

Co-proxamol withdrawal is widely welcomed

Pharmacists have welcomed the decision by health safety regulators to withdraw the prescription painkiller co-proxamol. However, the Royal Pharmaceutical Society has criticised the way in which the withdrawal was communicated.

The Medicines and Healthcare products Regulatory Agency announced earlier this week that the drug should be withdrawn from the market in the next six to 12 months. The announcement came after national newspapers reported the planned withdrawal.

No new patients should be prescribed co-proxamol. Patients currently taking it should consider alternative pain relief at their next routine medicines review, according to advice from the Committee on Safety of Medicines.

The MHRA, supported by the CSM, has concluded that the efficacy of the drug is poorly established and the risk of death from overdose is "unacceptable".

This week's decision followed a 12-week public consultation last year, seeking views on the benefits and risks of the drug. There were



Co-proxamol caused 400 deaths a year

52 respondents and opinion was divided between prescribing advisers and front line clinicians. "The Royal Colleges and other prescribing advisers were unanimously in favour of withdrawing co-proxamol, while current prescribers and patients tended to

favour its continued availability," the MHRA reports. Sue Kilby, head of practice at the Royal Pharmaceutical Society, said: "The Society is unable to identify any strong reason as to why co-proxamol should remain generally available." She pointed out that many hospitals had already stopped or restricted use of co-proxamol and that patients admitted to hospital who were taking the product were often changed to another analgesic. She warned that this could result in patients taking two or more paracetamol combination analgesics when they return home.

Latest figures from the Department of Health reveal that annually co-proxamol is responsible for up to 400 deaths caused by drug overdose, with a fifth of deaths being accidental. The statistics make co-proxamol the second most common cause of fatal drug overdose behind tricyclic antidepressants.

Changes to patient information in 1985, which highlighted the potential fatal risk in overdose and led to the British National Formulary classifying the drug as "less suitable for prescribing", were ineffective in reducing the death rate, the MHRA said this week.

David Pruce, director of practice and quality improvement at the Society, called on the MHRA urgently to review how it communicates withdrawals of medicines and alerts. "Co-proxamol is widely prescribed and the news of its withdrawal has inevitably led to concern among some patients. It would have been helpful if the MHRA had communicated direct with health care professionals before the story appeared in the media."

Single agents provide more flexibility

Sharron Millen, surgical director of pharmacy at Southampton General Hospital, welcomed the decision to take co-proxamol off the market. "Clinical evidence suggests that co-proxamol isn't any better than paracetamol on its own. Here in Southampton we don't initiate it at all because we don't think it works. It contains a subtherapeutic dose of paracetamol and if you are on warfarin it can affect the way your blood clots even more," she said. She added that using single agents such as paracetamol and dihydrocodeine instead of combined preparations like co-proxamol can provide more benefit. "Using single agents provides more flexibility with dosing schedules and an opportunity to titrate analgesia demands to pain more effectively because you can maximise the dose of the individual agents you use," she said.

New guidance on out-of-hours medicines

Access to medicines out of hours looks set to improve following the publication of new guidance by the Department of Health.

The guidance is the outcome of a four-year piece of work following the Carson review in 2000, which set new standards for out-of-hours care. In relation to medicines, the Carson review recommended: "Other than in exceptional circumstances, patients should be able to receive the medication they need at the same time and in the same place as the out-of-hours consultation."

Following the Carson review, a DoH team was set up to identify ways to achieve this objective. The outcome is the publication of the guidance, "Securing proper access to medicines in the out-of-hours period", which was officially launched at a conference in London last week.

The guidance consists of 13 action points and a national out-of-hours formulary. Among its recommendations are:

- Where patients' clinical needs are such that treatment should start without delay, they will need to be able to access the medi-

cines at the same time and the same place as their out-of-hours consultation

- Primary care trusts (PCTs) should develop a local formulary, endorsed by the appropriate local prescribing committee, which includes all the medicines listed in the new national out-of-hours formulary
- PCTs should ensure that, where necessary and appropriate, patients are able to receive the benefit of the advice of a pharmacist or dispensing doctor, although this need not be face to face
- PCTs need to ensure that all health professionals are able to access appropriate levels of pharmaceutical advice out-of-hours
- PCTs should improve the quality of their local data on actual community pharmacy opening hours and special out-of-hours schemes (including ensuring the information is kept up-to-date and available to NHS Direct)

Further information, including the guidance document, is available via *PJ Online* (www.pjonline.com/links/pj).

News feature p140

News in brief

NPA advanced services course

The National Pharmaceutical Association has produced a distance learning training course to prepare pharmacists to meet the competencies required to provide advanced services under the new community pharmacy contract. Competency assessments will be undertaken by the University of Reading school of pharmacy.

The Society

Conference medals

The Society is seeking applications for the Conference science medal and practice research medal (p155).

Scottish Executive election

The timetable for the Scottish Executive election has been moved forward (p156).

CPD website upgraded

To help pharmacists with their CPD records, the Society has upgraded its CPD website (p156).

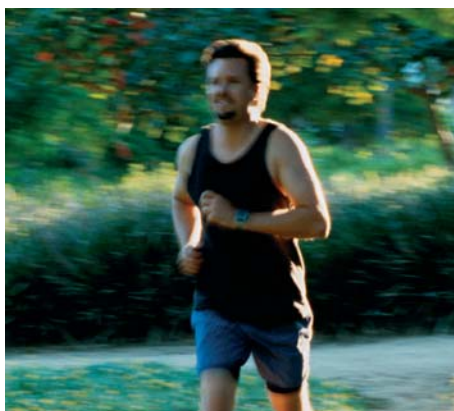
First section of new Welsh health report published

Health statistics about people living in Wales were published by the Welsh Assembly Government this week, in the first section of a new report.

"Health Status Wales 2004–05" is the first in a series of reports from Chief Medical Officer Ruth Hall. It provides an overview of health in Wales and focuses in particular on respiratory disease, sexual health and levels of physical activity.

The report states that, overall, death rates in Wales have declined over the past 10 years and life expectancy has risen. Death rates remain higher than those in England and lower than those in Scotland, but significant variation of health status is seen across local authority areas.

Respiratory diseases were the cause of 13 per cent of all deaths in Wales during 2002, according to the report, and about 13 per cent of adults currently report being treated for a respiratory illness. Asthma is estimated to affect 7 to 10 per cent of the Welsh population.



Physical activity levels in Wales need to increase to meet recommendations

Turning to sexual health, the report says that diagnoses of chlamydia, gonorrhoea and syphilis are increasing, the highest rates occurring in those aged under 25 years. HIV rates in Wales are also continuing to rise.

Teenage conception rates, however, have been falling since their peak in 1998.

The report also says that physical activity levels in Wales are still far below those recommended for health, in both adults and children.

An assessment of health targets that were set for the period 1997–2002 is included in the report, showing mixed progress. Targets that were met include those relating to cervical cancer and coronary heart disease in people aged 67–74 years. Targets that were not met include reducing rates of breast cancer and the number of deaths by suicide. The report summarises the new health targets that were set in 2003–04 and which are aimed to be achieved over the next 10 years.

Further sections of the report are expected quarterly and will focus on a particular theme for improving health and reducing health inequalities in Wales.

The report can be accessed via a link on *PJ Online* (www.pjonline.com/links/pj).

Scottish sexual health strategy launched

A new sexual health strategy has been published by the Scottish Executive.

The strategy is described as an action plan to improve sexual health in Scotland and will be supported by £15m of new funding over the next three years. A national sexual health advisory committee is being created to lead the redesign of services. The aim is to improve access. This will begin with two seminars for those involved in providing services,

the first of which is to be held next week. Health minister Andy Kerr commented: "The strategy will directly tackle the causes behind the incidence of sexually transmitted infections across all age groups and unintended teenage pregnancies. We must encourage people to talk about sexual health."

"Respect and responsibility" can be accessed via *PJ Online* (www.pjonline.com/links/pj).

Serious Fraud Office expands generics price-fixing inquiry

The Serious Fraud Office this week confirmed its investigation into suspected price-fixing by generics manufacturers and suppliers has been expanded to include more companies.

The SFO refused to say how many more companies were being included or the precise nature of the investigation. But pharmaceutical manufacturer Novartis has confirmed that one of its subsidiary companies, Sandoz Ltd, is subject to the broader investigation.

In a statement Novartis said that the SFO was investigating the "marketing practices" of a number of generics companies to discover whether "criminal or anti-competitive activity" may have taken place between January 1996 and the end of December 2000.

The SFO's original investigation into suspected price-fixing by generics manufacturers and suppliers began in 2002 and focused on the activities of six companies.

Community pharmacy numbers stable for past 10 years

The number of community pharmacies in England and Wales with NHS dispensing contracts has changed little over the past 10 years, having fallen from 10,486 in 1994–95 to 10,462 in 2003–04.

The latest Department of Health statistics on pharmaceutical services (available via *PJ Online* at www.pjonline.com/links/pj) show that the inexorable rise of the multiples is

continuing. In 2003–04 a 2 per cent increase in the number of pharmacies in groups of five or more saw the total in multiple ownership rise from 52 per cent to 53 per cent. Ten years ago, only 33.6 per cent of pharmacies were in multiple ownership.

Although pharmacy numbers have changed little over the past 10 years, dispensing workload has risen by 41.7 per cent.

MHRA gives evidence to pharmaceutical industry influence inquiry

The Medicines and Healthcare products Regulatory Agency will, from the middle of the year, issue a "United Kingdom product public assessment report" for each licence it issues, Sir Alasdair Breckenridge, chairman of the board of the MHRA, said last week.

Speaking at the Health Select Committee inquiry into the influence of the pharmaceutical industry, he said that these reports would include data from all the clinical

trials on which the licence decision was based. Sir Alasdair countered criticisms of the MHRA's reliance on company summaries for its approvals.

He said that although it does not routinely look at the individual case reports on each individual patient, the MHRA can, and sometimes does, ask companies for this raw data.

He added that the company summary that the MHRA uses for each trial can run to sev-

eral hundred pages and there may be 10–15 trials for each licence application, so the submission for any one agent may run to hundreds of volumes.

The issue of direct-to-consumer promotion via "disease awareness" campaigns was also discussed. MHRA board member June Raine said that if the MHRA thought a disease awareness campaign was, in effect, promoting a specific medicine, it would take careful advice.

GMC review launched in wake of Shipman inquiry

The role, structure and function of the General Medical Council, which regulates doctors in the UK, is to be reviewed, Secretary of State for Health John Reid has announced. The move follows criticism and recommendations by the chairman of the Shipman Inquiry, Dame Janet Smith, last year (*PJ*, 18/25 December 2004, p874).

Dame Janet criticised the GMC for acting in the interests of its registrants rather than putting patient protection first. Her report said that there was a perception that the GMC had a representative role despite the fact that it is solely a regulatory body. She suggested that the GMC cannot rid itself of this perception because of its constitution, which means that it is effectively controlled by elected members.

Dame Janet said: "It is not appropriate that the GMC should be dominated by elected members. It should certainly be dominated by medical members; I am not suggesting that there should be any increase in the proportion of lay members. But I do suggest that there should be more appointed medical members, people who are not beholden to an electorate and who do not see themselves in the position of representatives of the profession."

Announcing the review, Dr Reid said: "We want to put an end to the idea that the GMC is a representative body for doctors. It is not. Its primary role must be to protect patients."

The review is to be carried out by Sir Liam Donaldson, the chief medical officer for England. Its three aims will be to identify measures to:

- Strengthen procedures for assuring the safety of patients where a doctor's performance or conduct poses a risk to patient safety or the effective functioning of services
- Ensure the operation of an effective system of revalidation
- Modify the role, structure and functions of the GMC

Sir Liam will be supported by a 19-member advisory group of representatives of consumer, health care quality and professional interests.

Mandie Lavin, the Royal Pharmaceutical Society's director of fitness to practise and legal affairs, said: "The Society supports the Government's review into patient safety and will carefully consider the outcome and recommendations. The Society would wish to contribute to the work of the review and welcomes the comprehensive nature of the membership of the advisory group. Patient safety, public confidence and trust are of paramount importance for all health professionals."

Society Council member Graham Phillips said that the review is likely to have implications for the Society. He believes that what-



Fifth Shipman report censured the GMC

ever happens to the GMC will happen to the Society.

Mr Phillips said that Council policy is for the Society to have both regulatory and professional representative roles. But he is coming to the view that the Society should divide into separate organisations for the two roles.

"The Government accepts that the Society should be both professional and regulatory, but through the Privy Council it is pushing us in only one direction. Circumstances may force us to a future in which we lose the regulatory role or ask the Government to take regulation away. Council policy is for the Society to have both roles, but I'm close to thinking that it has stopped working for us."

Final inquiry report suggests 250 patients were unlawfully killed by Harold Shipman

Harold Shipman killed about 250 patients between 1971 and 1998, Dame Janet Smith, chairman of the Shipman Inquiry, concludes in her sixth and final report.

In the report, Dame Janet specifically considers how many patients Shipman killed during his career as a junior doctor at Pontefract General Infirmary between 1970 and 1974 and she estimates that he probably caused the deaths of between 10 and 15 patients. This brings the total number of patients killed by Shipman to about 250, 218 of whom have been positively identified by the inquiry.

Evidence about the way in which drugs were stored and handled at Pontefract General Hospital was given by John Barker, the hospital's chief pharmacist at the time.

Dame Janet reports that the use of Controlled Drugs was strictly regulated and concludes that Shipman could have used other, more readily available, drugs to kill his victims during this period.

The sixth report, which was published last week, is available via *PJ Online* (www.pjonline.com/links/pj).

MP calls for warning symbols on medicines

Labour member of Parliament Andrew Dismore (Hendon) has launched a 10-Minute Rule bill to establish a system of prominently displayed warning symbols on the packaging of medicines that can impair driving and mechanical ability.

Mr Dismore believes that the present system detailing content and dangers is vague, complex and misleading.

He said: "At the moment, information on packets can be complex and obscure. My bill would ensure that people can have no doubt that drugs which act on the brain and central nervous system can dangerously affect the ability to drive or operate machinery."

He is proposing marking such medicines with a red triangle which can be instantly recognised and understood by consumers, along similar lines to packaging policy in some European countries.

"It would allow people to make an informed choice," he added. "Most people are not necessarily aware of what they can and cannot do and sometimes the advice given on packages is confusing. If, for example, a warning says that a drug can make you drowsy it is not always clear that means you should not drive."

Ten-Minute Rule bills rarely become law unless they gain Government support.

MHRA starts review of ban on kava in unlicensed medicines

The two-year-old ban on kava in unlicensed medicines is to be reviewed.

The view of the Committee on Safety of Medicines remains that the herbal ingredient is dangerous. The review is taking place because a commitment to a review after two years was made when the ban was introduced.

Although the toxicity mechanism is un-

known, the Medicines and Healthcare products Regulatory Agency now knows of 84 cases of hepatotoxicity suspected to be associated with the use of kava products. Overall, nine patients have suffered irreversible liver failure and received transplants. Six patients, including one transplant recipient, have died.

Evidence can be submitted to the review until 30 April.

No magic pill for symptoms related to dementia

There is convincing evidence to support use of the atypical antipsychotics risperidone (Risperdal) and olanzapine (Zyprexa) to treat the neuropsychiatric symptoms of dementia, according to US researchers. However, they say that no agent offers a "magic pill" against these symptoms.

The researchers reviewed 25 randomised controlled trials and four meta-analyses that involved drug therapy commonly used for patients with dementia-related neuropsychiatric symptoms. They found evidence that daily doses of 1mg risperidone and 5–10mg olanzapine are at least modestly effective but say that trials of other atypical agents are lacking.

Cholinesterase inhibitors were the only other class of drug that appeared to offer relief from the neuropsychiatric symptoms of dementia. However, the magnitude of effect appears small and is of questionable clinical significance.

No clear evidence was found to support use of mood stabilisers or typical antipsychotics. And although selective serotonin re-

uptake inhibitors were well tolerated they did not appear to be effective against symptoms other than depression.

"It is clear that none of the drugs in use for neuropsychiatric symptoms offers a magic pill. The effect sizes have been modest at best," the researchers conclude.

They go on to suggest two approaches to drug treatment. The first is to identify the target symptom and choose a drug to treat it. The alternative is to combine efficacy with the goal of minimising adverse effects, ie, begin with a cholinesterase inhibitor, since they are well tolerated and may benefit cognition and function (*JAMA* 2005;293:596).

Stephen Bazire, chief pharmacist, Norfolk and Waveney Mental Health Partnership NHS Trust, echoed the view taken by the study authors that, for the drugs available, there was most evidence to support use of risperidone and olanzapine. "However, these are the two drugs that we have been advised by UK regulators not to use because of a small increased risk of stroke." He added that quetiapine



Tek Image/SPL

Patients with dementia lack evidence-based drug treatment options

(Seroquel) was becoming more widely used to treat the neuropsychiatric symptoms of dementia since it had sedative properties. It could be argued, however, that its use was based on a lack of evidence of harm rather than evidence that it was safe, he said.

Pregnancy complications not increased by inhaled corticosteroids in women with asthma

Women with asthma who use inhaled corticosteroids while pregnant do not have an increased risk of pregnancy-induced hypertension or pre-eclampsia. Women with uncontrolled and severe asthma, however, may be at an increased risk of these conditions.

These are the findings of a team of Canadian researchers who studied data on 3,505 pregnant women with asthma. They calculated the women's mean daily dose of inhaled corticosteroids and recorded diagnoses of complications.

The researchers found that use of inhaled corticosteroids at any stage of the pregnancy was not associated with an increased risk of pregnancy-induced hypertension (adjusted

odds ratio 1.02, 95 per cent confidence interval 0.77 to 1.34) or pre-eclampsia (1.06, 0.74 to 1.53). Oral corticosteroids, however, were associated with an increased risk of pregnancy-induced hypertension (1.57, 1.02 to 2.41) and pre-eclampsia (1.72, 0.98 to 3.02), as were other markers of uncontrolled and severe asthma, such as using more than three doses of a short-acting beta agonist per week before pregnancy or an admission to hospital in the past year.

The researchers say that a lower level of asthma control during pregnancy is likely to be responsible for increased complications.

The study appears as an advance online publication in the *BMJ* (www.bmj.com).



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Consultation to revamp milk voucher scheme launched

A consultation on an initiative to replace the current Welfare Food Scheme has been launched by the Department of Health.

Under the proposed "Healthy start" initiative pregnant women, breastfeeding mothers and young children in low income families will receive fixed value vouchers that they will be able to exchange for fruit and vegetables as well as milk and infant formula. Vouchers will be able to be used in a wide range of shops and pharmacies.

The new scheme is being introduced initially in Devon and Cornwall. The consultation runs until 26 April.

Asthma characteristics predict response to treatment

Researchers have identified characteristics in children with asthma that could help predict the type of treatment they will respond to.

The researchers treated 126 children with mild to moderate asthma with fluticasone and montelukast sequentially for eight weeks each. At the end of the 16-week trial, 17 per cent of the children had responded (lung function improved by 7.5 per cent or more) to both therapies, 23 per cent responded only when using the inhaled corticosteroid, 5 per cent responded only when using montelukast and 55 per cent did not respond to either therapy.

Certain asthma characteristics were associated with the pattern of response to treat-

ment. Children whose asthma improved with inhaled corticosteroids had poor lung function and elevated markers of allergic inflammation at the start of the study. Children who responded only to montelukast, a leukotriene receptor antagonist, were younger and had suffered from asthma for less time.

The researchers conclude: "Children who have reduced pulmonary function or high levels of markers indicating allergic inflammation should receive inhaled corticosteroids, whereas those without these features could receive a therapeutic trial of either an inhaled corticosteroid or leukotriene receptor antagonist." (*Journal of Allergy & Clinical Immunology* 2005;115:233.)

Tonnes of inappropriate medicines arrive in SE Asia

Tonnes of inappropriate medicines have arrived in South-East Asia following the tsunami disaster, according to a report by *Pharmaciens Sans Frontières* (PSF).

Medicines with leaflets in languages unknown to local health workers and too short shelf lives are stockpiled in warehouses across the region. The first and most urgent challenge faced by PSF teams working in the affected countries is to act as "garbage collectors", says Ghislaine Soulier, a PSF spokeswoman.

In the Indonesian city of Banda Aceh alone, a warehouse the size of a football pitch would not be sufficient to house all the unusable donations sent by different individuals and organisations. In the rush to provide relief, "the need to help" comes before the "real needs" of the recipient countries, she added. "We've seen this time and time again in all recent disasters."

The biggest question asked in the PSF report is why tonnes of branded medicines were shipped to South-East Asia when that part of the world produces a large percentage of the generic medicines used in humanitarian operations. The pharmaceutical companies in the region have the capacity to supply the required medicine. Niyada Kiatying-Angsulee, of the faculty of pharmaceutical



WHO/Dermot Tallow

Appropriate shipments should be put together in collaboration with the WHO

sciences at Chulalongkorn University, Bangkok, said: "There is no serious drug shortage in Thailand because we have a competent local pharmaceutical industry and a good infrastructure developed by the ministry of health."

British pharmaceutical companies have donated both medicines and cash, but according to the Association of the British Pharmaceutical Industry, these shipments have been put together in collaboration with

the recipient countries' ministries of health and the World Health Organization.

PSF has now submitted a proposal for its first project in the region. In partnership with local health agents and the WHO this project focuses on the organisation of unusable donations and the distribution of quality medicines in the province of Aceh.

□ **Medicines in development** The number of drugs in development for diseases most likely to occur following the tsunami disaster is low, reports *Pharmaprojects*, a company that tracks pharmaceutical developments from early preclinical study through to launch. Outbreaks of likely diseases include malaria, dengue haemorrhagic fever, Japanese encephalitis, measles and cholera.

□ **Aid delivery rethink** If the effects of natural phenomena are to be minimised, aid delivery and investment in development need to be completely rethought, authors of an article in the *BMJ* propose (2005;330:247). United Nations relief agencies should be funded by assessed contributions from member countries. Donations and spending should be refined and extended and all new development programmes should examine the risk from disaster and seek to protect infrastructure and economic processes from their worst effects.

News in brief

NPfIT timescales announced

Approximate timescales for implementation of some of the stages of the National Programme for IT (NPfIT) have been posted on the NPfIT website. The schedule does not cover electronic transfer of prescriptions but does include prescribing and dispensing functions. Implementation dates for these vary from 2005–06 to later than 2008.

Pepto-Bismol reclassification

Procter & Gamble has asked the Medicines and Healthcare products Regulatory Agency to reclassify Pepto-Bismol as a general sale list medicine. Consultation on the request is open until 25 February.

Graham Phillips quits NPA board

Graham Phillips has resigned from the National Pharmaceutical Association management board so that he can concentrate his efforts where he believes they are most needed. "I want to focus my attention on the Royal Pharmaceutical Society," he said. Mr Phillips's resignation means that there will be a special election to fill the vacancy.

Stop-smoking advice to be given to children in Scotland

A Scottish scheme to provide a smoking cessation service through schools, youth centres and community venues to those aged 14–18 years will be launched in Lanarkshire later this year.

Pupils will be trained to support and counsel their friends to help them quit smoking. Nicotine replacement therapy could be prescribed for the those over 14 years of age where other options are not successful. Although the details of how NRT will be prescribed have yet to be finalised, a spokesman said that there is expected to be some pharmacy involvement.

The co-ordinators will conduct preparation work with the schools from No Smoking Day (9 March) onwards and the main project launch is expected to be in the summer. The scheme will be funded for two years by the National Lottery's New Opportunities Fund.

Childhood smoke exposure linked to adult lung cancer

Frequent exposure to environmental tobacco smoke during childhood is associated with lung cancer in adulthood, a long-term, prospective study published on *BMJ Online First* (www.bmj.com) has shown. "To our knowledge, ours is the first prospective study to report such association," the authors comment.

The study, which collected information on exposure to environmental tobacco smoke from 123,479 participants, also found that the risk of lung cancer was higher among former smokers who had not smoked for at least 10 years than among those who had never smoked. The authors suggest that this may be because former smokers already have mutations in their cells and so are more susceptible to low level exposure to environmental tobacco smoke.

NHS should pay premium price for rare disease treatments

The NHS should pay the premium price for drugs to treat patients with rare conditions, according to a public panel that advises the National Institute for Clinical Excellence.

The NICE Citizens Council recommended that the NHS should first consider whether the disease was life-threatening when deciding whether to pay the premium price.

Other criteria that should be considered before making a decision are whether the treatment would improve rather than just stabilise a condition and the severity of the disease. NICE will take into account the council's views when it draws up its own report into "ultra-orphan drugs", which it expects to deliver to the DoH this spring.