

New Council agrees to leave Charter petition with Privy Council pending further discussion this month

The new Council of the Royal Pharmaceutical Society has agreed to leave the petition for a new Charter with the Privy Council pending further consideration by Council later this month.

A motion to this effect was unanimously passed at the June Council meeting this week. The motion was one of six proposed by Council member Nicholas Wood that addressed modernisation of the Society (*PJ*, 5 June, p695).

Following a long debate, it was agreed to amend the motion so that it no longer directed the immediate withdrawal of the old Council's petition for a new Charter. The amended motion read: "That the Secretary and Registrar be directed to inform the Privy Council forthwith that, without prejudicing the Council's ability to withdraw its petition, the Council wishes to submit further changes to its draft charter for a new Royal Charter [*sic*] following further consideration by the Council and members of the Society generally." The amended motion was passed on the understanding that the Council could still withdraw the petition at a later date.

As a result, some other decisions were delayed and will not be taken until after a Council strategy day about modernisation to be held on 30 June. As a result, three of Mr Wood's motions (numbers three, four and five) were left lying on the table. They will be considered at a special Council meeting to be held at the end of the strategy day.

Of the remainder, motion two — which requested that a committee is set up to establish the Government's requirements with regards to the regulatory function of the Society — was passed. However, it was decided that the Society's office would be asked to research this before the strategy day when it would be decided if a committee was still needed.

Motion six, which addressed the legal action taken by the Save Our Society group, was withdrawn by Mr Wood without debate.



Council plans further discussions on modernisation

The Council also agreed to leave a motion proposed by Mark Walker, from Oxford, at this year's annual general meeting of the Society lying on the table. Mr Walker's motion was a request for the Society to endorse a petition to the Privy Council seeking the rejection of the Council's draft Charter (*PJ*, 22 May, p652).

A full report of the Council meeting will appear in next week's *Journal*.

Section 60 Order consultation likely to start in the autumn

The Government is set to issue a formal consultation on the Section 60 Order under the Health Act 1999 that will underpin the future regulatory functions of the Royal Pharmaceutical Society. The Society said that the latest indication was that the consultation would be published in the autumn.

Jim Smith, the chief pharmaceutical officer for England, Department of Health, wrote to the Society this week to restate the Government's policy on self-regulation in pharmacy. In it, he quashes suggestions of a two-board model for the Society.

Dr Smith states that a model of the Society in which regulatory functions are dis-

charged by a board or committee "could not form the basis of a satisfactory proposal".

Certain functions are central to what the Society does, including keeping a register, determining standards of education, and administering procedures about conduct and fitness to practise, he says. "We see no coherent way in which they could be exercised other than under the authority of the Council."

Dr Smith says that the Section 60 Order will contain "among other proposals, changes to the constitution of the Society's Council to provide the necessary level of public and patient representation". The Council discussed the letter at its meeting this week.

All change on Council

A new President, Vice-President and Treasurer of the Royal Pharmaceutical Society have been elected.

The election took place at the June Council meeting held this week. Nicholas Wood is the new President, Hemant Patel is the new Vice-President and John Jolley is the new Treasurer. Full election details are given on p749.

After the election of the new President, Privy Council-nominated Council member Michael Schofield resigned his position on the Society's Council. The two other Privy-Council nominees put the new Council "on notice". Details to follow next week.

SPF broadly supportive of community pharmacy proposals

The Scottish Pharmaceutical Federation is broadly supportive of recent proposals to modernise community pharmacy set out by the Scottish Executive Health Department. However, it has expressed a number of concerns, particularly around the planning of how pharmaceutical services are provided.

The SPF gave its opinions following the closure last week of the consultation on "Modernising NHS community pharmacy in Scotland" (*PJ*, 13 March, p306). The Scottish Pharmaceutical General Council is expected to make its position public this week.

In its response, the SPF says it has reserva-

tions about the concept of holding contracts. These are proposed in locations where there is over-provision of pharmacies. "We suggest that in order to encourage movement of holding contracts into areas of under-provision, which by their nature may not be commercially attractive, it is essential that proper financial recompense be made for any losses incurred. A fully funded decommissioning scheme should be established," the SPF says.

It is also concerned about the way in which under- and over-provision of pharmaceutical services is to be determined and wants national definitions to be drawn up.

Welsh Executive election

The annual election of four members has brought two changes to the Society's Welsh Executive (p749).

Pharmacy workforce census

A brief overview of the main findings of the 2003 pharmacy workforce census is given in a report this week (p750).

Devolution meeting

The Society has held its first meeting as part of its devolution review (p751).

The Society

OTC switching could save €16bn a year in Europe

Reclassifying a third of the prescription medicines that are suitable for sale over the counter could save more than €16bn a year in the enlarged European Union, according to research by the Association of the European Self-Medication Industry (AESGP).

The research shows that 15 per cent of all prescriptions issued by European doctors are for medicines to treat minor diseases. The total potential cost saving arises from the cost of prescribed medicines that could safely be bought together with the cost of lost working time.

Claude Le Pen, health economics professor at Paris Dauphine University, said that the annual potential savings in France were more than double the annual saving achieved by generic substitution introduced 10 years ago.

Professor Le Pen said that further benefits of switching treatment from prescribed med-



Claude Le Pen: OTC growth is slow

icines to OTC medicines included improvements to public health and greater understanding by patients that treatment choices they made had an economic impact.

But the development of the OTC market in Europe is not as fast as the AESGP would like to see. Professor Le Pen said that this is because governments are reluctant to see the change take place, prescribers generally oppose switching medicines from prescription control to OTC availability and regulatory agencies are cautious about reclassifying medicines.

Hans van Zoonen, Procter & Gamble's European vice-president for pharmaceuticals and personal health care, said that successful OTC switching depended on the political will to connect the reclassification of medicines to the issue of strained national health budgets.

Ulf Wiinberg, president, Wyeth Consumer Healthcare, said that the UK was the only European country where this political will existed.

UK health department backs PAGB project to test self-care in one primary care trust

Government backing has been given to a Proprietary Association of Great Britain project to test the effectiveness of self-care.

Erewash Primary Care Trust will soon implement a three-part study designed to show the benefits of a PCT-wide approach to self-care in the prevention of coronary heart disease (CHD), the management of minor ailments and managing asthma. News of the project was leaked at the AESGP meeting.

Mike Pringle, professor of general practice at the University of Nottingham, said that the PCT is funding the scheme locally and the Department of Health is to pay for the project evaluation. The scheme is currently awaiting final ethics committee approval and a report of the outcome of the project is expected by 2006.

The project will involve health information campaigns, with input from pharmacists, doctors, nurses and other health professionals. Community centres, GP surgeries, public

houses, clubs, schools and playgroups will be among the locations used to promote self-care in the three study areas.

Outcome measures will include determination of people's understanding of CHD risk factors and lifestyle changes, such as giving up smoking or taking more exercise. Outcome measures for the minor ailments arm of the study will include changes to GP consultations, antibiotic prescribing and people's self-care confidence levels. The asthma study will look at the impact of lay-led expert sessions, treatment compliance and health-seeking behaviour.

Professor Pringle said: "As a GP, I can see we must start to break down the belief that doctors do things to patients and that outcomes are the responsibility of health systems, doctors and nurses. Decision-making should rest with the people who live with the results. We should be supportive and available, but not take over."

Self-medication should be the rule, not the exception

All medicines should be available over the counter unless there are good reasons to restrict them to prescription supply, according to the president of the International Alliance of Patients' Organizations.

Albert van der Zeijden told the AESGP meeting last week that a central principle of IAPO is that people should be free to make their own health choices.

"This freedom of choice means that all medicines should be available as self-care medicines," he said. "The only acceptable restriction is that my freedom should not be a threat to the freedom of choice of other citizens." This meant that Mr van der Zeijden accepted that antibiotics should not be freely available because of the public health risk that this posed.

He also accepted that new medicines should be restricted to prescription supply for three to five years, while they were fully assessed. After that, they should be available for self-medication.

Mr van der Zeijden went on to say that he is looking to a future of assisted health care, in which health professionals help people to make their own health choices, but do not control them. He said that pharmacists should play a more active role in supporting patients.

"At present, the atmosphere in many pharmacies does not encourage people to ask questions. Communication with customers has to become a much more prominent part of the education of pharmacists," he said.

EC targets price and class for harmonisation

Medicines should cost the same and have the same legal classification throughout Europe, according to the European Commission.

Erkki Liikanen, European Commissioner for Enterprise and Innovation, told the AESGP meeting: "We want to integrate further the market in self-medication products."

Mr Liikanen said that the different legal classification of medicines in different member states of the European Community was a problem for the pharmaceutical industry. "We need greater consistency in the interests of the single European market."

Mr Liikanen pointed out that different national decisions were made from the same rules.

The commission also wants to see price controls removed from medicines. Mr Liikanen said: "We are looking forward to constructive input on the issue of pricing regulation is some states."

Earlier, Irene Sacristán Sánchez, from the commission's enterprise directorate, said that the commission had wanted to include the legal status of medicines in this year's revised mutual recognition procedures.

The Journal's attendance at the Association of the European Self-Medication Industry annual meeting in Madrid from 2 to 4 June was made possible by the Proprietary Association of Great Britain

Lipid-lowering halves stroke risk in type 2 diabetes

Patients with type 2 diabetes treated with 10mg atorvastatin (Lipitor) daily have their risk for stroke halved and a reduced incidence of cardiovascular events compared with patients given placebo, a major UK study revealed this week.

The 2,838 patients in the randomised controlled primary prevention study had no prior history of stroke, heart disease or severe peripheral vascular disease and had low or average pre-treatment low-density lipoprotein (LDL) and triglyceride levels.

The collaborative atorvastatin diabetes study (CARDS), jointly funded by Diabetes UK, the Department of Health and Pfizer, was designed by researchers at University College London primarily to study the safety and efficacy of low-dose atorvastatin in type 2 diabetes. The trial, presented this week at the American Diabetes Association annual meeting in Florida, screened and recruited eligible type 2 patients aged 40 to 75 years from 132 UK and Irish centres who had an

Stroke risk fell in patients given a statin

LDL cholesterol below 4.14mmol/L and one other cardiovascular risk factor (eg, hypertension or microalbuminuria). More than half had an LDL level below 3.3mmol/L and a quarter had a level of 2.6mmol/L or less.

Patients were randomised to either atorvastatin 10mg or placebo for five years. The primary endpoint was a composite of major coronary events, revascularisation, unstable angina, resuscitated cardiac arrest and stroke. However, the trial ended prematurely last

year, after less than four years, when the data safety monitoring board found a significant difference in prespecified events.

Lead investigator Helen Colhoun, now at University College Dublin, said: "By the time CARDS ended, 127 events had occurred in the placebo arm and 83 in the atorvastatin arm, a relative risk reduction overall of 37 per cent." This included 48 per cent less strokes. Total mortality was reduced by 27 per cent in the atorvastatin arm. During the trial, mean LDL cholesterol reduction was 40 per cent and absolute reduction 1.2 mmol/L. Benefits were regardless of age, gender and whether baseline LDL was above or below 3mmol/L. No differences emerged between study arms regarding adverse events.

"Findings suggest cholesterol level should no longer determine whether or not type 2 diabetes patients receive statins," said Professor Colhoun. "The issue now is whether any reason can justify withholding statin treatment from this patient group."

Zephyrus/SPL

Temozolomide plus radiotherapy improves survival in brain tumour

Patients with glioblastoma, a form of brain cancer that is difficult to treat, show a survival benefit if temozolomide (Temodal) is given

along with the standard treatment of radiation therapy following surgery, according to data presented at the American Society of Clinical Oncology annual meeting this week.

In this phase III trial, 573 patients with glioblastoma were randomised to receive radiotherapy plus or minus concomitant temozolomide. The results showed an improvement in overall survival at two years with 26 per cent of patients alive in the temozolomide group and 10 per cent alive in the radiation alone group (hazard ratio 0.63, 95 per cent

confidence interval 0.52–0.75, $P < 0.0001$). Side effects of the therapy were mild to moderate, including fatigue and occasional nausea.

Roger Stupp, University Hospital, Lausanne, Switzerland, and lead author, said that temozolomide is usually used at the time of recurrence of glioblastoma rather than during radiation therapy. "These data will probably change the standard of care," he said. Dr Stupp added that collaborative research needs to continue to further improve outcome in these patients.

Temozolomide dose

Temozolomide was given as 75mg/m² orally daily for 42 days followed by 150–200mg/m² daily on days 1 to 5 every 28 days for six cycles. The primary endpoint of the trial was survival.

Improved CHD death rates threatened by rising obesity

Death rates from coronary heart disease in the UK are falling but this trend is threatened by increasing levels of obesity, according to new research published by the British Heart Foundation to mark "heart week" which ends on 13 June.

The BHF research shows that the number of people living with CHD is increasing. Heart disease has now been diagnosed in 12 per cent of the population compared with 7 per cent in 1989. Prescriptions for drugs to treat heart disease have increased from 162 million in 2002 to 180 million in 2003, which is three and a half times as many as 1983.

Although the number of people who are living with CHD has increased, fewer people are dying from it. In 2002, 117,500 people died of CHD compared with 121,000 in 2001. Despite this fall, the UK mortality rate from CHD is still one of the highest in Western Europe. Now the BHF says that the falling CHD death rate could be reversed by

an obesity epidemic. Britain has the fastest growing rate of obesity in the developed world.

Charles George, medical director of the BHF, commented: "Most heart disease is avoidable if we take simple measures to improve our lifestyle. Too many people in the UK are exercising too little, eating diets too high in fat, salt and sugar, and consequently becoming overweight or obese. This trend has real and worrying implications for the future rates of CHD in the UK."

Statistics show that 37 per cent of men and 25 per cent of women take the recommended 30 minutes of moderate exercise at least five times a week. Saturated fat intake is too high in 88 per cent of men and 83 per cent of women, and salt intake is excessive in 85 per cent of men and 69 per cent of women.

The theme for this year's heart week was the "Big red fightback" and it encouraged people to take the stairs instead of escalators and lifts for the week.

Statins may prevent cancer

Statins may have a protective effect against colorectal cancer, according to data from a case-control study presented at the American Society of Clinical Oncology annual meeting in New Orleans earlier this week.

The study involved 1,814 Israeli patients with colorectal cancer and 1,959 matched controls. Statin use (simvastatin and pravastatin in most patients) for at least five years was reported in 106 patients with colorectal cancer and 222 controls. There was a 51 per cent reduction in risk of colorectal cancer associated with statin use (95 per cent confidence interval 0.38–0.62, $P < 0.0001$).

Following control for factors that influence the risk of colorectal cancer, such as age, cholesterol levels, ethnicity, non-steroidal anti-inflammatory drugs and a mutation in the APC gene, a 46 per cent reduction in risk was found. The researchers also looked at fibric acid derivatives and found no protection associated with their use. They concluded that the protective effect is specific to statins.

Charing Cross Hospital starts trial of "total" medicines system

London's Charing Cross Hospital is starting evaluation trials of a "total" computerised medicines system featured.

ServeRx is a computerised system for the management of medicines in hospital from prescription to administration (*PJ*, 25 October 2003, p570). Doctors use handheld touchscreen computers to prescribe medicines and a barcode on the patient's wristband has to be scanned for an appropriate drawer in the drugs trolley to open.

Ann Jacklin, chief pharmacist, Hammer-smith Hospitals NHS Trust, explained that, although a pilot of the system had already gone live in one ward at Charing Cross Hospital, the research team had been waiting for additional UK software before beginning the evaluation of the system. Previously, there had been no facility for discharge prescriptions on the system and doctors had to handwrite discharge sheets. The discharge facility had not

been required on systems for the US and continental Europe.

Ms Jacklin told *The Journal* that the evaluation would be finished in the autumn with results ready in the new year. Results would look at medication errors, inventory control, staff time and staff and patient satisfaction. She added that the study had been mentioned as an example of how new technology should be properly evaluated rather than assumed to benefit patients and the NHS.

The system was featured this week on the BBC programme *Go Digital* with Ms Jacklin was quoted as saying: "We now zap our patients just as if they were in the supermarket. We were worried whether patients would mind being scanned like a tin of beans, but most of our patients quite like it. They're familiar with the technology and enjoy the security they get knowing that they're being zapped."

OTC advertising restrictions removed

Rules that prevent the advertising of over-the-counter medicines for 13 conditions are to be scrapped on 30 June.

"Removing these restrictions on promoting non-prescription medicines to the public has the potential to bring real public health benefits by giving more power and information to patients," the Medicines and Healthcare products Regulatory Agency said.

The change will make it possible to advertise Zocor Heart Pro (simvastatin) when it is launched as a pharmacy medicine later this year.

The announcement, which has been welcomed by the Proprietary Association of Great Britain, follows a consultation process launched at the end of 2002 (*PJ*, 9 November 2003, p665)

There will be no change to the ban on advertising prescription medicines to the public.

A European prohibition on the public advertising of medicines for a range of serious conditions is to be removed next year.

News in brief

Cough research wins award

Giving parents accurate information about the natural history of a child's cough may help to reduce expectations for antibiotics and the need to consult a GP. This is the conclusion of the Royal College of General Practitioners' research paper of the year 2004, an award sponsored by Boots The Chemists. The research is published in *Family Practice* (2003;20:696).

Meningococcal prophylaxis

People who live in the same household as a patient with meningococcal disease should be given prophylaxis with antibiotics, say researchers. "The reduction in risk is considerable. We estimate that about 200 household contacts need to be treated to prevent a subsequent case during the first month," they add (*BMJ* 2004;328:1339).

Burden of diabetes

Most people with diabetes have serious concerns about health complications that may result from their condition, a survey commissioned by Roche has revealed. Of the 962 people with diabetes questioned, over half reported feeling depressed because of their condition and 70 per cent had concerns about complications. National Diabetes Week is 13 to 19 June.

Pharmacy consulting areas wanted by men

Private consulting areas for discussing health issues with pharmacists would encourage 39 per cent of men to make more frequent use of pharmacies, according to Ian Banks, president of the Men's Health Forum. He was speaking at the launch of Men's Health Week on 7 June.

Only 3 per cent of men currently use pharmacists for general health advice. Men wait longer than women before going to see a health care professional because they have a poor insight into their own health, added Dr Banks. The accessibility of pharmacists should be attractive to men, as long as their privacy is respected. Another problem is that one in seven men does not think that the pharmacist is sufficiently trained to deal with general health care needs.

Men's Health Week, which runs from 14 to 18 June, was launched by Olympic rowing gold medallist James Cracknell, at the John Bell & Croyden pharmacy in London. Mr Cracknell encouraged men to make pharma-



James Cracknell has his BP tested by pharmacist Dotun Adebayo

cies their first port of call for their health care needs. "I am as guilty as anyone: I missed the 1996 Olympics after I was ill all year simply because I was not looking after myself properly," he said. John Bell & Croyden are offering free "MOTs" to men, which includes cholesterol, blood pressure and diabetes tests.

PJ Online

Malaria

This section includes a link to Malaria Hotspots — a website aimed at the travelling public. Links are also provided to the UK West Nile virus contingency plan and a travel medicine series. www.pjonline.com/links/malaria

Website developments

The Reports section has been simplified. A page has been added to the links section to assist people wanting to link to *PJ Online*. It lists the URL shortcuts to various parts of *PJ Online*.

www.pjonline.com/reports
www.pjonline.com/meetings
www.pjonline.com/links

UK methadone doses may not be high enough

Daily doses of methadone between 60mg and 120mg lead to improved outcomes but only a quarter of those in methadone treatment programmes receive these doses, according to a report published by the National Treatment Agency for Substance Misuse.

The report is one of three briefings published for drug treatment providers that cover methadone dose and maintenance treatment, counselling and other psychosocial interventions, and engaging and retaining clients in drug treatment.

The first reviews the evidence for appropriate methadone dosing. It concludes that higher doses encourage users to stay on methadone treatment programmes and reduce illicit drug use. "Lower dose levels may be undermining the provision of optimal services," it states and reveals that in British methadone treatment programmes, doses are on average less than 50mg daily.

Stuart Notman, a community pharmacist in Aberdeen, runs a methadone dispensing

service for over 150 clients. He told *The Journal* that the main goal of treatment was to get clients off illegal drugs completely. "If we can reduce the dose of methadone needed by any level then this is also a success." However, he added that to get someone off methadone completely was difficult. "In the 14 years that this service has been running, we have seen perhaps 4,000 to 5,000 different people. Only six or seven have been able to come off and stay off," he said.

Mr Notman suggested that pharmacists could act as an arbitrator between methadone patients and their GPs to arrange changes to treatment where appropriate. Pharmacists may know, or suspect, that a patient is topping up their methadone dose with illicit drugs. He said that a good time to approach a GP about changes to a patient's methadone dose was when the patient had returned to the pharmacy after several missed doses. At this time, the dose may need to be lowered and then titrated back upwards to a level that will



On average, doses are less than 50mg

help the patient avoid use of illicit drugs. "This is a good negotiating point and a good time to influence the doctor's decision over dosage," he said.

The National Treatment Agency briefings are available online at www.nta.nhs.uk.

Check epilepsy medication prescribed for newly diagnosed women

Pharmacists should check with a patient's GP if they are concerned about the epilepsy treatment prescribed for newly diagnosed women because of the increased risk of birth defects associated with some drugs, an epilepsy specialist has suggested.

Gus Baker, professor of clinical neuropsychology at the University of Liverpool, said: "If a pharmacist is concerned about the medication prescribed for a young woman of child-bearing age, they should think about contacting [the prescriber] about the potential teratogenic side effects, particularly if the prescriber is not an epilepsy specialist."

Professor Baker was speaking after figures from the UK epilepsy and pregnancy register were revealed at the European Conference of

Epileptology in Vienna last week. The results from 1996 to December 2003 found major congenital malformations in 4.3 per cent of 2,967 women taking any epilepsy treatment from a total of 3,545 reports. The rate was 6.0 per cent in the patients taking valproate, 4.2 per cent in women taking phenytoin, 2.9 per cent for women taking lamotrigine, 2.3 per cent for those on carbamazepine, and 2.9 per cent for women diagnosed with epilepsy who were not taking any epilepsy therapy. When women were treated with valproate plus another epilepsy drug, the level of major birth defects reached 10.8 per cent.

James Morrow, clinical director of neurology at the Royal Victoria Hospital, Belfast, said the results were reassuring. "Overall, 95

per cent of pregnancies in women with epilepsy do not result in major malformations. But the rate for valproate is higher, and it appears to be especially high when used in combination." He added that valproate remains the drug of choice for many people with epilepsy. "However, a woman being treated with valproate, or potentially being treated, needs to be aware of the risks so they can make an informed choice."

National Institute for Clinical Excellence guidance suggests that newer anti-epilepsy drugs should be used when older drugs, such as carbamazepine and sodium valproate, are unsuitable. The guidance also stresses the importance of pre-conception counselling (*PJ*, 27 March, p371).

Confidence in St John's wort misplaced?

St John's wort may be less effective as a treatment for depression than previously assumed, a new study has revealed.

UK researchers conducted two analyses, one of 15 studies published up to 2001 and another that included three additional studies that were published more recently. In both analyses, St John's wort was shown to be more effective than placebo in treating depression. However, the analysis that included the more recent, larger studies suggested that St John's wort had less of an effect than shown previously (*Journal of Clinical Psychiatry* 2004;65:611).

David Taylor, chief pharmacist at South London and Maudsley NHS Trust and one of the study authors, explained: "This analysis revealed two related factors: that there is significant publication bias towards 'positive' studies of St John's wort and that apparent effect size increases as study size decreases." He added: "Our confidence in St John's wort as an effective antidepressant is probably misplaced. St John's wort can still be recommended, but pharmacists should be aware that recent relatively large and well conducted studies have suggested that St John's wort is little or no better than placebo."

Antibacterial prophylaxis in arterial surgery

As part of its series on antibacterial prophylaxis in surgery, the *Drug and Therapeutics Bulletin* reviews the clinical evidence for prophylaxis in surgery involving the arteries of the abdomen, pelvis and legs (2004;42:43). It states that such prophylaxis is "mandatory" and suggests that prophylaxis requires an antibacterial agent with activity against staphylococci and Gram-negative bacteria (eg, a second-generation cephalosporin or co-amoxiclav).

The *DTB* also recommends that all patients undergoing this sort of surgery should be screened for methicillin-resistant *Staphylococcus aureus* before admission to hospital. "Prophylaxis with a glycopeptide might be merited for patients considered to be at high risk for developing MRSA wound or graft infection, such as those known to be colonised with the organism at the time of surgery." However, the *DTB* says glycopeptides should not be used routinely for surgical prophylaxis. "The decision to use a glycoprotein for prophylaxis ultimately depends on knowledge of the local microbiological environment and pattern of surgical infections," it states.

CPD, p743

Mental health research funding is opportunity for pharmacists

Mental health research has been given a boost this week with the creation of a mental health research network and Government funding of £5m.

The network aims to raise the standard of research in England by acting as a resource for clinicians, researchers, carers and people with mental health problems with an interest in participating in research.

David Taylor, chief pharmacist at the South London and Maudsley NHS Trust, said: "This initiative presents pharmacists with a welcome opportunity to bid for research funding for projects normally outside the remit of grant-awarding bodies. There are a number of under-researched areas of practice that might benefit from pharmacist-led research."

"These include patient views of treatment, availability and practicality of informed

choice of treatments, and reasons for non-adherence.

"Pharmacists might also take the opportunity to contribute to setting research priorities by the network. It is hoped that pharmacists' contributions will be co-ordinated by the College of Mental Health Pharmacists."

The network will be managed by the Institute of Psychiatry at King's College London and the University of Manchester.

Speaking at the official launch of the network in London, health minister Rosie Winterton said: "Funding for mental health research has not reflected the size and scale of the problem. A huge amount of good work is going on but it currently lacks co-ordination and a strategic overview."

Research priorities for the network will be determined by consultation later this year.

News in brief

CPPE technician website

A website for pharmacy technicians in England has been launched by the Centre for Pharmacy Postgraduate Education. It provides information on current training materials for technicians. Details of CPPE training for technicians will appear in the autumn. The website can be accessed via *PJ Online* (www.pjonline.com/links/pj).

Twice-daily GSL service

UniChem is to offer twice-daily delivery on all general sale list medicines. The new service will begin this month and be rolled out nationally by early July.

New specials association

Eleven specials manufacturers have formed the Association of Commercial Specials Manufacturers. The association aims to promote high standards in specials manufacturing.

Pharmacists' chronic disease role recognised

Community pharmacists in England give the NHS a head start in managing chronic illness.

So says a Department of Health guide to chronic disease management published last month.

"Chronic disease management: a compendium of information" lists pharmacists as one of the main providers of chronic disease care in primary care. It adds that the new pharmacy contract, which has yet to be agreed by the Pharmaceutical Services Negotiating Committee and the DoH, will allow primary care trusts to broaden the services that are available in the community.

National Pharmaceutical Association chief executive John D'Arcy said: "We are delighted that the message is getting through. Managing chronic disease is primarily a community-based activity, aimed at reducing the need for expensive secondary care interventions that deal with the consequences of poorly controlled conditions."

He added that many hospital admissions are due to older people's inability to manage drug therapy. "Half of all people with chronic conditions fail to take their medicines properly, so effective chronic disease management needs to involve a more pronounced effort to improve medicines use. Community pharmacist-led medicines management may soon become widespread, with the inclusion of medicines use review as an advanced service in the proposed new national community pharmacy contract providing a stepping stone."

The guide is available via *PJ Online* (www.pjonline.com/links/pj).

Guide on porcine-derived drugs launched

A guide for health care professionals about drugs of porcine origin has been launched by the Medicines Partnership.

The guide aims to promote patient choice by allowing patients to make informed decisions about treatment options. As well as listing drugs of porcine origin and alternatives to them, the guide provides information about which patients are most likely to be concerned about using porcine-derived products and how to involve them in decisions.

Use of porcine-derived medicines is most likely to be an issue for people of two faiths: Judaism and Islam. Both strictly forbid pork in the diet. However, people with other beliefs might also choose not to eat pork, particularly those who follow vegetarian diets (which includes believers in Buddhism, Hinduism and Sikhism).

The Medicines Partnership says that leaders of the Muslim and Jewish communities have agreed that the guide represents a major step forward in informing patients about their options in relation to medicines of animal origin. The guide points out that patients are more likely to follow treatment if their views are taken into account and that expanding patient choice is a key objective of the NHS.



New guide will inform patients about medicines of animal origin

A version of the booklet for patients is now being developed.

Copies of the guide for health care professionals can be obtained from the Medicines Partnership (tel 020 7572 2474, website www.medicines-partnership.org).

Paying for statins affects patients' adherence

Patients who have to contribute to the cost of statin treatment are less likely to adhere to therapy, a US study has revealed.

Researchers from the University of Michigan report that almost half of 4,802 patients who were prescribed a statin did not

adhere to treatment and about half of first-time users discontinued treatment within four years. Patients who had to pay more towards their treatment discontinued therapy earlier than those who paid less (*Journal of General Internal Medicine* 2004;19:638).

Diabetes drug may lower weight as well as HbA_{1c}

Exenatide, the first of a new class of incretin-mimetic antidiabetes drugs lowers glycated haemoglobin (HbA_{1c}) and body weight, according to a phase III study presented to the American Diabetes Association by Ralph DeFronzo, University of Texas. It also appears to elicit a short-term beta-cell response to glucose infusion.

The study of 336 patients with type 2 diabetes randomised three groups of patients following a four-week placebo run-in to placebo or 5µg exenatide administered by subcutaneous injection twice daily for four weeks. One group subsequently doubled the dose to 10µg. All patients received maximally effective doses of metformin.

After 30 weeks, 81 per cent had completed the study. "Participants receiving exenatide had dose-dependent and progressive weight loss with significant reduction in blood glucose levels," said Professor DeFronzo. In the 10µg arm, 46 per cent with an initial HbA_{1c} exceeding 7 per cent reduced this to below threshold. Average

weight loss was 2.8kg and average HbA_{1c} reduction was 0.8 per cent. In the 5µg arm, 32 per cent achieved the below 7 per cent HbA_{1c} threshold compared with 13 per cent given placebo. HbA_{1c} fell 0.4 per cent in the 5µg group compared with no change in the placebo arm.

Average weight loss for the 5µg dose was 1.6kg compared with 0.3kg for placebo. The most common side effect was mild to moderate nausea. Incidence of mild to moderate hypoglycaemia was 5.3 per cent for the 10µg and placebo groups and 4.5 per cent in the 5µg group. An open-label one-year extension phase showed HbA_{1c} and weight changes were sustained.

In a 25-subject (12 healthy controls and 13 patients) cross-over study, patients with type 2 diabetes showed a beta-cell response following exenatide treatment but not placebo, according to blood glucose, insulin and C-peptide blood concentrations.

Exenatide, in development by Amylin and Eli Lilly, is claimed to mimic the human in-

Beta cell response seen with exenatide

cretin hormone GLP-1. The product is a synthetic version of exendin-4, a hormone produced in the gut of the Gila monster, a lizard found in the US that eats only four times a year and turns off its pancreas between meals. It secretes exendin-4 to restart pancreatic function.

Patients with diabetes prefer inhaled insulin over injected insulin

Patients prefer inhaled insulin over the subcutaneous product, according to a study published last week.

A licence application for inhaled insulin (Exubera, Aventis) was submitted to the European regulatory agency early this year but the product has not yet received approval.

The new study, which revealed that patients with type 1 or type 2 diabetes prefer to use inhaled insulin rather than injecting subcutaneously, also showed that glycaemic control is maintained with the inhaled product.

The trial consisted of two 12-week open-label studies and a one-year extension period. Seventy patients with type 1 diabetes and 51 with type 2 disease were randomised between the regimens. In the one-year study patients could choose between inhaled or injected therapy. Of the 60 patients who received in-

haled insulin during the first study, 85 per cent chose to continue the treatment while 13 per cent switched to the subcutaneous route. Of the 61 patients who started with subcutaneous insulin, 75 per cent switched to inhaled therapy.

The authors, from the Dallas diabetes and endocrine centre and from Pfizer and Aventis, add that glycated haemoglobin (HbA_{1c}) reductions were maintained over one year with the inhaled product. Those who switched from injected to inhaled insulin reported improvements in ease of use, "social comfort" and overall satisfaction over the one year study (*Diabetes Care* 2004;27:1318).

At the American Diabetes Association meeting this week, further data on inhaled insulin (Exubera) were presented. Anthony

Barnett, University of Birmingham, reported a pooled analysis of two one-year studies. These involved a total of 627 type 2 diabetes patients poorly controlled on metformin or glibenclamide.

Patients were randomised to either inhaled insulin as adjunctive therapy or to a second oral agent. Professor Barnett said that inhaled insulin was effective and well tolerated, with glycaemic control maintained over the year and the overall rate of hypoglycaemia the same in both groups. Slight changes in lung function were small and non-progressive, he added.

Another study presented at the US meeting found well maintained glycaemic control and pulmonary function in 204 diabetes patients after four years' continuous therapy with inhaled insulin.

Credit-card sized inhaler in development

An inhaler the size of a credit card has been designed by a student at Brunel University. Adam Bates, himself an asthma sufferer, created the "Thinhaler" to fit into a wallet or pocket.

"A large percentage of [asthma] sufferers need to carry an inhaler with them at all times. Existing inhalers tend to be bulky and inconvenient to carry," he said. His design was inspired by a friend who complained that she did not want to take her inhaler into public houses or clubs. Mr Bates has spent the past year refining the design, 6mm in thickness, and is now seeking partners to help him commercialise the device. The Thinhaler is showcased in Brunel University's annual design degree show. Paul Turnock, director of industrial design at Brunel's department of design and system engineering, said: "With a patent pending and the development of a fully functioning product, we are hopeful that Thinhaler will be benefiting the lives of asthma sufferers in the near future."

Cannabinoid blockers may benefit bones

Drugs that block cannabinoid receptors may represent a "promising" new treatment for osteoporosis and other bone diseases, according to Aymen Idris, of the bone research group at Aberdeen University.

Speaking at the European Calcified Tissue Society meeting in Nice on 7 June, he explained that cannabinoid receptor antagonists had potent inhibitory effects on osteoclasts — cells which cause bone destruction and progressive loss of bone tissue in osteoporosis.

His research group had looked at cannabinoid receptor blockers in bone marrow cultures. Early experiments had shown more potent effects in inhibiting osteoclast formation and bone resorption than with a bisphosphonate. Further studies showed that the drugs were also effective at preventing bone loss in mice whose ovaries had been removed. "There is a lot of work still to do before we try these drugs in patients with osteoporosis, but I think there is a real prospect of this happening within the next five years," Dr Idris predicted.

Erlotinib improves survival in lung cancer patients

Median and long-term survival is improved in patients with relapsed advanced non-small cell lung cancer who receive erlotinib (Tarceva), results from a phase III study suggest. Tarceva is being developed by a global alliance of Roche, OSI Pharmaceuticals and Genentech.

The study involved 731 patients with stage III or IV non-small cell lung cancer who had experienced disease progression despite receiving first- and second-line chemotherapy. Patients were randomised in a two to one ratio to receive erlotinib 150mg per day orally or placebo. Median survival was 6.7 months in the erlotinib group (n=488) and 4.7 months in the placebo group (n=243). Hazard ratio was 0.71 for overall survival ($P=0.001$).

Overall response to erlotinib was 8.9 per cent with 1 per cent of patients achieving a complete clinical response. In the erlotinib group, the researchers also observed an increase in time to deterioration of lung cancer symptoms, namely, cough, shortness of breath

and pain, and a bigger proportion of patients experienced an improvement in lung cancer symptoms. However, 76 per cent of patients in the active group experienced rash and 55 per cent experienced diarrhoea.

Frances Shepherd, Scott Taylor chair in lung cancer research at the Princess Margaret Hospital, Toronto, Canada, and lead author of the study, said: "This is a landmark study, it is the first study of a single agent epidermal growth factor receptor inhibitor to document a definite survival advantage for this class of agent."

Bruce Johnson, director of the Lowe centre for thoracic oncology at Dana-Farber Cancer Institute, Boston, Massachusetts, commented: "We are anxious to find out how this

Almost 9 per cent of lung cancer patients responded

class of agents will be integrated into the treatment of lung cancer . . . having a study that shows a prolongation in survival gives us incredible confidence to move forward and [give] it earlier in the treatment."

Bevacizumab/erlotinib combination active in advanced renal cell carcinoma

Two targeted agents, bevacizumab (Avastin) and erlotinib (Tarceva) used in combination, appear to be active and well tolerated in the treatment of advanced renal carcinoma, according to data from a phase II clinical trial. However, the lead investigator, John Hainsworth, Sarah Cannon Cancer Centre, Nashville, Tennessee, who presented the data, warned that it would be unwise to go too far in concluding anything from phase II trials since patient selection can influence the re-

sults. The trial evaluated 58 patients with metastatic clear cell renal carcinoma who received the combined treatment. At two-month follow up 12 patients showed a partial response, 38 patients had stable disease or minor responses, and disease progressed in eight patients. Median progression free survival was 12 months and median overall survival was 81 per cent at 12 months.

Rash and diarrhoea were the most common side effects observed.

New drug may elucidate important pathways for targeted therapies

SU11248, a new drug being developed by Pfizer that targets growth signals in cancer cells, may elicit a response in patients with gastrointestinal stromal tumour (GIST) who have become resistant to treatment with imatinib (Gleevec). So suggest data from a phase II clinical trial presented by George Demetri, director, centre for sarcoma and bone oncology, Dana-Farber Cancer Institute, Boston, Massachusetts. The findings of this study could lead to improved treatments in more common cancers, Dr Demetri said.

The study involved 92 patients who had developed resistance to imatinib. Patients received SU11248 in six-weekly cycles of 50mg orally once daily for four weeks, followed by no drug for two weeks. Fifty-eight per cent of patients responded to treatment or did not experience disease progression for at least six months and 8 per cent experienced a partial response.

SU11248 inhibits several tyrosine kinase growth signals in cancer cells as well as having angiogenesis inhibitor activity. Dr Demetri said that by using molecular analysis it is possible to identify mutations in the DNA of GIST cells resistant to imatinib and determine why SU11248 is working in patients in whom imatinib has failed. He added that researchers are moving away from trial and error and towards predictive testing — understanding what is driving a tumour's growth. "The mechanisms we are elucidating in our studies of GIST will play out in other more common diseases."

Cetuximab added to radiotherapy improves patients' survival in head and neck cancer

Patients with locally advanced squamous cell carcinoma of the head and neck have improved control and overall survival is increased if cetuximab (Erbix, developed by ImClone) is added to their high-dose radiotherapy regimen. So said James Bonner, professor of radiation oncology, University of Alabama, when he presented results of a phase III trial.

A total of 424 patients were randomised to receive either radiation alone for six to seven weeks, or radiation plus weekly cetuximab. Patients were followed for up to five years. The primary endpoint was locoregional control, which was significantly improved in the radiation/cetuximab group (n=211) compared with the radiation-only group (n=213) ($P=0.02$). Median survival was 54 months in

the radiation/cetuximab group and 28 months in the radiation-only group ($P=0.02$).

Professor Bonner said that there was no exacerbation in radiation-induced mucositis with cetuximab. However, some additional toxicity was attributed to cetuximab, including a follicular rash on the face and trunk; this healed well after therapy. "This new regimen represents a promising new treatment for head and neck cancer that has the potential to help many patients," he concluded.

The reports on this page are from the 40th annual meeting of the **American Society of Clinical Oncology** which took place in New Orleans, Louisiana, from June 5 to 8. *The Journal* attended the congress courtesy of Eli Lilly