

Members will be balloted on new revised Charter

Members of the Royal Pharmaceutical Society will be balloted on a new revised draft Charter agreed by the Society's Council last week.

A postal ballot will be held over the summer and ballot papers will be sent out at the end of next week. The revised draft Charter, along with an explanatory article about the changes, will be published in next week's *Journal*.

The changes to the Charter that the Council agreed are described in the Society section on p67. The most significant changes to the Charter submitted to the Privy Council last December are the reordering and rewording of Objects 2 and 3 (see Panel), and new provisions for ballots of members for future changes.

The Society's President, Nicholas Wood, commented: "The Council spent two days carefully working through the options in order to achieve a draft that balances the Society's roles of representation and regulation. I am pleased that the overwhelming majority of members of the Council have voted for this final version."

He added: "It is absolutely crucial that the membership now supports this way forward and, on behalf of the Society's Council, I urge all members to use their right to vote to say 'yes' to this revised draft. It is vital for the future of our profession."

The new draft Charter was supported by all Council members including those who stood for election under the Save Our

Society group banner, except Sultan Dajani who abstained during the Council's vote. The SOS group said in a statement this week that it welcomed the changes, which it describes as "more member-friendly". The group urged members to back the new version of the Charter in the ballot.

The SOS group supported the idea of delegating the Society's regulatory role to a separate board. This has not been achieved. *The Journal* understands that the SOS group now accepts that the Government is not prepared to negotiate on this point and would impose its requirement of a single Council accountable for all of the Society's activities through a section 60 Order. Therefore, the SOS group is no longer pursuing this objective.



Members will vote by post this summer

How the new Objects compare with those in previous Charters

The Objects in the revised draft Charter are different both to those in the December draft Charter (*PJ*, 13 December 2003, p826) and the 1953 Charter.

The new Object 2 reads: "to safeguard, maintain the honour, and promote the interests of pharmacists in their exercise of the profession of pharmacy." It was previously (as Object 3 in the December draft): "to safeguard, maintain the honour, and promote the effectiveness of the profession of pharmacy and to support the professional interests of pharmacists." In comparison, the relevant Object in the existing 1953 Charter is: "to maintain the honour and safeguard

and promote the interests of the members in their exercise of the profession of pharmacy."

The new Object 3 reads: "to promote and protect the health and well-being of the public through the regulation and professional leadership and development of the pharmacy profession and the regulation of other persons engaged in related activities." It was previously (as Object 2 in the December draft): "to promote and protect the health and well-being of the public through the regulation of the pharmacy profession and of other persons engaged in related activities." Regulation is not included in the Objects of the 1953 Charter.

New board to guide electronic care records

Pharmacy input into a new board that is to replace two boards advising the NHS on the introduction of electronic records has been demanded by the Pharmaceutical Services Negotiating Committee.

The Care Record Development Board will replace the National Programme for Information Technology patient advisory board and clinical advisory board.

Lindsay McClure, head of information services at the PSNC, said: "The PSNC believes that community pharmacy must be represented where there is substantive consideration of the issues surrounding community pharmacy access to patient records and where

we can hear patient's concerns. We will also seek the opportunity to input wherever discussions could affect the business processes within pharmacies."

Harry Cayton, the Department of Health's director for patients and the public, will chair the CRDB, and posts on the board will be advertised.

Action teams will be commissioned to carry out specific pieces of work and make recommendations to the board. Each team will consult relevant stakeholders. One example could be an action team to define the care processes involved in electronic prescribing.

Pharmacists given guidance on displaying NHS logo

Guidance on how community pharmacists can use the NHS logo has been published by the Department of Health.

Health Minister Rosie Winterton announced the publication at the annual general meeting of the All Party Pharmacy Group in Westminster this week. "It is important that we send a clear message that pharmacists are part of the NHS family," she stressed.

The guidelines describe how pharmacists can apply the NHS identity to external fascias, windows, prescription bags, stationery and uniforms. The NHS logo cannot be used on pharmacy promotional or advertising materials. Pharmacists using the NHS logo must follow certain principles. These include reproducing the logo in only NHS blue or black and using an original version of the logo (which is available to download). Other rules about positioning, frequency and size of the logo also apply. Additional guidance is given on using the NHS logo with the green pharmacy cross logo, and the combined logos can also be downloaded.

The guidelines and the logos are available at www.nhsidentity.nhs.uk/pharmacy.

NHS Live: projects provide forum to share best practice

A national NHS programme "NHS live" launched this week aims to find new ways of providing health care services to patients.

A total of 349 NHS and social care organisations taking part over the next year have each chosen a "local learning project". For example, the project selected by Leeds North East Primary Care Trust is to link patients

with a community pharmacist for minor ailments. The programme is designed to provide a forum for project leaders to exchange ideas and spread good practice.

Boots Plc, AstraZeneca and Pfizer UK are among six private sector organisations invited to partner the programme to share their expertise of a customer sensitive approach.

Health minister impressed by Sheffield pharmacies

Health minister Rosie Winterton said that she was impressed by the new services offered by pharmacists in Sheffield during a visit to the city last week.

"The pharmacies I have seen demonstrate a valuable range of possibilities for improving the accessibility and range of NHS pharmacy services in the community," the minister said. "I am delighted that pharmacists in Sheffield have taken our modernising message to heart and I am impressed by the new services that they have developed for patients."

Pharmacists in the city have been supported by Peter Magirr, who runs the Community Pharmacy Development Unit. The unit operates across the city and receives most of its funding from the four primary care trusts in Sheffield with a further contribution from the local pharmaceutical committee. "Much of the success is down to the excellent working relationships established between the city's pharmacists and PCTs," commented Dr Magirr.

One of the unit's success stories is a minor ailments service that started as a pilot in February 2002 and is now offered by 63 of the 106 pharmacies in the city. Altogether, 10,000 patients have received treatment for minor ailments through the scheme, which is funded by all four PCTs in the city.

Other services include provision of sexual health advice and emergency contraception



Sheffield visit: (left to right) Peter Magirr, Tina Cooke, pharmacist, Rosie Trainor, director of clinical services at South East Sheffield PCT, and Susie Coates

to teenagers, support for people wanting to stop smoking, and a drug misuse service. Pharmacy staff, rather than pharmacists, offer one-to-one support in the 12-week stop smoking service.

The development work is ongoing, and a new pilot project that has begun at five pharmacies allows patients on warfarin to have their INR (international normalised ratio) measured at the pharmacy instead of the hospital. Susie Coates, pharmacy development manager at the Community Pharmacy

Development Unit, explained that this demonstrates the approach that has been taken with all the new services. "We have started small, seen how well the pilot works and then expanded the service to benefit patients," she said.

Pharmacists in the city are also demonstrating good clinical governance through the Sheffield "commitment to quality" accreditation scheme. So far, 76 pharmacies are involved and 25 of these have achieved accreditation (*PJ*, 31 August 2002, p274).

Pharmacy advocated to PCT members

Primary care trusts in England have been told how pharmacists can help them meet their trust targets for making primary health care available 24-hours a day, seven days a week.

A Department of Health circular to PCT chairmen and non-executive directors this week puts forward, as an example of good practice, Peterborough PCT's pilot scheme for supplying free over-the-counter medicines from pharmacies to patients who are entitled to free prescriptions so that they do not visit GPs to ask for prescriptions.

The circular suggests that PCTs could start to enable the development of a public health role by pharmacists and to allow them to refer patients to specialist practitioners.

"Pharmacy-based schemes are particularly valuable for patients in deprived areas who are more likely to consult a GP for minor ailments," it says.

An out-of-hours centre in Exeter, which includes a 24-hour pharmacy service, is also given as an example for the delivery of unscheduled care.

Businesses start to improve

Pharmacy businesses are getting themselves on a more sound financial footing, according to the latest Plimsoll portfolio analysis of retail chemists.

"After the past few years of uncertainty, the UK retail chemist industry is experiencing a positive upswing," said David Pattison, a Plimsoll senior analyst.

The report shows that 100 of the 1,000 companies included in the analysis have doubled their profits in the past year. It also shows that 108 companies have seen sales rise by 15 per cent and 172 have halved their debt.

Pharmacists urged to start planning for new contract now

Pharmacists have to start thinking about the new contract now, Mike Smith, chairman of UniChem, told a press briefing last week.

"Pharmacists should think about planning, training and refitting premises. They have to demonstrate to primary care trusts that they are capable of delivering services before the new contract is introduced," he said. "I believe that the pharmacists that PCTs will go to when the new contract comes out are those who have already proved they can deliver."

Mr Smith's views were backed by Chris Martin, chairman of one of UniChem's five regional Pharmacy Consultative Boards and

also chairman of Pembrokeshire Health Board. "We will want to deal with those pharmacists who have shown that they can deliver," he commented.

Mr Smith conceded that this approach might mean that pharmacists have to offer services for little reward in the short term. However, he explained that in the longer term this would help protect future income streams in the new pharmacy contract.

The briefing was held to discuss the role of the Pharmacy Consultative Boards. Through these local boards, pharmacists can shape UniChem's national approach.

News in brief

Pfizer leads on profit

Pfizer was the most profitable pharmaceutical company operating in the UK in the 2003–04 financial year, according to an analysis of the financial performance of 124 companies by Prospect Swetenhams. GlaxoSmithKline Plc had the largest turnover at £21.2bn with a pre-tax profit margin of 26.0 per cent. The average profit margin for the 124 companies examined was 24.1 per cent.

Pharmacists can reduce adverse reaction costs

Community and primary care trust pharmacists have a key role to play in helping to reduce the £466m a year cost to the NHS caused by adverse drug reactions, a pharmacist researcher claimed this week. However, more resources are needed to enable them to achieve this effectively.

Sally James's comments follow publication last week of a study into the burden on the NHS of adverse drug reactions in which she was involved. The study reveals that 72 per cent of the ADRs identified were avoidable (*BMJ* 2004;329:15).

Miss James, a senior clinical pharmacist and medical admissions pharmacist at Wirral Hospitals NHS Trust, said: "We found that patients' medicines were not being reviewed regularly enough. And although all health professionals, including GPs, have a responsibility to review medication, it would be good

if we could see community pharmacists spending more time on this."

She added that extra resources as well as access to patients' notes would need to be forthcoming. "Hopefully, development of the electronic patient record may go some way towards helping this."

Lack of patient information is often an obstacle to community pharmacists being able to identify potential adverse drug reactions, according to David Pruce, director of practice and quality improvement at the Royal Pharmaceutical Society.

He said: "Community pharmacists do not have access to the basic information about the patient's diagnosis or vital test results that would help them to detect many adverse drug reactions before the patient could be harmed." He maintained hospital pharmacists were in a much better position to detect

adverse drug reactions because they often took prescribing decisions and had greater access to a patient's clinical information.

This view was endorsed by the Pharmaceutical Services Negotiating Committee. Its chief executive Sue Sharpe said the Medicines Uses Review — proposed in the new community pharmacy contract as an advanced service — will allow accredited pharmacists to carry out a face-to-face medicines review with the patient and would help reduce adverse drug reactions in future.

□ **BAPW warning** The British Association of Pharmaceutical Wholesalers has warned that the number of deaths caused by adverse drug reactions, currently 10,000 a year, could double because of the government's programme to reclassify prescription-only drugs as over-the-counter medicines.

Anticoagulation effects of warfarin reduced by taking ginseng

Further data have been reported on a ginseng/warfarin interaction and problems combining St John's wort with conventional medicines.

A reduction in warfarin's anticoagulant effect with American ginseng is seen in a new trial from Chicago. Researchers randomised 20 volunteers to take warfarin and either American ginseng or placebo. All subjects received warfarin 5mg daily for three days in week 1 and in week 4. Beginning in week 2, 12 subjects took powdered ginseng in capsules and the other eight received placebo.

After two weeks of ginseng administration the peak international normalised ratio (INR) decreased compared with placebo, a reduction of 0.19 ($P=0.0012$). The INR area under the curve, peak plasma warfarin level and warfarin AUC were also significantly reduced.

The authors note that ginseng alone appears to have the conflicting action of promoting bleeding and delaying clot formation. They suggest that ginseng contains substances which enhance the hepatic enzymes that break down warfarin.

They say that, when considering warfarin treatment, prescribers should ask patients about ginseng use (*Annals of Internal Medicine* 2004;141:23).

A systematic review of trials of St John's wort interactions, reminds clinicians and patients of possible decreases in bioavailability with conventional drugs taken with this herb. However, the review uncovers problems with several published pharmacokinetic studies and the authors call for better trials to guide clinical practice (*BMJ* 2004;329:27).

St John's wort : better trials are needed

Balancing risks and benefits difficult with both non-steroidals and antidepressants

Problems in balancing the benefits and risks of both non-steroidal anti-inflammatory drugs (NSAIDs) and antidepressants have been highlighted in two studies that emphasise difficulties in translating trial data to the general population (*BMJ* 2004;329:31 and 34).

Researchers compared the types of patients receiving NSAIDs in 219 clinical trials and in practice. Patients over 75 years were excluded from most trials and ethnicity was not usually reported. Trial participants were mainly patients known to have benefited from NSAIDs and in whom the risk of adverse events was small. Serious gastrointestinal events were poorly reported, the researchers say. They add that some other serious adverse

events such as renal toxicity are not mentioned in any of the trials they examined.

The "reality" as reflected by a medicines monitoring database showed that 14 per cent of patients treated with NSAIDs were actually over 75 years. Prescribing was also common for those at high risk of gastrointestinal or renal problems who had been excluded from trials. The authors conclude that evidence from trials might not be applied to everyone likely to take a drug.

Looking at risk and benefit for antidepressants in the prevention of suicide, another group of researchers from Bristol say that there is no strong evidence that increases in antidepressant prescribing are linked to recent reductions in population suicide rates.

Most herbals to be GSL

Most products expected to fall within the rules of the new European Union directive on traditional herbal medicines are likely to be classified as general sale list medicines.

This is because the directive covers medicines that are intended to be used without supervision by medical practitioners, says the Medicines and Healthcare products Regulatory Agency. However, it adds that it might be possible to have a category of traditional herbal medicines that can only be used under the supervision of registered herbal practitioners if a registration scheme is introduced. Government consultation on a registration scheme closed last month, but the outcome is not yet known.

Formal consultation on transposing the herbal medicines directive into UK legislation will need to start soon, since the directive has to be implemented by 30 October 2005.

Doctors call for addiction warning labels on OTCs

Doctors have called for clearer labelling on over-the-counter medicines that can be addictive and for all health professionals to be trained to point out the dangers to patients.

They claim around 30,000 people in the UK are currently addicted to common non-prescription drugs such as pain killers that contain addictive substances such as codeine, and cough and sleeping medicines.

Delegates at last week's annual British Medical Association conference in North Wales also demanded that the Department of Health draws up clear clinical guidelines for how drug addiction services should manage patients with OTC drug dependency.

Jonathan Bevers, a final year medical student at Edinburgh University who proposed the motion, told the conference last week: "It is estimated that 30,000 people are currently addicted to an over-the-counter drug in the UK."

He argued that many of those who become addicted are previously unaware that these drugs contain certain addictive substances. "Many people assume that these OTC drugs are safe because a prescription isn't needed — this is not the case."

Over-the-counter medicines should have clear labels not only warning that they may contain addictive substances but also the health implications of excessive use, he suggested.

Mr Bevers added: "By empowering consumers with this information they will know before taking the drug not to use it excessively."

However, Michelle Styles, head of information at the National Pharmaceutical Association, told *The Journal* that any changes made to medicines labelling would need to be carefully considered. "Labels are a double-edged sword. By adding a warning you could argue that you are flagging up substances that have the potential to be abused." She also pointed out that it is not only addictive substances that are misused.

Theo Raynor, from the department of pharmacy practice at the University of Leeds, who has an interest in patient information, believes that the personal touch offered by community pharmacists has advantages over patient information leaflets and labels. He said: "Pharmacists are in a position to monitor when people are buying OTC medicines and the personal touch may be more effective than anything on a particular label."

He added that the decision by the Medicines and Healthcare products



Many people do not realise that OTCs can be addictive

Regulatory Agency to establish a working group on patient information earlier this year reflected the priority this issue is being given. Professor Raynor, who is a member of the group, said: "This is a significant step forward. The group is focusing on improving the leaflets in packs as the MHRA is embracing the idea that the information has to be user and patient friendly."

In a statement the DoH said drug labels already include information about what the drug is for, dosage, the maximum daily dose and warnings not to exceed the stated dose.

The statement added: "Such products are only sold or supplied under the supervision of a pharmacist. Under the pharmacists' Code of Ethics, a sale may be refused if the pharmacist considers the product may not be used appropriately."

NHS to sue two generics companies over ranitidine price fixing

Legal action by the NHS against Generics UK Ltd and Ranbaxy UK Ltd has been launched in the High Court. This is the fourth action to be launched by the NHS over alleged price fixing in the British generics drugs industry. This case relates to the sale and supply of generic ranitidine.

Jim Gee, chief executive of the NHS Counter-Fraud and Security Management Service, said: "As with the earlier proceedings we have instigated, the decision has been taken independently of the Serious Fraud Office's ongoing investigation."

The offices and homes of the directors of six generics companies were raided by Serious Fraud Office officials two years ago (*PJ*, 13 April 2002, p487). After the raid, the SFO handed seized papers to the Department of Health. No criminal charges have been brought.

Mr Gee went on: "All the civil claims we have brought will be vigorously pursued to secure the maximum possible recovery for the NHS either by judgment and damages or earlier agreement with the defendant companies."

In a statement, Ranbaxy UK's Indian parent company said: "The company is not aware of any wrongdoing and will defend vigorously legal proceedings, if served."

Ranbaxy added that the Department of Health had not quantified its damages claim and had said that it was not in a position to set out its claim in detail or to serve its claim so as to commence proceedings.

A spokesman for Generics UK's German parent company (Merck Generics) said that the matter was under investigation and the company had no comment to make.

Companies criticised after admitting advertising breaches

Two pharmaceutical companies have recently been criticised for breaking the industry's advertising rules after reporting themselves for investigation.

Eli Lilly & Company Ltd reported, to the Association of the British Pharmaceutical Industry's disciplinary Prescription Medicines Code of Practice Authority, that a company representative had taken part in a broadcast radio competition and had made claims for Cialis (tadalafil) in what she had thought to be an off-air conversation. The conversation had subsequently been broadcast in full.

The PMCPA ruled that the representative had failed to maintain a high standard of ethical conduct and had promoted a prescription medicine to the public.

Janssen-Cilag was also ruled to have breached the ABPI advertising code after it reported that pages printed from a website contained a promotional claim. The claim was only visible when pages were printed and was not displayed on-screen. The website had been designed for on-screen viewing only and users had not been expected to make print-outs.

News in brief

Joint approach to tackle fraud

Under a new agreement, the Counter Fraud Service and Inland Revenue have joined forces to tackle fraud in the NHS. The two organisations will share information to pursue suspected fraud, particularly in cases where patients are falsely claiming to be unemployed to avoid paying charges, where staff are claiming sick pay while undertaking other paid work and where NHS staff are claiming for work they have not done.

Society highlights misunderstanding over antibiotics

“A great deal of misunderstanding surrounding antibiotics and their use” has been found in a survey commissioned by the Royal Pharmaceutical Society.

In the MORI survey of 1,010 adults throughout the UK, 26 per cent of respondents thought that antibiotics could cure influenza or a cold.

Fourteen per cent of respondents believed that doctors should prescribe antibiotics if a patient requested them and almost a quarter either did not know or did not believe that overuse of antibiotics contributed to the emergence of resistance.

Although 13 per cent of those who had taken antibiotics did not take them as prescribed, 90 per cent said they had completed their most recent course of the drugs.

The public also appeared to understand that they should not store previously unfin-

ished antibiotics for future use and not use other people's medicines.

The Society says that the survey is one part of a package it is using to raise awareness in this area. It adds that a news release promoting the survey findings will be used by branch public relations officers. It hopes that this will highlight in local media the message that antibiotics are not a cure-all medicine and the important role pharmacists have.

As part of its campaign, the Society has published a factsheet on antibiotics for pharmacists which is distributed with this week's *Journal*.

The sheet gives counselling points for patients prescribed an antibiotic, outlines ways to combat resistance, and highlights problems with allergies and interactions. It also summarises cautions to consider when prescribing antibiotics for children and the elderly.

Antibiotic fact sheet for pharmacists is enclosed in this week's *Journal*

James King-Holmes/SPL

Pharmacists promoted for role in prudent antibiotic use

Pharmacists in some hospitals have been active for a number of years in tackling the problem of antimicrobial resistance, according to Richard Wise, chairman of the government's Specialist Advisory Committee on Antimicrobial Resistance. The “Resistance is useless” conference, held at the Royal Pharmaceutical Society on 7 July, was, he said, the launch of the important £12m initiative to support this work at a national level. The meeting was chaired by Alison Ewing, Society Council member, who expressed a hope that the success of the initiative would lead to permanent funding.

About 60 parliamentarians, scientists and representatives of professional and government bodies attended a reception before the conference at the House of Lords, hosted by Lord Soulsby of Swaffham Prior. Speaking at the reception, Nicholas Wood, President of the Society, drew attention to the fact that information on how to deal with antibiotics was to be distributed to pharmacists (see above).

Soy does not improve effects of menopause

Women taking soy protein and isoflavones to counteract the effects of the menopause may be wasting their time. A study examining the effect of a soy supplement has found that it did not improve cognitive function, bone mineral density or plasma lipid levels.

Researchers in the Netherlands compared use of a soy protein supplement with placebo in 202 healthy postmenopausal women aged between 60 and 75 years. Participants received either 25.6g of soy protein containing 99mg isoflavones or total milk protein as a powder daily for 12 months.

After a year, they found no difference between the groups in terms of cognitive function, bone mineral density or plasma lipids. Although one of 13 measurements of bone

mineral density was improved in the soy group, the authors comment that because it was only one among 13 comparisons it could be a chance finding.

The lack of effect contrasts with some earlier studies. The authors point to differences that might explain this, such as the other studies being conducted in animals, men or younger populations, or having a small number of trial participants. One difference they say requires further research is the influence of the timing of supplementation since women who are recently menopausal may benefit more from soy protein supplements than women in later stages of the menopause (*JAMA* 2004;292:65).

Article, p59

Enoxaparin effective alternative to heparin

Enoxaparin (Clexane) is an effective alternative to heparin for patients with acute coronary syndromes who need anticoagulant therapy, according to three new studies.

The first compared outcomes of patients treated with either drug used as the principal anticoagulant. The researchers, from the Duke Clinical Research Institute in Durham, North Carolina, found that death or non-fatal myocardial infarction (MI) occurred in 14.0 per cent of patients treated with enoxaparin and 14.5 per cent of patients treated with heparin. They concede that enoxaparin carries a modest increase in risk of major bleeding but conclude that this drug is likely to be superior to unfractionated heparin when used as first-line therapy.

In the second study, researchers from the same institute examined whether a combination of enoxaparin with the glycoprotein

IIB/IIIa inhibitor tirofiban (Aggrastat) and aspirin was a suitable alternative to unfractionated heparin with tirofiban and aspirin in nearly 4,000 patients.

They found a 1 per cent absolute and 12 per cent relative difference in favour of enoxaparin for the prevention of death, recurrent MI or refractory ischaemia.

A third study, a meta-analysis combining data from older studies with the two new trials, showed a significant reduction in the 30-day composite of death or MI with enoxaparin (odds ratio 0.91; 95 per cent confidence interval 0.83–0.99). Enoxaparin had a greater beneficial effect among patients who had received no antithrombin therapy before being recruited into a trial (odds ratio 0.81; 0.70–0.94).

The studies are published in *JAMA* (2004;292:45, 55 and 89).

Business focus

Information on buying and selling pharmacies, raising capital, working as a locum and pensions planning.
www.pjonline.com/series

Gut Week, 19–25 July

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

Awards

Part of the News Centre, this section lists awards and grants where nominations are being sought.
www.pjonline.com/news

Pharmacists urged to support public smoking ban

Pharmacists are being called on to join a campaign that aims to get smoking banned in public places.

The call follows action taken this week by the British Medical Association. On 6 July, the BMA delivered a giant cigarette packet containing 4,500 letters from doctors calling for a ban on smoking in all workplaces in the UK to the Prime Minister.

Miriam Armstrong, chief executive of PharmacyHealthLink, told *The Journal*: "Given the way that doctors have come out and supported the proposed ban we think pharmacists should do something similar to show their commitment to public health."

So PharmacyHealthLink is calling on pharmacists to write to it to express support for a ban on smoking in public places. "Once we have received over 1,000 letters we will take them to the Department of Health," said Ms Armstrong. She added that pharmacists

should also be ensuring that their premises, as workplaces, are smoke-free.

Pharmacists wishing to support the campaign should write to PharmacyHealthLink, e-mail info@pharmacyhealthlink.org or 1 Lambeth High Street, London SE1 7JN.

□ **Smoking in Scottish public houses** A report in the national media this week that smoking is to be banned in public houses in Scotland is premature. It might, however, be an outcome of a consultation on banning smoking in public places launched by the Scottish Executive last month. The consultation aims to find out whether the Scottish population want more public places to become smoke-free. "There is a possibility of legislation to ban smoking in pubs but the consultation is ongoing and ministers have not made up their minds, yet," a spokesman for the Scottish Executive said this week. A similar consultation is under way in England.

BMA representatives deliver their message to Downing Street

Rob Bell/BMA News

Government policy on sun protection challenged in new report

Current public health policy in the UK denies the health benefits of sunlight, claims a new report. "Sunlight robbery", written by Oliver Gillie, a former medical editor of *The Sunday Times*, recommends that the current skin cancer awareness campaign should be abandoned in favour of a campaign that encourages the public to expose themselves safely to the sun.

The report examines evidence suggesting that vitamin D deficiency caused by lack of sunlight increases the risk of chronic diseases including 16 types of cancer, multiple sclerosis, schizophrenia, diabetes, high blood pressure and cardiovascular disease. The author says that contrary to current recommendations, short periods of time outdoors in the UK do not provide sufficient sunlight for adequate vitamin D production. He says that a white-skinned person needs to sunbathe in bright midday sun with few clothes for at least three 20 minute sessions per week in the summer to obtain an optimum amount of vi-

tamin D, and a person with dark skin would need to sunbathe for three two-hour sessions per week.

Tony Moffat, chief scientist at the Royal Pharmaceutical Society told *The Journal*: "The report is a very polarised view which looks at some scientific sources to reinforce the author's views. He makes a good point about people needing vitamin D. However, the criticism of government policy regarding protection against the sun is not valid because the author has been selective in his quotations."

The report, published by the Health Research Forum, says that people with indoor jobs cannot obtain an optimal level of vitamin D, and that it is advisable for most people to take a supplement. Professor Moffat pointed out that Martindale states that daily requirements of vitamin D in adults are small and may indeed be met mainly by exposure to sunlight and/or obtained from the diet. In the UK, a dietary intake is considered unnecessary for adults living a normal lifestyle who

are being exposed to solar radiation. Professor Moffat added that people who may be at risk of vitamin D deficiency include the elderly or the housebound.

This report coincides with a *Which?* report finding that some commonly used sunscreens do not provide the level of protection claimed by the manufacturers. *Which?* tested 10 creams that claimed to have a Sun Protection Factor of 15 or 16. It found that the Simple, Boots Soltan and Superdrug Solait SPF 15 sunscreens had SPF's of 9, 10 and 11, respectively. *Which?* acknowledges that test results can vary and says that on re-testing Simple sunscreen achieved a borderline pass. The report says that the manufacturers claim that the creams passed their own tests. *Which?* also found that only the sunscreen from Boots claimed and lived up to maximum five star UVA protection. Professor Moffat suggested that pharmacists look at the report to help advise customers on purchasing creams whose SPF rating meets the claim.

Monoclonal antibody for colorectal cancer

A monoclonal antibody targeting epidermal growth factor receptors (EGFR) has been licensed for the treatment of metastatic colorectal cancer.

Cetuximab (Erbix), manufactured by Merck, is licensed for use in combination with irinotecan (Campto) in patients with metastatic colorectal cancer expressing the growth factor, after previous therapy including irinotecan has failed.

The expression of the EGFR protein is associated with more aggressive disease and a poor prognosis. By blocking this protein,

cetuximab inhibits its function, preventing tumour spread and possibly also impairing formation of the tumour blood supply.

Cetuximab is administered weekly by intravenous infusion at an initial dose of 400mg per m² body surface area. Subsequent weekly doses are 250mg per m² following premedication with an antihistamine. Irinotecan should be administered at least an hour after the cetuximab infusion and the dose should normally be the same as that given in the prior regimen.

Notice-board p49

News in brief

Cough medicines disappoint

Cough medicines containing diphenhydramine or dextromethorphan do not reduce the frequency or severity of cough compared with simple syrup, according to a study of 100 children. Parents were asked to describe their child's cough and quality of sleep after a dose of cough medicine given at bedtime. Although all outcomes improved after treatment, the medicines containing active ingredients were not superior (*Pediatrics* 2004;114:85).

Strategies for TB and HIV vaccines need rethinking

Strategies used in the development of vaccines against tuberculosis and HIV need to be rethought, according to the authors of two recently published articles.

In the first, researchers from the University of Washington examined the way in which *Mycobacterium tuberculosis* infects host cells. More specifically, they looked at the mechanisms used by mycobacteria to re-emerge at times of poor health and at how new strains of the bacteria are able to reinfect the same person despite vigorous host immune responses.

The researchers explain that immunity to tuberculosis is concentrated in complex immune structures called granulomas. These structures comprise various immune cells and are thought to act by containing the bacteria. Theories behind reinfection have included an assumption that new bacteria are able to evade established granulomas.

With this in mind, the tenet of vaccine strategies so far has been to improve the immunogenicity or persistence of vaccine

Vaccine development can be daunting

strains. However, the researchers show, using animal models of TB infection, that newly infecting bacteria rapidly enter and survive in these granuloma. So, rather than bacteria avoiding the granuloma, reinfection can

occur because the original immune response is not mounted effectively. "Consequently, a thorough re-evaluation of strategies for the development of an improved tuberculosis vaccine is warranted," they conclude (*Nature Immunology* published online on 27 June).

The authors of the second article, from the International AIDS Vaccine Initiative in New York, say that the challenge of developing a vaccine effective enough to stem the spread of HIV-1 is daunting. They suggest that research should concentrate on improving vaccine vectors and new vaccine strategies. They point to various aspects about the virus that are poorly understood — its structural vulnerability to neutralising antibody, its multiple cellular immune interactions, early events during the establishment of persistent infection and the association between human immune responses and the genetics of HIV. "Addressing these issues will require a degree of collaborative scientific activity and commitment well beyond the current global effort." (*Science* 2004;304:1913.)

BSIP/Alexandre/SPL

Angiostatic agents useful for endometriosis

Drugs that inhibit the development of blood vessels could provide a new treatment strategy for women suffering from endometriosis, two new studies suggest.

A research team from the Netherlands found that four compounds; anti-human vascular endothelial growth factor (anti-hVGF), TNP-470, endostatin and anginex, inhibited the development of new blood vessels in an animal model and may also interfere with the maintenance and growth of existing endometriotic lesions.

The researchers transplanted human endometrium into mice and allowed it to develop into endometriotic lesions. The four angiostatic compounds were then administered continuously to the mice for two weeks. Saline was administered to mice in a control group. The results show that the number of endometriotic lesions per mouse was higher in the control group (2.5) than in mice treated with anti-hVGF (1.1, $P < 0.05$), TNP (1, $P < 0.05$), anginex (1.2, $P < 0.05$) or

endostatin (0.6, $P < 0.05$). The number of newly developed blood vessels around the lesions was also inhibited by angiostatic therapy, although the mature vessels were not. The researchers conclude that angiostatic therapy may be useful for preventing the recurrence of endometriosis after surgical or hormonal therapy.

Similarly, a research team from the US administered endostatin to mouse models of endometriosis for two weeks. They found that the growth and number of endometriotic lesions was significantly reduced in the endostatin group compared with the control group. They report that endostatin did not have any side effects and did not affect hormone levels or menstrual cycles of the mice. They say that endostatin may present a new and safe approach to the treatment of this disease.

Both studies were presented at a meeting of the European Society of Human Reproduction and Embryology last week.

R&D news in brief

SARS vaccine hope

Researchers have developed a severe acute respiratory syndrome test vaccine for delivery directly into the respiratory tract. Monkeys that received the vaccine developed antibodies against the SARS virus and did not replicate the virus when it was administered through their noses 28 days later (*Lancet* 2004;363:2122).

Duloxetine for incontinence

Duloxetine, a serotonin inhibitor being developed as a therapy for depression, may prove to be of benefit for women with stress urinary incontinence. Data presented at an incontinence conference held in Monte Carlo last month reveal that duloxetine decreases the frequency of incontinence episodes compared with placebo ($P < 0.001$).

Potential osteoporosis drug

Japanese researchers have developed a method for synthesising norzoanthamine, a substance produced naturally by sea anemones and which has shown promise for treating osteoporosis and leukaemia. The alkaloid had proven difficult to synthesise because of its complex fused ring structures. The researchers report a 39-step method resulting in a 3 per cent yield (published online in *Science* on 17 June).

Novel target for diabetes therapy identified in mice

Researchers have identified a protein, NKG2D, that is present on T lymphocytes and which can trigger diabetes when T cells infiltrate the pancreas of pre-diabetic mice. By blocking the interaction, the researchers have shown that they are able to prevent diabetes developing.

The team expect that development of an antibody to human NKG2D will provide an effective treatment for type 1 diabetes, as well as for other autoimmune diseases such as

rheumatoid arthritis. Lewis Lanier, University of California, San Francisco, and one of the study authors, said: "We are encouraged by our finding that anti-NKG2D is effective at preventing diabetes even when administered late during disease progression. This is in striking contrast with most treatments reported in the non-obese diabetic mouse, which are only effective when administered at a much younger age." The study is published in the June issue of *Immunity* (2004;20:757).

Clarification

Premedication with an antihistamine is mandatory before the first infusion of cetuximab, and is then recommended before all subsequent infusions (p46).