made in writing to Henry Palin, Solicitor to the Shipman Inquiry, Gateway House, Piccadilly South, Manchester M60 7LP, by 29 February.

# Prescribing emergency hormonal contraception in advance advocated by sexual health charity

Provision of emergency hormonal contraception in advance of it being needed would widen access to EHC and deliver public health benefits, according to the fpa. Furthermore, such a service should be available from pharmacies.

The sexual health charity, formally known as the Family Planning Association, says that women are more likely to use EHC after unprotected sex if they have already been provided with it. In research involving 100 women and 100 family planning clinics, the fpa found that, of the women questioned, 75 per cent would like to have EHC in advance of need. The fpa says that over 40 per cent of family planning clinics would provide EHC in advance if specifically requested and that 14 per cent already offer EHC in this way.

"This access through the bathroom cabinet is ideal for women whose [contraception] method could fail or who can't get to a health professional easily," said fpa chief executive Anne Weyman.

The fpa wants primary care trusts to ensure that mechanisms are in place to provide

EHC in advance. However, a spokeswoman for the Department of Health said that routine advance prescribing of emergency contraception was not recommended. "Emergency contraception is already widely available from pharmacies, contraceptive services, walk-in centres and GPs, and women should therefore be easily able to access this product should they need to." She added that advanced prescribing of emergency contraception may be appropriate in some individual cases. "But this is a matter for individual doctors' discretion."

Melissa Dear, a spokeswoman for the fpa, said the charity had full confidence in pharmacy supply of EHC. However, she added that advanced provision through a variety of outlets — family planning clinics, GPs and pharmacies — was desirable. "It is important that if a woman is acting responsibly towards her sexual health that she doesn't come up against barriers," she said.

Sue Kilby, the Royal Pharmaceutical Society's head of practice, said: "Our practice guidance does not include provision of EHC

## Should EHC be provided in advance?

in advance. When the guidance was drawn up in 2000 it was acknowledged that this was one of the points that should be revisited in due course. Now the Society is reviewing its practice guidance as a result of there being a variation in the dosage. Alongside that we are looking at whether there is a case for advance supply of EHC in certain circumstances."

Mark Thomas/SPL

## News in brief

### Paying for statins

People who have a high cholesterol level that falls below the recommended treatment level should be able to obtain a private prescription for statins from their GP and have follow-up monitoring, researchers suggest. Although their proposal could increase inequality, they say that it would increase absolute levels of health care and this would benefit all members of society (*BMJ* 2004;328:400).

### Decide on HRT on individual basis

Deciding whether or not to use hormone replacement therapy (HRT) should be on an individual basis rather than on a population basis. Researchers found that benefits of HRT treatment depended on the severity of menopausal symptoms and women's perceptions. Using HRT in women without symptoms was unjustified (*BMJ* 2004;328:371).

### Nucare's 70th store

Nucare now has 70 pharmacies carrying its brand name. Ruxley Pharmacy at Ewell, Surrey, is the latest to be refurbished. Nucare is aiming to have 200 branded pharmacies by the end of 2004.

## NHS standards to replace plethora of targets

A smaller range of core and developmental standards for the NHS is set to replace a wide range of current targets.

Health Secretary John Reid, launching a consultation on the standards this week, admitted that current targets "have been a complex multiplicity, often seemingly random, and they can be bewildering and frustrating to busy clinicians".

The new standards are intended to cover the entire spectrum of NHS work. There are 24 core standards that set a level of care that can be expected by all NHS patients, regardless of where they are being treated. There are

then 10 development standards intended to raise the overall quality of care. They are all divided into seven domains: safety (including safe handling of medicines), clinical and cost effectiveness, governance, patient focus, accessibility and responsiveness of care, care environment and amenities, and public health. The new standards should take effect from April 2005 and consultation on them runs until 4 May. Responses can be sent to Standards Consultation, Room 531B, Department of Health, Skipton House, 80 London Road, London SE1 6LH (e-mail [standards.consultation@doh.gsi.gov.uk](mailto:standards.consultation@doh.gsi.gov.uk)).

## Northern Ireland gets new pharmacy strategy

A new strategy for community pharmacy in Northern Ireland was published this week.

Key initiatives for pharmacists outlined in the strategy include a larger role in health promotion, developing a repeat dispensing scheme, allowing supply of medicines for common ailments through the health service and consolidating medicines management services. Implementation of the strategy will be supported by better use of IT, funding to improve pharmacy premises and a new contract for community pharmacists.

Launching the strategy, Northern Ireland's minister for health, social services and public

safety, Angela Smith, said: "Every day more than 120,000 people — 9 per cent of the population — across Northern Ireland visit their local pharmacist. This degree of accessibility presents an enormous opportunity to apply pharmacists' skills to enhance the health of the population. The strategy identifies the ways in which services will be expanded and developed to improve public health and patient care."

"Making it better: a strategy for pharmacy in the community" is available at [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk).

News feature, p180

# No benefit seen with magnesium given after stroke

Magnesium given within 12 hours of acute stroke does not significantly reduce the chances of death or disability, say researchers, but may be of benefit in non-cortical strokes.

In an international double-blind trial, 2,386 patients with a clinical diagnosis of stroke in the previous 12 hours were randomised to receive either a bolus dose of 16mmol of magnesium sulphate solution infused over 15 minutes, followed by a maintenance dose of 65mmol over 24 hours, or placebo.

Death or disability at 90 days was not found to be reduced by magnesium (odds ratio 0.95, 95 per cent confidence interval 0.80–1.13). Mortality was slightly higher in the magnesium-treated group than in the

placebo group (hazard ratio 1.18, 0.97–1.42). Planned subgroup analysis showed that poor outcomes were reduced in non-cortical strokes (odds ratio 0.75, 95 per cent CI 0.58–0.97), although the researchers say this finding was not anticipated and should be viewed with caution.

The authors suggest reasons why no effect of treatment was seen despite animal studies and preliminary clinical trials suggesting a neuroprotective effect of magnesium sulphate in stroke. These include there being an insufficient sample size to exclude a small but clinically relevant effect, or magnesium treatment being harmful in some patients, thus obscuring beneficial effect in others (*Lancet* 2004;363:439).

**After a stroke, treatment options are limited. Magnesium did not help**

Zephyr/SPL

## High-dose vitamin therapies fail to reduce incidence of stroke

A study designed to find out if vitamin therapy reduces the incidence of stroke in patients with high homocysteine levels has failed to reveal an effect.

Previous research has shown that raised levels of homocysteine are linked with an increased risk of stroke and heart disease. Because folic acid, vitamin B<sub>6</sub> and vitamin B<sub>12</sub> reduce plasma homocysteine levels, US

researchers decided to test whether high doses of these vitamins would reduce the risk of recurrent stroke.

They assigned 3,680 patients who had previously experienced a stroke to receive once-daily doses of either a high- or low-dose multivitamin (25mg vitamin B<sub>6</sub>, 0.4mg vitamin B<sub>12</sub> and 2.5mg folic acid, or 200µg vitamin B<sub>6</sub>, 6µg vitamin B<sub>12</sub> and 20µg folic

acid, respectively). The researchers found that plasma homocysteine levels were reduced more among patients given the high-dose vitamins than among patients given the low-dose vitamins.

However, the chance of a vascular event within two years was similar for both groups (18.0 per cent compared with 18.6 per cent) (*JAMA* 2004;291:565).

## Memantine plus donepezil improves symptoms in Alzheimer's disease

Memantine, an N-methyl-D-aspartate receptor antagonist, produces better outcomes than placebo — when taken together with cholinesterase inhibitor donepezil — in patients with moderate to severe Alzheimer's disease, new research has shown.

Researchers randomised 404 patients with moderate to severe Alzheimer's disease already receiving treatment with donepezil to memantine (starting dose 5mg per day increased by 5mg per week to 20mg per day) or placebo for 28 weeks, in a double-blind trial.

Patients treated with memantine maintained cognitive function, whereas treatment with placebo was associated with cognitive decline. Activities of daily living declined by 2 points in the memantine group, compared with a 3.4 point decline in the placebo group.

Memantine was found to be well tolerated, with fewer patients in the memantine group discontinuing treatment than in the placebo group.

The authors conclude that these results, together with previous studies, suggest that memantine represents a new approach for the treatment of patients with moderate to severe Alzheimer's disease (*JAMA* 2004;291:317). The study was funded by Forest Laboratories.

## Clozapine helps reduce severity and duration of dyskinesias in severe Parkinson's disease

Clozapine (Clozaril) reduces the severity and duration of dyskinesias that result from long-term levodopa therapy in patients with Parkinson's disease, a French study shows.

Franck Durif, of the Gabriel Montpied Hospital in Clermont-Ferrand, and colleagues examined the effects of the atypical antipsychotic agent in a study of 50 patients with severe Parkinson's disease.

The researchers point out that the abnormal involuntary movements (dyskinesias) sometimes associated with changes in a patient's levodopa regimen are not always alleviated by increasing the daily dose of levodopa. "The high daily doses of levodopa required can lead to chaotic dyskinesias and severe [psychiatric] disorders."

They add that interventions used to treat these levodopa-induced dyskinesias, such as amantadine and surgical therapies, are not always appropriate.

In the 10-week, double-blind study, patients at five hospitals in France were assigned to either clozapine or placebo. The duration and intensity of dyskinesias were recorded by patients themselves using self-evaluations of motor performance fluctuations every two weeks. The mean dose of clozapine, taken once daily in the evening, was 39.4 mg/day.

Compared with placebo, the duration of levodopa-induced dyskinesias reported by patients treated with clozapine was reduced by approximately two hours each day.

In terms of adverse effects, no agranulocytosis was observed in the clozapine group, but three patients (11.5 per cent) developed eosinophilia. This resolved rapidly after clozapine was withdrawn.

The exact mechanism by which clozapine improves levodopa-induced dyskinesias remains unclear. However, the researchers suggest that the improvement seen in patients treated with clozapine could be related to the potency with which the drug blocks D<sub>1</sub> dopamine receptors (*Neurology* 2004;62:381).

The author of an accompanying editorial (*ibid*, p349) concludes: "The use of [clozapine] must still be balanced by awareness of its relatively high side effect profile, including the rare, but potentially fatal, complication of agranulocytosis. However, as levodopa-induced dyskinesias are potentially disabling for so many Parkinson's disease patients, this caveat should be considered a precaution, not a prohibition, for the use of this otherwise useful medication."

Clozaril is not currently licensed for the treatment of levodopa-induced dyskinesias.

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**Tomorrow's Pharmacist**

This year's *Tomorrow's Pharmacist* is now online. Articles cover a diverse range of subjects including:

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  - student finance
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  - preregistration training
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  - medical information on the internet
- [www.pjonline.com/tp](http://www.pjonline.com/tp)

**Letters to the PJ**

Each week's *Pharmaceutical Journal* appears on *PJ Online* on Friday morning. However the letters pages are available as a PDF file by 5pm on Thursday. *PJ Online's* homepage and the What's New page will say when the file is posted.

[www.pjonline.com/whatsnew](http://www.pjonline.com/whatsnew)

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## Overdose advice updates required

Anxiety over inappropriate and out-of-date advice in the summaries of product characteristics of some medicines has prompted the MHRA to issue guidance to manufacturers.

The Medicines and Healthcare products Regulatory Agency has produced standard suggested SPC entries for the 10 drugs about which the National Poisons Information Service most frequently received inquiries during 2002. Guidance on three further drugs has also been drawn up because of the complexity of their overdose management.

Companies have been told that they should apply for SPC variations in line with the recommendations within six months.

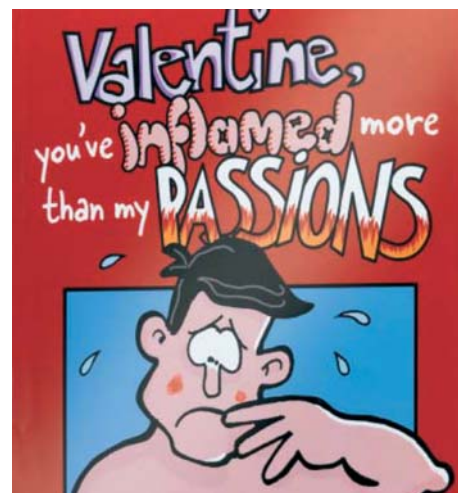
The drugs concerned are aminophylline/theophylline, amitriptyline, citalopram, codeine, co-proxamol, diazepam/temazepam, fluoxetine, ibuprofen, lithium, paroxetine, salicylates/aspirin, and zopiclone.

## Valentine adverts warn about sexually transmitted infections

Spoof Valentine cards are being used to warn young people about the risks of unsafe sex.

The cards have been featured in an advertising campaign running this week in national newspapers, on radio stations and on the internet ([www.playingsafely.co.uk](http://www.playingsafely.co.uk)). The number of cases of sexually transmitted infections in younger age groups is rising, with the highest rates of chlamydia and gonorrhoea being in women under 20 years old and men aged 20–24 years.

Public Health Minister Melanie Johnson said: "It is vital that we tackle the rising numbers of sexually transmitted infections and improve sexual health. This campaign is aimed at targeting those most at risk by using thought-provoking imagery and direct language."



## Seven north-east London PCT chiefs support moves to increase pharmacy security

Seven primary care trust chief executives in north-east London are supporting moves to improve the security of community pharmacies in their areas.

The chief executives and Hemant Patel, secretary to North East London Local Pharmaceutical Committee, say in a letter sent to pharmacy contractors that a consensus has been reached between them on issues where support and assistance can be provided.

The involvement of the PCTs follows concern about an increasing number of violent attacks on pharmacists and their staff in the area (*PJ*, 3/10 January, p6).

Schemes to be pursued to improve workplace safety include:

- A "fast fax" arrangement between pharmacies and local police stations to improve response times
- Extension of zero-tolerance campaigns and funding to pharmacies
- Training programmes for pharmacy staff
- Crime prevention officers to speak at pharmacy forums
- Details of counselling services to be circulated
- Discussions with local councils about closed-circuit television camera coverage

## MHRA acts to define "fast-acting" and "24-hour relief" claims for advertisements

Concern over what is meant by "fast-acting" and "24-hour relief" have led the MHRA to issue guidance on what it considers to be acceptable claims and the supporting evidence needed to justify them.

Companies wishing to include the claims in their product advertising or on medicine packs will need to produce clinical evidence for each indication or symptom for which the claim is made, says the Medicines and Healthcare products Regulatory Agency. Evidence of effective blood levels alone is unlikely to be acceptable.

Claims for fast action should only be made for conditions where speed of onset is relevant, such as acute pain relief or hay fever, and

not in relation to chronic conditions or those not requiring immediate relief. Although the period within which clinical effectiveness must be achieved can vary according to the indication, a rule of thumb suggested by the MHRA is that onset of relief is expected within 30 minutes for hay fever preparations.

Claims for 24-hour relief need to be supported by evidence of clinical effectiveness over a full 24-hour period. Such claims are only acceptable for products with once-daily dosing, the MHRA suggests, adding that a once-daily dosing interval alone will be insufficient to justify 24-hour relief claims.

In both cases, claims can only be included on labels when supported by SPCs.

# Sleep quality drug among Aventis pipeline products

A compound that promotes the quality of people's sleep, rather than just getting them off to sleep, is one of four products now in late-stage development by Aventis. Five other products will be filed with authorities in the EU and US this year.

Compound 100,907 is a selective serotonin (5-HT<sub>2A</sub>) antagonist. It enhances restorative slow-wave sleep, reduces the amount of time awake after sleep onset and increases total sleep time. It is now entering phase IIb trials.

Three other products now entering phase II or III trials were described by Aventis chief operating officer Richard Markham at a press conference in London last week. Teriflunomide is an orally active immunomodulator that blocks pyrimidine synthesis. Phase III trials in multiple sclerosis have now started and the product could be the first oral treatment for MS on the market. Compound 0673 is a direct factor Xa inhibitor that has completed phase II trials in acute coronary syndrome and non-ST-elevated myocardial infarction. Compound 109,881 is a taxoid

## New product could improve sleep

anticancer agent now being tested in metastatic breast cancer.

Aventis will seek marketing approval from European authorities for four products this year. Apidra is a rapid-acting insulin analogue with a more rapid onset and shorter

duration of action than regular human insulin. It will complement Lantus (insulin glargine), a long-acting insulin recently launched by Aventis. Approval will also be sought for Opticlik, a reusable insulin pen device.

Menactra is a conjugate meningitis vaccine targeting meningococcal meningitis. The submission will cover patients aged 2–55 years. Genasense (oblimersen sodium) is an anticancer agent targeted at Bcl-2, a critical protein in apoptosis (cell death). A submission for malignant melanoma is planned for Europe and the product is already receiving a fast-track review from the US Food and Drug Administration. Sculptra is an injectable poly-L-lactic acid agent that corrects skin soft tissue defects associated with facial lipoatrophy. It is aimed at the cosmetic surgery market and Mr Markham dubbed it “the face-lift in a bottle”. Alvesco (ciclesonide), an inhaled corticosteroid (*PJ*, 11 October 2003, p487), will only be filed for in the US.

Aventis has a further 90 new chemical entities and vaccines in development, 33 of which are still at the preclinical stage.

Tony McConnell/SPL

## Strontium reduces risk of vertebral fractures

Treatment with strontium ranelate leads to early and sustained reductions in the risk of vertebral fractures in postmenopausal women with osteoporosis, according to recent results from phase III clinical trials.

Researchers randomly assigned 1,649 postmenopausal women with osteoporosis who had at least one vertebral fracture to receive 2g oral strontium ranelate per day or placebo for three years. All women were given calcium and vitamin D supplements before and during the study.

After the first year of treatment, patients in the strontium group had a 49 per cent lower risk of a new vertebral fracture than patients in the placebo group (incidence 6.4 per cent versus 12.2 per cent, relative risk 0.51,

$P<0.001$ ) and a 52 per cent lower risk of symptomatic fracture (incidence 3.1 per cent versus 6.4 per cent, relative risk 0.48,  $P<0.003$ ). Over the three-year study period the strontium group had a 41 per cent lower risk of a new vertebral fracture than the placebo group (20.9 per cent versus 32.8 per cent, relative risk 0.59,  $P<0.001$ ). Strontium also increased bone mineral density after three years. The rates of adverse effects were similar in the two groups.

The authors note that the mechanisms by which strontium reduces bone resorption and increases bone formation are not yet understood, but they probably differ from the mechanisms of current treatments (*New England Journal of Medicine* 2004;350:459).

## Ranolazine in combination improves angina

Ranolazine can increase exercise capacity and provide additional anti-anginal relief to patients with severe chronic angina taking standard anti-anginal therapy, according to new research.

The CARISA (combination assessment of ranolazine in stable angina) trial involved 823 adults with symptomatic chronic angina taking standard doses of atenolol, amlodipine or diltiazem. The patients were randomly assigned to receive twice-daily doses of ranolazine (750mg or 1,000mg) or placebo for 12 weeks. Those taking ranolazine could exercise for longer than those given placebo ( $P=0.01$ ). The times to angina and electrocar-

diographic ischaemia also increased in the ranolazine groups. Ranolazine reduced angina attacks and nitroglycerin use by about one per week compared with placebo ( $P<0.02$ ).

The authors suggest that the anti-anginal action of ranolazine may be related to partial inhibition of fatty acid oxidation, increasing glucose oxidation and generating more adenosine triphosphate per molecule of oxygen consumed. The drug “may be particularly useful in patients who cannot tolerate the initiation or upward titration of currently available anti-anginal drugs because of their depressive effects on blood pressure and heart rate”, they conclude (*JAMA* 2004;291:309).

## News in brief

### Ricin toxin targets HIV

A monoclonal antibody linked to a portion of the ricin toxin has been used to target HIV-infected CD4+ T cells. Researchers tested the immunotoxin *in vitro* using cells from patients who had no detectable signs of HIV in their bloodstreams. The researchers suggest that the immunotoxin, known as CD45R0, could be used to purge latent viral reservoirs in HIV-infected patients ([www.pnas.org](http://www.pnas.org)).

### Colorectal cancer risk

Drugs that enhance the effects of peroxisome proliferator-activated receptor- $\delta$  (PPAR- $\delta$ ) may put patients at risk for colorectal cancer. Researchers point out that such drugs are being developed for the treatment of atherosclerosis and obesity. Activation of PPAR- $\delta$  increases the number and size of precancerous growths in mice, they say ([www.nature.com/naturemedicine](http://www.nature.com/naturemedicine)).

### Protein blocks mucus secretion

Researchers have identified a fragment of a protein that inhibits mucin release in a mouse model of asthma. They found that intrathecal administration of the protein 15 minutes before an induced asthma attack, blocks mucus hypersecretion (*Nature Medicine* 2004;10:193).