

Judge makes decision on costs in SOS court case

The final decision on how costs are to be awarded against the Save Our Society claimants in the Charter court case was announced this week.

Mr Justice Park had already said that costs would be awarded against the SOS litigants following the summary dismissal of the SOS High Court action against the Royal Pharmaceutical Society and 16 members of its Council. At the same time, an interim payment of £30,000 was ordered while the final costs were determined (*PJ*, 29 May, p659). What was not known was the basis on which costs would be awarded.

In his final decision, issued last week, Mr Justice Park said that the claimants should pay the costs of all the defendants on the standard rather than on the more substantial indemnity basis. "There are aspects of the way in which the claim was made which I find unattractive but my final view is that they are not such that I ought to make an order for costs on the indemnity basis," he stated.

He gives three reasons for opting for the standard basis. First, that Council members knew that the SOS group was contemplating

legal proceedings if it decided to petition for a new Charter. Second, that he accepts that the SOS litigants were acting on legal advice when they decided to sue personally the 16 Council members who voted to petition for a new Charter, although in his view this was not necessary or appropriate. Finally, the fact that the 16 Council members were served with claim forms by post seemed reasonable. An earlier suggestion that they had been served with claim forms at their homes on Saturday morning had been shown to be untrue. Despite these points, Mr Justice Park commented that he was not convinced that the SOS action needed to be taken without trying a more conventional warning, such as a letter, first.

The SOS claimants have now been instructed to pay all the defendants' costs, including the costs of the application for summary judgment.

The defendants have already produced an outline of their costs but will now have to produce a detailed breakdown that will be sent to the court and the SOS solicitors. It may be some months before an agreement is



High Court case: costs awarded to defendants on standard basis

reached on the final sum. *The Journal* asked the Society what the costs were expected to be but the Society was unable to produce a figure at this stage.

SOS group withdraws application for appeal

The Save Our Society group has announced that it is to drop further legal action over the proposed new Charter.

Earlier this month, the SOS group applied to the Court of Appeal for permission to appeal against the High Court's dismissal of its case against the Royal Pharmaceutical Society and 16 members of Council. However, the four SOS litigants said in a statement this week that they had decided not to proceed with the appeal. The application for permission to appeal has now been withdrawn.

Mark Koziol, one of the SOS claimants, commented: "It is clear that while the legal process is still ongoing, any re-negotiation of the Charter petition would be fruitless as the Government will not consider the issue until all legal action had ceased." He ex-

plained that since the Privy Council has said that the petition will remain "on ice" while the legal proceedings are ongoing, it would be perverse to prolong the process through an appeal.

The news was welcomed by the Royal Pharmaceutical Society. The President, Nicholas Wood, said: "I welcome the fact that the claimants have taken this positive step. The Council is meeting this week to consider potential changes to the draft Charter. A slip in the Department of Health's timetable for the issuing of the draft section 60 Order means that we have an unexpected opportunity to re-evaluate our position on the Charter," he said.

"We can now do this without the possibility of continuing legal action raising the temperature," Mr Wood added.

Prescription costs up 10pc

The total net ingredient cost of prescriptions dispensed by community pharmacies, dispensing doctors and appliance contractors in England in 2003 rose by 9.7 per cent in 2003. This is a real terms increase of 6.5 per cent over 2002.

The number of prescriptions dispensed during 2003 was 649.7 million, up 5.3 per cent on 2002. This gives an average net ingredient cost of £11.56 per prescription item, up 4.2 per cent on the year before and a real terms increase of 1.1 per cent.

The number of prescription items dispensed per person also rose, from 12.4 in 2002 to 13.1 in 2003.

Over three quarters of all prescriptions (77.8 per cent) were written generically (but only 55.4 per cent were dispensed generically), and 86.2 per cent of prescriptions were exempt from the prescription charge.

NHS employers organisation to be set up

Responsibility for NHS workforce issues, including conducting national negotiations on the pay and conditions of staff, will pass to a newly-created "NHS Employers' Organisation" on 1 October.

The organisation, which will be run by the NHS Confederation, is to draw together NHS employers' views on how to implement NHS employment policy. It is also to support the implementation and delivery of "Agenda for change".

Decisions made by the organisation could

potentially affect pharmacists employed by NHS trusts, primary care trusts and health authorities in England, trusts and local health boards in Wales, trusts and NHS boards in Scotland and health and social services trusts and boards in Northern Ireland.

Announcing the launch of the NHS Employers' Organisation, John Reid, Health Secretary, said that it will provide an "authoritative voice" for NHS employers and will have a "key role in promoting the NHS as an employer".

New edition of MEP published

The 28th edition of 'Medicines, ethics and practice' is now available (p32).

50 branches win extra funding

A total of 50 Society branches have been awarded extra funding (p32).

Responsibility and accountability

An article by the chief inspector explains where professional responsibility and accountability lie when dispensing (p35).

The Society

Enhanced pharmacy services under way in north west

Community pharmacists in the North West of England are now offering services to patients that will have enhanced service status under the new pharmacy contract in an agreement with their primary care trust worth nearly £200,000.

Already 22 of the 38 community pharmacies in St Helen's Primary Care Trust are involved in pilot projects testing the services — including offering a minor ailments service; a needle exchange scheme and smoking cessation support — which the PCT hopes to roll out across the district in the next 18 months.

Pharmacists who have signed up to the initiative are paid a fee for their time, which varies according to the service they are offering.

Phil O'Neil, one of the pharmacists involved, reports that already the extra income is noticeable.

He estimates offering smoking cessation support can boost income by around £3,000 a month, of which around 25 per cent is profit, and the minor ailments service is generating around £300 a month.

Mr O'Neil, manager of Knight's Pharmacy, said: "This is money that was not there before — it's noticeable. We are also getting more and more prescriptions — patients are seeing the services we provide and feel that we are offering a really professional service so they decide to bring their prescriptions to us as well."

The extra services offered by pharmacists reflect the PCT's medicines management and community pharmacy strategies as well as meeting the expectations of the new pharmacy contract.

Devina Halsall, senior primary care pharmacist and community pharmacy lead pharmacist at the PCT said: "Community pharmacists are university qualified health professionals who are dedicated to improving



Services reflect PCT medicines management strategy

the care and services they offer to patients. "This is all about increasing our capacity to achieve our targets in order for the people of St Helens to get the best out of their medicines — the pharmacists have the skills to help us increase our capacity."

P&MM, p1, pull-out centre section

Public health role for London pharmacist

A pharmacist in south London is to play a role in a community initiative launched this week to improve public health.

"Flora Fit Street" is a year-long research project tackling heart disease in the Clapham Park area. It has been developed by Unilever (manufacturer of Flora) and Clapham Park New Deal for Communities.

Rimal Patel, proprietor of The Pharmacy, Brixton Hill, is to offer smoking cessation advice as part of the project. "The Flora Fit Street project aims to provide 500 residents with a healthy heart MOT," he explains. "People with modifiable risk factors will be given advice and referred to other services for additional help. Smokers will be referred to me."

Mr Patel will offer smokers advice on

quitting, weekly monitoring and up to 12 weeks' free supply of nicotine replacement therapy irrespective of whether the smoker pays for prescriptions or not. "I have offered a similar service for some time but with only eight weeks' supply of NRT and four appointments. At the moment, I see the majority of patients at clinics on Mondays when we have a second pharmacist but will accommodate patients throughout the week if needed. The clinics might have to be extended if we get many more referrals through Flora Fit Street," he says.

Clapham Park is a deprived area in London with high rates of heart disease. The NDC takes a holistic view to improving health, additionally looking at employment, housing and social issues.

More LIFT projects

Primary care trusts have been invited to bid for Local Improvement Finance Trust funding for one-stop health centres, now called "super surgeries" by the Department of Health.

The first such super surgery is expected to open in Newham, east London, in September. It will bring together on one site GPs, health visitors, dentists, a pharmacy, a cardiology clinic, X-ray facilities, optometry services, Surestart (child care resources) and a healthy living cafe.

Twenty other LIFT health centres are under construction and work is expected to begin on a further 30 projects before the end of the year.

News in brief

June Council meeting

The transcript of the June meeting of the Royal Pharmaceutical Society's Council is now available on the Society's website (www.rpsgb.org.uk).

Assistants' training

The College of Pharmacy Practice has been tasked with the accreditation of training programmes for dispensing and pharmacy assistants by the Royal Pharmaceutical Society. Pharmacists will have an obligation to ensure that their staff are competent in the areas in which they work from 2005

Voltarol Emulgel GSL application

Novartis Consumer Health has applied to have Voltarol Pain-Eze Emulgel (diclofenac diethylammonium 1.16 per cent) classified as a general sale list medicine. The product is the same as Voltarol Emulgel, which is currently a pharmacy medicine and which will remain available.

Vantage Health Watch

Distance learning packs for a blood pressure monitoring service offered through AAH Pharmaceuticals' Vantage Health Watch programme have been accredited by the College of Pharmacy Practice.

Standard operating procedures

Getting started on writing SOPs and what help is available.
www.pjonline.com/series

Epidermolysis bullosa (DeBRA)

Epidermolysis bullosa is a genetically based disease characterised by chronic, painful blistering. Links include support associations, and research and clinical information.
www.pjonline.com/links

Incontinence

Links and other resources.
www.pjonline.com/links

NHS improvement plan outlines patient choice

By 2008 patients in England will have the right to choose from any health care provider that meets the Healthcare Commission's standards, promises new plans from the Department of Health.

The NHS Improvement Plan, subtitled "Putting people at the heart of public health," was launched by Health Secretary John Reid last week, and sets out the priorities for the NHS for the next four years. Increased patient choice, reduced waiting times and higher-quality care for people with long-term conditions are all key themes in the plan.

Regarding the supply of medicines, the DoH pledges to:

- Continue to ease the bureaucracy surrounding repeat prescriptions
- Free up restrictions on the location of new pharmacies
- Expand the range of medicines available without a prescription
- Promote minor ailments schemes
- Increase the range of health care professionals who can prescribe

The plan states that by 2008 patients will be able to choose whether to make a GP or practice nurse appointment, contact NHS Direct or visit an NHS walk-in centre or "pharmacy service centre." A spokesman from the Department of Health told *The Journal* that the term "pharmacy service

centre" describes the kind of services they envisage community pharmacies of the future will provide under the new contractual framework. He said that this could mean pharmacists helping patients with chronic diseases and conditions such as diabetes or high blood pressure through regular monitoring, contributing to reducing health inequalities or by offering more support for patients who wish to care for themselves.

The plan lists the five areas that patients have identified as being of greatest importance: access and waiting, well co-ordinated care, better information and more choice, even better relationships between patients and staff, and clean, friendly and comfortable environments.

John D'Arcy, chief executive of the National Pharmaceutical Association, told *The Journal*: "Community pharmacy fairs well

against these criteria, in a large part because of its positioning in a competitive environment on the high street, and this suggests it is well positioned to take on a more integrated role within primary care. The new pharmacy contract will facilitate this."

He added that he would have liked to see more detail of the role of community pharmacists in chronic disease management, given the experience in Kaiser Permanente models (*PJ*, 15 May, p601), but pointed out that scenarios exemplified in the plan as "what the future will look like for the patient" all have the role of community pharmacists as a significant feature. The plan also states that by December 2005 the DoH aims for 50 per cent of prescriptions to be electronic, with full implementation by 2007.

The plan can be accessed at www.dh.gov.uk/publications.

What the plan says about control of entry

The NHS Improvement Plan states that, from the end of this year, the DoH will make it easier for new pharmacies to locate in areas such as one stop primary care centres and will facilitate the establishment of pharmacies intending to open more than 100 hours a week and those planning to operate wholly via mail order or the internet. However, there is no mention of the 15,000 square metre exemption (*PJ*, 6 March, p269).

Sue Sharpe, chief executive of the Pharmaceutical Services Negotiating Committee, told *The Journal*: "We are awaiting clarification of the detailed proposals. The 15,000 square metre proposal is the trojan horse. It does not meet the stated objectives since it would allow increased pharmacy provision in town centre locations where there is already substantial competition in pharmacy service provision."

John D'Arcy, NPA, commented: "The absence of retail shopping centres is interesting. Does this suggest that this will be dropped from the list of exemptions? If it does then we see this as good news."

Pharmacists key providers of information for alternative medicines

New guidelines from the World Health Organization acknowledge pharmacists as one of the key information providers for alternative medicines. The guidelines have been produced to help health services develop specific and reliable information for consumer use of these therapies.

The document highlights increasing use of alternative and traditional medicines, which has been accompanied by reports that adverse

reactions in both developing and developed countries have more than doubled in three years. The WHO says that these trends raise concerns over the quality of the products used, their therapeutic appropriateness for a given condition and the lack of medical follow-up. The guidelines suggest issues to look out for and provide a checklist of questions that may be used to help facilitate proper use of traditional and alternative medicine.

Advice is provided to government authorities on preparing easy-to-access information and suggestions are given for promoting proper use of traditional and alternative medicines in several health system structures. This includes using pharmacists as information sources and discussing self-medication using alternative therapies with a pharmacist.

A link to the guidelines is available via *PJ Online* (www.pjonline.com/links/pj).

Telmisartan useful for early morning blood pressure surges

Telmisartan (Micardis), an angiotensin-II receptor antagonist, can prevent dangerous early morning blood pressure surges, according to a study presented at a recent meeting of the European Society of Hypertension.

Telmisartan 40mg and 80mg, both combined with hydrochlorothiazide 12.5mg, resulted in better diastolic and systolic blood pressure reductions during the early morning hours than losartan (Cozaar) 50mg plus hydrochlorothiazide 12.5mg. This time is risky for many patients with hypertension because a blood pressure spike may trigger cardiovascular events.

In the study, 805 patients with mild to moderate hypertension were randomly assigned to the three treatment regimens. Both telmisartan fixed-dose combinations reduced blood pressure more than the losartan fixed-dose combination. A spokesman for Merck Sharpe & Dohme, manufacturer of Cozaar, pointed out that prescribers are increasingly using 50–100mg of losartan together with hydrochlorothiazide. "This combination was shown to reduce the incidence of strokes in the LIFE (losartan intervention for endpoint reduction) study — leading to a new licensed indication for losartan."

MHRA asks for evidence for co-proxamol risks or benefits

The Medicines and Healthcare products Regulatory Agency has issued a request for further evidence from clinical trials or observational data regarding the risks and benefits of co-proxamol, as part of an ongoing review by the Committee on Safety of Medicines. The MHRA particularly wants to identify any patient groups in whom the risk-benefit balance is favourable.

The request, current evidence and response form can be accessed via *PJ Online* (www.pjonline.com/links/pj).

New collaboration gives a boost to clinical trials

A new body — the UK Clinical Research Collaboration — has been set up to expand the range of clinical trials conducted within the NHS and to speed up the development of new medicines.

The collaboration will establish NHS research networks, based on the model used for cancer research networks, bringing together clinical teams, primary care trusts, the voluntary sector and industry.

Alzheimer's disease, stroke, diabetes, mental health and children's medicine will be the first new networks to be established with funding of £24m. An extra £7m will be available to fund additional research and to support more trials in these areas.

Tony Moffat, the Royal Pharmaceutical Society's chief scientist, welcomed the move. "It's an exciting initiative that should get medicines to patients far more quickly." He added that, from a patient's point-of-view, the target areas looked sensible.

Launching the initiative, Lord Warner said: "Driving forward research in less favoured

areas will enable us to promote an even more active research culture in the NHS".

Ian Wong, director of the Centre for Paediatric Pharmacy Research at the School of Pharmacy, University of London, said pharmacists could provide a unique input. In particular in the areas of formulation, including paediatric formulation, clinical trial supply and improving patient's adherence by providing appropriate counselling.

Trevor Jones, director general of the Association of the British Pharmaceutical Industry said: "This will be a further major boost to the clinical research infrastructure in this country, making it even more competitive internationally."

The UKCRC will co-ordinate existing research and funding, identify gaps where more research is needed and develop incentives for NHS clinicians to become research active. It will consist of representatives of the main funding bodies for clinical research in the UK, as well as representatives from industry, the Government and the public.

Liam O'Toole, acting chief executive of UKCRC, said: "This new body will play a key role in ensuring a coherent approach to funding research in the NHS. We have the opportunity to build on the success of the National Cancer Research Institute and cancer networks by coordinating clinical research and identifying gaps in capability and programmes".

□ **NHS Innovation** The organisation that promotes commercial benefits from NHS innovation, Intellectual Property for the NHS, will have a new director in September following the retirement of Tony Bates. The new director is Marie Smith who is currently chief executive officer of Manchester Innovation Ltd responsible for commercialising innovation at Manchester University. She said: "There is a huge pool of talent in the NHS and many people are developing really good ideas for better health care products, devices and techniques. My aim is that we turn more of these good ideas into commercial reality."

Child-resistant cardboard medicine boxes launched

Recloseable cardboard medicine cartons that meet the international standard for child-resistant packaging were announced by the Finnish company StoraEnso last week.

The cartons are made from newly developed tear-resistant cardboard and can only be opened with a co-ordinated two-hand action. This, the company says, makes them easy for adults to open, but keeps the contents from the hands of small children.

"No special child-resistant features are needed for the inserts because the carton is

classified as a recloseable package," said Marcus Dehlin, StoraEnso's research engineer responsible for the pack's development.

This means that the cartons can be filled with ordinary blister strips of tablets or capsules, or even with ampoules, vials or pre-filled syringes.

Manufacturers wishing to use the new boxes will need to buy special packaging machinery because the cartons are intended to be manufactured in situ immediately before filling.



CRC boxes can hold most medicines

Adverse drug reactions huge burden for health service

Adverse drug reactions account for 1 in 16 hospital admissions and cost the NHS £466m a year, according to new research. However, the authors suggest that greater input from pharmacists will help reduce them (*BMJ* 2004;329:15).

They assessed 18,820 patients admitted to two NHS hospitals in Merseyside over a six-month period. An adverse drug reaction was implicated in 1,225 admissions, giving a prevalence of 6.5 per cent. The average stay was eight days, which accounted for 4 per cent of the hospital bed capacity. Most reactions, fatal in 2.3 per cent of cases, were either definitely or possibly avoidable. "Simple measures such as regular review of prescriptions, the use of computerised prescribing, and the involvement of pharmacists in assessing prescribing behaviour may all reduce the burden caused by ADRs," say the researchers.

Reassurance issued over counterfeiting

Reassurance that legitimately obtained medicines in the UK are unlikely to be counterfeit has been issued by the Department of Health.

The DoH said: "Cases referred to the Medicines and Healthcare products Regulatory Agency involving counterfeit products are relatively rare. In fact, since the case involving Zantac in 1994 (*PJ*, 19 February 1994, p247), the MHRA has had no definitive evidence that counterfeit pharmaceuticals are reaching the public via the legitimate supply chain."

But the DoH says that counterfeit medicines are available by mail order or internet sales. It says that last year the MHRA seized Viagra, and products claiming to be Viagra, with an estimated value of £2.35m.

The dual reassurance and warning was prompted by Pfizer's vice president for global security, John Theriault, who said in London

last week that counterfeits were a global threat and that they were being found in the legitimate supply chain in the US.

There have been four known instances of counterfeit medicines being found in the UK supply chain. Counterfeit Zantac has been identified on three occasions and counterfeit Ventolin inhalers once.

Tony Moffat, chief scientist at the Royal Pharmaceutical Society, said: "I do not think there is a problem in the legitimate supply chain. We know from the MHRA and from pharmacists that there has been no reported case of counterfeit medicines in the legitimate chain in the past eight years."

□ Pfizer has introduced new tamper-evident packaging for its medicines sold in Europe. It has done this because of what it describes as the threat of counterfeits and risks posed by improper re-packaging and poor storage and transportation of parallel traded products.

Cheap interventions improve antibiotic prescribing

A series of “relatively cheap but multifaceted” interventions have improved antibiotic prescribing in a Dutch hospital.

The mean time to first antibiotic dose fell from 4.1 to 2.6 hours for all cases in a study designed to assess the interventions. For potentially severe infections time to first dose fell from 2.7 to 1.7 hours and halved to 4.1 hours for mild infections. Switching from intravenous to oral routes increased from 46 to 62 per cent of eligible patients. However, dosage adjustment for renal function remained unchanged.

Pharmacists and doctors from the Nijmegen University Medical Centre, Netherlands, report the improvements in *Archives of Internal Medicine* (2004;164:1206). Their interventions included audit and feedback for all physicians and nurses in peer discussions, mailings, stickers added to guidelines booklets, adjustment of computers and presentations by a local opinion leader. No individual advice was given.

On the wards, a serious cause of delay to first dose was nurse misinterpretation of the urgency of a prescription. Transfer from the emergency department was another cause of delay if the patient had not received the first dose on the emergency ward. The researchers also found problems in administration sched-

ules, such as fitting in antibiotics round mealtimes and during the night.

Failure to switch patients from IV to oral therapy was due largely to lack of staff awareness of this policy. Adjusting dose to renal function was often omitted because staff underestimated the prevalence of renal insufficiency and did not have access to the appropriate formula. Computerised support to help implement pharmacokinetic formulae may help to solve this problem, the researchers suggest.

“Interventions supported by a multidisciplinary team consisting of infectious diseases specialists, medical microbiologists, clinical pharmacists, nephrologists and nurses lead to improvements of the process of care in administration of antibiotics,” they conclude.

Hayley Wickens, microbiology pharmacist, St Mary’s Hospital, London, said the study highlighted several areas in which pharmacists can help to promote rational antimicrobial use. “Increasing numbers of hospital pharmacists are working closely with their microbiology and infectious diseases teams, identifying patients who would benefit from specialist input and optimising therapy.”

Dr Wickens added: “Interestingly, the Dutch team showed that educational measures alone are not always sufficient to improve

Antibiotic sensitivity data improves prescribing

prescribing; individualising therapy with respect to renal function and antibiotic sensitivity reports is the type of patient-specific intervention at which clinical pharmacists excel.”

The importance of multidisciplinary working to improve antibiotic prescribing will feature in a meeting to be held at the Royal Pharmaceutical Society next week organised by a Government committee on antimicrobial resistance.

News feature, p10

Jim Varney/SPL

News in brief

Hep C action plan

A hepatitis C action plan for England, including a professional awareness campaign, has been launched by the Department of Health. Information packs about the infection will be sent to primary care trusts. An NHS website for health care professionals and patients has also been launched (www.hepc.nhs.uk).

European genetics research

A collaborative EU investigation, co-ordinated by researchers from the University of Manchester, will examine the genetic factors linked to depression with the aim of developing more effective treatments. The project, named Newmood, has received €7.2m from the EU and involves 13 laboratories in 10 European countries.

Can dogs anticipate seizures?

Results from a survey of 122 families with a child with epilepsy suggest that some pet dogs can anticipate seizures. Nine out of 48 families with a pet dog reported anticipatory behaviour that was often protective (*Neurology* 2004;62:2303).

Europe funds antiviral resistance research

Work towards overcoming drug resistance of viral diseases has started with funding of €9m (£6m) from the European Union.

The “Vigilance against viral resistance” (Virgil) project, launched this week, will start by addressing drug resistance in viral hepatitis and influenza, but will subsequently broaden its scope to include other diseases.

An international panel of 55 experts will collate and assess clinical and research data to monitor the development of viral resistance

and test ways of managing and overcoming it. “The heavy use of antibiotics, particularly in hospitals, hastens mutations in bacteria which bring about drug resistance,” said European Research Commissioner Philippe Busquin. “The same happens in viruses when antiviral drugs are used extensively.”

The Virgil project complements the investment by the EU of €30m for research into antimicrobial drug resistance that has been made over the past two years.

Women unsure which pill they are taking

Almost half of women taking the oral contraceptive pill are not sure which type of pill they are taking. This is a finding from a recent MORI social research institute survey commissioned by Brook Advisory Centres.

Of 682 women aged 16–55 years surveyed, 23 per cent reported taking the contraceptive pill, but 43 per cent of these were not sure whether it was the combined pill or the progestogen-only pill (POP). Most POPs need to be taken within three hours of the specified time to remain effective, compared with 12 hours for combined pills, so women who are unaware which type of pill they are taking may risk unplanned pregnancy. The survey also showed that less than half of

women taking the contraceptive pill felt they were given adequate choice in their selection of their pill.

The study was funded by Organon Laboratories. At the same time, Organon has announced that the “missed pill window” for its POP Cerazette (desogestrel) has been extended, following new evidence that it consistently inhibits ovulation even when tablets are taken 12 hours late. Cerazette may now be taken up to 12 hours after the specified time without compromising contraceptive protection. Organon says that Cerazette is the first oestrogen-free pill to inhibit ovulation to the same extent as a combined pill.

Notice-board p11

Donepezil trial data spark controversy and debate

A new trial suggesting donepezil (Aricept) is not cost effective in the treatment of Alzheimer's disease has sparked controversy among clinicians. The trial, AD2000, was organised and funded by the NHS Executive R&D and four health authorities in the UK.

AD2000, in which 486 patients were randomised to donepezil 5mg, 10mg or placebo daily, confirms data from previous studies showing that donepezil produces small improvements in cognition and activities of daily living in patients with mild to moderate Alzheimer's disease. It also extends previous findings, providing evidence of efficacy of the drug over at least two years.

However, the new trial found no significant benefits of donepezil versus placebo in terms of institutionalisation (relative risk 0.97) or progression of disability (relative risk 0.96). These outcomes are key determinants of the overall cost-effectiveness of treatment, the authors say and were raised as topics for further research by the National Institute for Clinical Excellence in 2001.

There were no significant differences between donepezil and placebo in behavioural and psychological symptoms, carer psychopathology, formal care costs, unpaid caregiver time, adverse events or deaths, or between the two doses given.

The mean annual cost per patient resident in the community for various health and social services was £498 higher with donepezil than placebo excluding the costs of the drug

or institutionalisation. Most of the extra costs were accounted for by hospital stays.

The authors infer that donepezil is not cost effective, with benefits below minimally relevant thresholds. "More effective treatments than cholinesterase inhibitors are needed for Alzheimer's disease," they add (*Lancet* 2004;363:2105).

According to a US commentator, claims that donepezil stabilises cognitive decline or delays nursing home placement by 2-5 years "now can be seen as implausible in the light of AD2000".

Charles Tugwell, directorate pharmacist (clinical neurosciences), Barts and The London NHS Trust, commented: "I am sure that over the forthcoming weeks there will be much debate and controversy, some people claiming that their suspicions have been confirmed, others (including the drug companies) criticising the design of the study and questioning the validity of the conclusions drawn."

He added that there was an important difference between the AD2000 study and most published trials. "Participants in this trial were a fairly unselect group of patients with Alzheimer's disease and did not need to meet the typical tight selection criteria normally applied in clinical trials. One could argue that this immediately creates weakness in the scientific rigor of the trial. On the other hand, it may more typically reflect the situation in real life."

Nursing home care is delayed, say manufacturers of Alzheimer's therapy

Mr Tugwell also pointed out that a separate report on the value of aspirin in Alzheimer's disease is to be published soon by the same group. "It will be interesting to see how the outcomes achieved with aspirin compare to donepezil. If the results are similar (or better), basic pharmacoeconomic principles may well suggest the best option."

Commenting on AD2000, Eisai and Pfizer, manufacturers of donepezil say that "all parties agree that this small study was underpowered". They say that the findings contrast with other evidence showing delay to nursing home placements and a reduction in caregiver burden with donepezil.

The authors say that the study was 90 per cent powered to detect a six-month delay in institutionalisation.

Style for picture credit

Use safest or cheapest drug first for PONV

Use the safest or least expensive antiemetic intervention first for postoperative nausea and vomiting, says an international panel of anaesthetists reporting the findings of a multicentre trial.

They looked at six interventions to prevent postoperative nausea and vomiting (PONV) in over 5,000 patients. Unlike previous studies, their trial evaluates all the major pharmacological interventions simultaneously. The treatment options, of up to three interventions, allowed 64 possible combinations of therapy.

The researchers conclude that the antiemetics tested (ondansetron, dexamethasone and droperidol) appear to have similar efficacy, with a risk reduction of PONV of about 26 per cent. They note that ondansetron is considered more expensive than the other two agents, and there are safety concerns with droperidol. (This agent is now unavailable because of concern over cardiac side effects in psychiatric usage. However, a commentator on this study notes that these effects do not appear to be linked with antiemetic doses.) "This makes dexamethasone at a dose of 4mg an attractive first line agent for prophylaxis against PONV," they say.

Their analysis also found that substituting propofol for a volatile anaesthetic reduced the risk of PONV by about 19 per cent, and using nitrogen in place of nitrous oxide by 12 per cent. Combining these strategies reduced risk by about as much as any single antiemetic. In contrast remifentanyl used instead of fentanyl did not reduce risk.

Combining interventions provided progressively less benefit and would increase costs and the likelihood of adverse effects, the researchers note. They suggest using dexamethasone and total intravenous anaesthesia as first- and second-line interventions, reserving serotonin antagonists such as ondansetron as a rescue treatment (*New England Journal of Medicine* 2004;350:2441).

Management of depression could be better

A number of patients classified as being "adequately" treated with selective serotonin reuptake inhibitors in primary care do not respond to the therapy, say researchers.

Data were obtained from the ARTIST trial (a randomised trial investigating SSRI treatment), which involved 601 patients.

In the study 64 per cent of patients were classified as being treated with an adequate dose of medication for an adequate duration of time, yet only 23 per cent of patients achieved complete remission. After six months of treatment, 46 per cent of the 482 patients assessed were classified as not responding to the treatment and 32 per cent were classified as partially responding.

The authors say that some of these patients may be considered under-treated or treatment-resistant according to current treatment guidelines. In these circumstances dose increases or medication switches may be required.

The authors state that this highlights the need to redefine adequacy of treatment within the context of clinical improvement, although they acknowledge that the treatment classification guidelines used in this study were more conservative than those usually found in standard clinical practice.

The researchers also note that there appears to be substantial numbers of patients with treatment resistant depression who are being treated in primary care. They found that 13 per cent of patients reported receiving aggressive treatment strategies usually only necessary for addressing treatment resistance.

They say that efforts should be made to increase the intensity of treatment for patients in whom initial treatment fails but also for patients who only achieve a partial response (*Archives of Internal Medicine* 2004;164:1197).

Passive smoking effects

Effects of passive smoking may have been underestimated in the past, say researchers. They calculate that non-smokers exposed to smoke (as assessed by serum cotinine concentrations) could be up to 60 per cent more likely to suffer major coronary heart disease than those not exposed to second-hand smoke (published on *BMJ Online* First 30 June 2004).

Oily fish advice

Girls and women of child-bearing age can safely eat two portions of oily fish per week, says the Food Standards Agency in new advice issued last week. Men, boys and women past child-bearing age can eat up to four portions per week.

Rating medication incidents

A tool to assist staff assign a potential severity rating to medication incident reports has been developed by the Northern Ireland medicines governance project team. The tool will be used to achieve consistency in incident ratings.

Pharmacists advised to cool dispensaries

Last year's August heatwave has prompted a GP to call on pharmacists to store medicines in a temperature-controlled environment.

Brian Crichton, a Solihull GP, recorded the temperatures at which medicines were stored at his practice and in the boots of two GPs' cars for two weeks last year. He also asked 10 local pharmacies whether they had air-conditioned dispensaries or monitored dispensary temperatures. None did.

Over a two-week period, he found that daily temperatures at all three tested sites exceeded 25C.

He concludes: "There is a duty to ensure that medicines are kept in an environment that maintains their efficacy. Manufacturers need to offer more drug stability data in relation to temperature. Even if the immediate stability of stored medicines is not seriously affected there may well be an effect on shelf life or expiry date. To rectify this, practices and pharmacies may have to consider arrangements for cooling."

Dr Crichton's findings are published in the July issue of the *Journal of the Royal Society of Medicine*.

Dr Crichton said: "I would not expect temperatures in pharmacies to be any different to those in our building." He said that the motive behind the work and publication is to

Consider cooling dispensaries

challenge the thinking of professionals who store medicines.

Tony Moffat, chief scientist at the Royal Pharmaceutical Society commented: "Pharmacists should consider what degradation could occur during very hot periods to thermally labile medicines and its effect on their shelf-life and efficacy. This is especially important if the temperatures are cycling between hot and cold each day and for liquid suspensions. Pharmacists should also consider what long-term arrangements for cooling their dispensaries they should have to ensure that shelf-lives of medicines are not reduced due to high external temperatures."