

Bids open for pharmacy chlamydia screening pilot

Community pharmacists are being asked to submit bids to pilot services to make chlamydia screening available throughout London and Cornwall, Public Health Minister Melanie Johnson announced this week.

Advertisements inviting expressions of interest appear on p173 of this week's *Journal* and in the *Health Service Journal* of 10 February. Successful applicants will receive funding to provide free chlamydia screening for 16–24 year olds and may also be able to offer treatment, for example, via patient group directions. Bids will be assessed on ability to offer clinical quality, accessible facilities and fast turnaround times, and the use of innovative technologies and processes.

The services will be evaluated over a two-year period and, if it is successful, the scheme could be rolled out nationally.

“By offering this service in convenient locations on the high street, it will make it easier

for people to call in for a screening test — helping to speed up the detection and treatment of chlamydia cases,” Ms Johnson said.

“The advantage of using independent sector providers, such as pharmacists, is that they are already in position on the high street to provide NHS quality chlamydia testing,” she added.

Miriam Armstrong, chief executive of PharmacyHealthLink, said the project would be significant in determining the future role of community pharmacy in screening for sexual health infections. She added: “Our evidence base reports demonstrate that the public is keen to receive more of these services through community pharmacies.”

Chlamydia testing and treatment services are already offered by some pharmacies. A scheme for under 25-year-olds offered at two Boots pharmacies in the Wirral is to be extended to the company's Crewe pharmacy

from the end of February. The service has been piloted in the Wirral since April last year. Customers collect a urine-testing kit, take a sample at home and return it to the pharmacy.

The sample is sent away for testing and the results sent back to the patient. If the test is positive the patient can return to the pharmacy and collect a supply of antibiotics supplied via a patient group direction.

Beth Taylor, specialist principal pharmacist, Community Health London/South is involved in another pilot of testing for and treatment of chlamydial infections. She said the DoH announcement confirmed the key role that pharmacists can play in sexual health services. “The success of our local emergency hormonal contraception service over the past four years has shown that community pharmacists are already valued by the public as key providers of sexual health services,” she added.

Advertisement p173

Pharmacists to be recruited to new study tackling alcohol misuse

Pharmacists in Glasgow are to be recruited to a new study that will examine how feasible it is for community pharmacists to provide structured interventions to people who drink too much alcohol.

The interventions will include advice, screening and referral. This has been shown to reduce alcohol consumption but has not yet been tested in a pharmacy setting.

The study, which is being funded by the Alcohol Education and Research Council, is being led by Niamh Fitzgerald, Derek Stewart and Dorothy McCaig at the Robert Gordon University school of pharmacy, Aberdeen.

“Having spent some time working with the addiction team at Greater Glasgow NHS Board, I realised that while pharmacists were already active and well known for their roles in relation to smoking cessation and methadone

provision, as a profession, we weren't very active in addressing alcohol misuse,” said Dr Fitzgerald. “We are not aware of any other project of this kind in the UK and, given the extent of excessive alcohol consumption in Scotland, we believe it offers a valuable opportunity for pharmacists to do their part in tackling the issue.”

Dr Fitzgerald explained that the study will provide practical information on how best to deliver interventions and what training is needed for pharmacists and staff. “It is also hoped that this project will raise awareness of alcohol issues among the community pharmacists involved, and perhaps stimulate others to think about their role in relation to alcohol misuse.” Pharmacists will be recruited to the study in February and March. Results are expected at the end of the year.



Mike Wyndham Picture Library

Alcohol consumption can be reduced through advice, screening and referral

Scotland consults pharmacists on better use of skill mix

How to make better use of skill mix in pharmacy is the subject of a consultation published this week by the Scottish Executive.

The consultation follows a similar publication by the Department of Health in England last year (*PJ*, 18/25 December 2004, p873). The principles underpinning the documents have been agreed by all four UK health departments. However, each country is conducting its own consultation in the context of the separate plans for developing pharmacy services (eg, “The right medicine” in Scotland).

The Scottish document states that the aim is to allow greater choice and flexibility in how pharmacists can meet their professional and legal responsibilities, deliver a wider range of services and meet the training needs of pharmacy staff.

“It is recognised that there is a need for more effective use of the pharmacist workforce, particularly at a time when many community pharmacists are involved in developing innovative services locally and providing a wider range of services. The new contractual framework for community pharmacy in Scotland has the flexibility to respond to new services and standards of provision,” the document says.

Views are sought on personal control, supervision and training and education, for example, what training is needed for staff to take on responsibilities such as supervision.

The consultation closes on 29 April. “Making the best use of the pharmacy workforce” is available online via *PJ Online* (www.pjonline.com/links/pj).

The Society

Devolution

The Society's Council is to investigate the establishment of a national board for England to complement the Scottish and Welsh executives (p181). A devolved structure with a national board for each home country has been recommended in the report of the Council's Devolution Review Group (p184).

Members' concerns

An article by the President addresses concerns and anxieties, expressed by members in recent letters to *The Journal*, about the Society's new registration requirements and the impact of the recent increase in retention fees (p191).

Part two of renal NSF focuses on chronic disease

The second part of the National Service Framework for Renal Services, which focuses on chronic kidney disease, has been published by the Department of Health.

Andrea Devaney, renal transplant pharmacist, Oxford Transplant Centre, Churchill Hospital, contributed to the framework's development. She explained that it has three broad aspects — management of chronic kidney disease, acute renal failure and end-of-life care.

The document sets out four standards for these areas. It requires that people at increased risk of developing chronic kidney disease are identified, assessed and their condition managed to preserve kidney function. Once a diagnosis has been made they must receive timely investigation, treatment and follow-up to reduce risk of progression and complica-

tions. In terms of acute renal failure, the NSF sets out a requirement that patients are identified promptly and that they receive appropriate care from specialised renal teams. For patients near the end of their life there must be an agreed palliative care plan built around their individual needs and preferences.

Ms Devaney said that although there were no specific pharmacy targets set by the NSF, pharmacists working within multidisciplinary teams could contribute to the care of patients with kidney disease. "In terms of end-of-life care, pharmacists may be involved in symptom control and will be able to advise on the appropriateness of drug dosages."

Similarly, in acute renal failure, pharmacists would be able to provide prescribers with dosage information relating to renal replacement therapies.

She added that, by setting standards, the NSF would raise awareness of kidney disease and would contribute to improved prevention and early detection of the disease. "This will be primary care led. Pharmacists involved in medicines review and those taking drug histories may be able to pick up early signs of kidney disease. If progression of kidney disease can be slowed, this will be a positive step for local health economies."

Part one of the NSF for Renal Services was published in January last year (*PJ*, 24 January 2004, p75), along with a guide to renal specific medicines management, which was published in March 2004. All of these documents, including the new second part to the renal NSF, are available on the Department of Health's website via links on *PJ Online* (www.pjonline.com/links/pj).

Co-op promotes Valentine's organ donation



Valentine's cards have been designed in conjunction with the charity UK Transplant

Co-op Pharmacy is encouraging its customers to think about organ donation by giving away specially designed organ donor Valentine's cards. The cards have been produced in conjunction with the charity UK

Transplant and contain information about how to join the NHS organ donor register.

The initiative was launched by health minister Rosie Winterton at a Co-op pharmacy in Southampton this week.

SSRIs should be used with caution during pregnancy

Selective serotonin reuptake inhibitors should be used with caution in pregnancy because of the risk of neonatal convulsions and neonatal withdrawal syndrome.

A study into SSRI-induced neonatal withdrawal syndrome showed that risk seemed to be increased with all SSRIs and in particular with paroxetine.

Researchers analysed data taken from the World Health Organization adverse drug reaction database and found that the withdrawal effect recently reported in adults is also seen in neonates.

The researchers suggest that, although the widespread use of SSRIs should not be stopped, the issue of safety needs to be addressed by the introduction of clear clinical indications for their use (*Lancet* 2005;365:482).

The British National Formulary (BNF 48) recommends that SSRIs be used in pregnancy only if the benefit outweighs the risk.

Pharmacists advised of atomoxetine risk

Potential liver problems associated with the use of atomoxetine (Strattera) have been brought to the attention of pharmacists and doctors by the Committee on Safety of Medicines.

In a letter to health professionals, the CSM highlights a number of severe cases of hepatic disorders reported through the yellow card scheme and advises that patients and parents of children currently receiving atomoxetine should be made aware of this risk.

They should be advised to look out for symptoms such as pain on the right side of the stomach just below the ribs, unexplained nausea, "flu-like" symptoms, dark urine and jaundice.

Routine monitoring of liver function is not recommended but all suspected hepatic reactions should be investigated and patients with jaundice or laboratory evidence of liver damage should stop treatment.

Atomoxetine, which has been on the market in the UK since July last year, is an effective treatment for attention deficit/hyperactivity disorder.

The risk of hepatic reactions with the drug is rare but the CSM and the Medicines and Healthcare products Regulatory Agency are closely monitoring the safety of the drug.

Details of the safety alert are available on the MHRA website (www.mhra.gov.uk).

No mortality benefit for PPIs
Use of proton pump inhibitors by patients with bleeding ulcers does not have a significant effect on mortality. However, they reduce episodes of further bleeding and the need for surgery (*BMJ Online First*, www.bmj.com).

St John's wort versus paroxetine
St John's wort has been shown to be as effective as paroxetine in patients suffering from moderate to severe depression and has also been shown to be better tolerated (*BMJ Online First*, www.bmj.com).

News in brief

Society devolution group proposes English board

Separate boards for England, Scotland and Wales, which will provide strategic leadership and support for pharmacy practice development relevant to each home country, have been proposed by the Royal Pharmaceutical Society's Devolution Review Group.

These proposals will be put forward for consultation with the membership by the Society's Council after its meeting in April when a full plan will be drawn up.

The review group has also recommended that the national boards should assist development of Council policy, promote pharmacy's health contribution, provide advice to government, NHS and health and social care organisations, and support the Society's branches.

The group's main recommendations are summarised in the Panel.

The Society's President, Nicholas Wood, said that the Society needs to work flexibly to provide professional leadership and to meet the needs of the different administrations. "This important report will help us on that path and we are looking forward to further exploring how to implement this vitally important work."

Council member Douglas Simpson said: "The idea of having a body within the

Society to represent pharmacists politically in England is an attractive one.

"Lord Fraser has made it clear that this body would have no regulatory functions and so it should be able to promote pharmacists' interests without inhibition — always, of course, provided that it did not act against the public interest.

"There are bodies in Scotland and Wales to represent pharmacists, but no body to do the same job in England. This gap needs to be filled and Lord Fraser's report shows us a way of doing it."



Each home country should have a new national board

Main recommendations of the devolution review group

- National boards should replace the current Scottish and Welsh executives, along with a new national board for England
- Concordats should be developed between the boards and the Council setting out agreed working relationships
- The Statutory Committee should normally sit in London but be prepared to convene elsewhere for reasons of language, law or public interest
- Undergraduate and preregistration education should remain a GB function with postgraduate education being a joint function with the relevant national board
- European delegations from the Society should include a member from each national board
- To avoid confusion with the Scottish Parliament's Scottish Executive, the executives should be renamed
- The director of the Society's Scottish Department and the secretary to the Society's Welsh Executive should be formal members of the Society's executive group

Agreement reached on Charter action costs

The Save Our Society campaign (SOS) has reached agreement with the Royal Pharmaceutical Society on the costs it has to pay following last year's court action over the new Charter.

Both sides have agreed the Society costs are £255,000, the SOS and the Society confirmed this week.

The SOS is appealing to members of the Society for donations to help meet the costs that have to be settled by 6 March.

The four members of the SOS who brought the High Court challenge — Hassan Argomandkhah, Mark Koziol, Graham Phillips and Mike Williams — have already contributed £124,000 from their own pockets towards the bill. A further £82,000 has been donated from 400 SOS pharmacist supporters, each of whom made personal donations of between £10 and £10,000.

The four pharmacists at the centre of the court action additionally have to meet their own legal costs that they estimate will be at least another £45,000.

Mark Koziol said this week he had no regrets about taking the legal action. He said: "It is one of the things in my career of which I am most proud — that I was able to take steps to prevent the December 2003 Charter taking effect. I have no regrets."

An SOS spokesman added: "Our intentions have always been principled and the decision to settle now demonstrates that, as

always, we have the best interest of the profession at heart.

"We believe that as an entirely new council is to be elected this year, inheriting an unfinished legal process would have severely handicapped its development to the detriment of members."

The four SOS members went to the High Court last year seeking a ruling that 16 members and former members of the Council and the Society had failed to follow correct procedure when they petitioned the Privy Council for a new Charter.

The case was rejected by the court and costs were awarded against the SOS pharmacists.

But the legal action meant the Privy Council had to halt its consultation on the proposed new Charter until after the court proceedings were completed. This did not happen until after the 2004 Council election, at which all seven seats were taken by SOS supporters. A revised new Charter was subsequently drafted by the newly elected Council taking into account some of the SOS recommendations.

The four SOS members ask that donations are sent to Save Our Society, PO Box 2641, Birmingham B1 3BR (cheques payable to SOS Campaign) or paid directly into the SOS bank account: SOS Campaign, Bank of Scotland, sort code 80-02-22, account number 00109606.

First primary care records held on national database

A GP practice has become the first in England to take a significant step towards developing the shared electronic patient care record.

Basic non-clinical information about the 8,500 patients at the Undercliffe Surgery in Batley, West Yorkshire, is now being held on the national database, or spine, which is a key component in the development of the NHS Care Record Service.

The information includes the patient's name, NHS number and address but will eventually also cover clinical information.

The development is an important step forward in the Government's multi-million pound National Programme for IT, which includes creating an electronic patient record that can be shared by pharmacists and other health and social care professionals.

This should be possible once all NHS and social care services are connected to the spine.

In brief

East Anglian Pharmaceuticals

The Office of Fair Trading has decided to allow Phoenix Healthcare Distribution Ltd to purchase the independent pharmaceutical wholesaler East Anglian Pharmaceuticals. UniChem is to appeal against the decision.

Judge orders dentist to be struck off

A dentist was ordered to be struck from the dental register with immediate effect last week by a High Court judge.

Mr Justice Newman overturned a decision made by the General Dental Council that Alexander Fleischmann should be suspended from the register for 12 months.

This is the first time a judge has overridden the decision of a health regulator and ordered a striking-off at the request of the Council for Healthcare Regulatory Excellence.

The dentist had been convicted at Middlesex Crown Court in December 2003 of 12 counts of making indecent images of children by downloading pornography from the internet.

Mr Justice Newman ruled that there was cogent evidence pointing to sexual deviance

and the case for treatment. He said that the GDC had given insufficient weight to the need to maintain the reputation of the profession and public confidence in the profession. The suspension decision also failed to give proper consideration to the need to protect the general public and was flawed and inadequate, the judge ruled.

Counsel for the CHRE had told the judge: "While future risk to children could not be assessed with certainty, nonetheless the consequences of such a risk occurring would be serious indeed."

Counsel for Mr Fleischmann had told the court that three experts agreed that he posed a low risk of being a danger to children.

The GDC has accepted the judge's decision.

Shipman case pharmacist faces Statutory Committee

The pharmacist criticised during the Shipman Inquiry for not noticing abnormal prescribing that allowed Shipman to collect diamorphine which he then used to kill many patients, will appear before the Royal Pharmaceutical Society's Statutory Committee on 21 and 22 February.

In the view of the Shipman Inquiry chairwoman, Dame Janet Smith, Ghislaine Brant had not fulfilled her professional obligations to scrutinise prescriptions to ensure that they were appropriate for patients or to watch out for signs that a doctor might be prescribing unlawfully or irresponsibly.

Mrs Brant had been the victim of deliberate deception by an accomplished liar, Dame Janet said.

Extra stage of clinical trials is under consideration

The Government is considering introducing a fourth stage in the vetting of medicines before granting marketing approval (our Lobby correspondent writes).

As health minister responsible for medicines regulation and advocacy of the pharmaceutical industry, Lord Warner wants to raise standards of drug safety to avoid public scares about new medicines. A spokeswoman for the minister said: "This is very much in the early stages and it relies on a lot more work being done at a European level. We are thinking about a half-way house between clearing certain drugs and rolling them out to millions of people. It would be a fail-safe device."

But any necessary legislation would have to wait until after the next general election. The spokeswoman said: "This is not something we are going to rush into."

Under the proposals a fourth trial monitored by hospital consultants would take account of a wider potential cross-section of patients than currently applies.

Earlier this month Lord Warner told *The Times*: "With some new products there is an anxiety about whether you shouldn't have a more specialist range of doctors controlling the prescribing before they go into widespread distribution."

MHRA to improve its image

The Medicines and Healthcare products Regulatory Agency has appointed a director of communications.

Simon Gregor joined the MHRA from the National Clinical Assessment Authority, where he was director of communications and external relations, on 31 January.

Mr Gregor was recruited to the MHRA after it accepted that it was believed to be uncommunicative.

Medicines regulation and sponsorship in one department is best for balance, says minister

Medicines regulation and advocacy of the pharmaceutical industry are within the same Government department because it is the best way of getting the right balance between the two, according to Parliamentary Under-Secretary of State for Health Lord Warner.

Giving evidence to the House of Commons Health Select Committee inquiry into the influence of the pharmaceutical industry, Lord Warner said last week that the right balance had been struck at the Department of Health.

"The balance has been struck between having a health department which has a responsibility as a sponsor department for the industry and is also safeguarding the patients'

interests and NHS interests." It achieved this through both its regulatory role and its purchasing power.

Lord Warner added that the National Audit Office had found that there was no evidence that the DoH was too close to the industry.

The minister also defended the funding of the Medicines and Healthcare products Regulatory Agency entirely by licence fees paid by pharmaceutical companies. He said that there had been a medicines licensing backlog when the licensing process was Government-funded because public funds had been insufficient to maintain the capacity of the then DoH Medicines Division to keep up with applications.

Child medicine licensing plans inadequate

Proposals to encourage the licensing of medicines for children fail to meet their needs and will encourage paediatric use of risky and useless medicines, according to an association of European consumer organisations.

The Medicines in Europe Forum says that the plan, announced last year (*PJ*, 20 March 2004, p341), focuses on the commercial needs of drug companies by offering them incentives to extend the licensing of current medicines to include children. Instead, the group wants to see specific incentives to develop treatments for child illnesses for which there are currently no treatment options.

"While the draft regulation seeks to answer a true need, it will be necessary to begin by analysing the precise needs of European children and their care-givers and to define priorities," the group says.

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Industrial Pharmacists Group

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Courses

Links to undergraduate courses and postgraduate courses for practising pharmacists in UK universities. www.pjonline.com/education

Scheme cuts co-proxamol prescribing rates at PCT

A scheme developed by Mansfield District Primary Care Trust in Nottinghamshire has led to an 80 per cent reduction in co-proxamol prescribing rates and could be adopted by other primary care organisations to facilitate the withdrawal of co-proxamol announced last week (*PJ*, 5 February, p135).

The PCT drew up a policy with a local GP practice which included an agreement not to initiate co-proxamol prescribing in any new cases and to ask patients to change to alternative analgesics when attending surgery for other reasons. Letters were also sent to patients receiving repeat prescriptions for co-proxamol asking them to try an alternative, such as paracetamol.

The policy is now being used as a model for similar schemes across the whole PCT.

Liz Richardson, a prescribing technician at the PCT, said: "Anecdotal evidence had suggested that patients would find it difficult to stop taking co-proxamol."

However, the project worked well and, of 438 patients prescribed co-proxamol, 69 per cent are now using an alternative form of pain relief and 9 per cent are no longer taking any pain relief.

Almost a third of cancer patients use complementary and alternative medicines

Health care professionals need to be aware that many cancer patients are using complementary and alternative medicines (CAMs) and they should help educate patients about these therapies.

So say the authors of a new report that surveyed 956 cancer patients across 14 European countries and found that 35.9 per cent were using CAMs. The figure for England was 29.4 per cent.

Herbal medicines were most commonly used and use of homoeopathy, vitamins, medicinal teas, spiritual therapies and relaxation techniques was also common. Patients said that they mainly obtained information about these therapies from friends (56.5 per cent), family (29.1 per cent) or from the media (28.4 per cent). Only 18.6 per cent of patients reported using their doctors as an information source. Almost five per cent of patients reported side effects from CAMs, mainly related to ingesting herbs or minerals.

The authors say that, irrespective of what health professionals may believe about CAMs, it is clear that patients will continue to use them and that the provision of information about CAMs should be reviewed. They say that CAM therapies that have been shown to be effective should be incorporated into mainstream health services, and call for increased funding into CAM research.

Diamorphine supplies remain low

NHS supplies of diamorphine will remain low until the end of March, the Department of Health confirmed this week.

The DoH has repeated its advice to health professionals to prescribe morphine instead and to keep any diamorphine for use in palliative care.

The drug shortage first came to light at the end of December last year and, according to the DoH, the situation has not changed.

Hospital pharmacists said this week that they still had some supplies of diamorphine which they were using as advised by the DoH and were continuing to prescribe morphine as an alternative when appropriate.

Chief pharmacist at the Whittington Hospital, London Malcolm Bubb said: "We are restricting diamorphine to palliative care patients as recommended by the chief medical officer and pretty much everybody else has been switched to morphine. Our only worry is that morphine supplies might not hold up.

"I think our diamorphine should last us up to another three weeks."

Helen Howe, chief pharmacist at Addenbrooke's Hospital in Cambridge, added: "We moved patients to morphine as soon as we got the advice so we do not have any stock problems at the moment, although morphine supplies have not been easy for the past year.

"One of the problems is that diamorphine is much more soluble than morphine so using morphine as an alternative can be difficult if you need to give large doses. Clinically though there is no difference between the two and we are in fact one of the few countries still offering patients diamorphine."

A DoH spokeswoman said: "We always said that diamorphine supplies would be critical in January and February until we get fur-



Diamorphine should still be reserved for palliative care

ther supplies at the end of March. That position has not changed."

The NHS relies on two UK suppliers Chiron, which is its main source, and Wockhardt UK. She said: "These are the only two suppliers in the UK so we are totally reliant on them."

The spokeswoman said the shortage of diamorphine was exceptional but that there were four morphine alternatives that can be prescribed instead. Morphine stocks were not expected to run low, she added.

DTB review Use of opioid analgesics for cancer-related pain in primary care is reviewed in this month's *Drug and Therapeutics Bulletin* (2005;43:9). The authors suggest that specialist advice should be sought before attempting to switch opioid analgesics.

Paracetamol should be preferred OTC analgesic

Paracetamol remains a better option than non-steroidal anti-inflammatory drugs (NSAIDs) for most patients requiring an over-the-counter analgesic.

So says the author of one of six papers covering the topic of analgesia published in the *American Journal of Therapeutics* this week.

The author outlines the safety considerations that need to be taken into account with the use of NSAIDs, even at OTC doses, such as adverse effects and contraindications in patients groups such as the elderly.

The author refers to a UK survey of 555 customers who had purchased ibuprofen from a community pharmacy. One week after purchasing the drug, 32 per cent were still taking it and 8 per cent had exceeded the recommended daily dose at least once. Furthermore, the drug had been taken by

4 per cent of people who had a current or previous peptic ulcer and by 7 per cent of people with asthma or a history of asthma.

He concludes that despite the risk of hepatotoxicity in overdose, paracetamol remains a better option than NSAIDs for OTC analgesia (2005;12:67).

Other papers include a report on the evidence of paracetamol interacting with other drugs. It says that apart from increased risk of hepatotoxicity in overdose, and some controversy surrounding an interaction with warfarin, paracetamol has no other confirmed serious drug interactions (ibid p56).

A further paper analysing the use of analgesics for osteoarthritis in primary and secondary care says that practice guidelines are generally followed and that paracetamol is still seen as the cornerstone of osteoarthritis treatment (ibid p98).

Pharmaceutical regulations to be reviewed by Cabinet Office this year

Legislation affecting pharmacies and pharmaceutical manufacturers is to be reviewed this year by the Cabinet Office Regulatory Impact Unit.

The RIU 2005 scoping report, outlining areas under consideration for review, includes pharmacy contract controls in England, generic substitution, the Drug Tariff and Braille labelling, among matters that might be subject to detailed scrutiny.

Contract controls proposed for England in the wake of the Office of Fair Trading's call for all restrictions to be scrapped (*PJ*, 21 August 2004, p245) are to be re-examined because of complaints that the effect of exemptions — particularly those for one-stop health centres and large shopping developments — are likely to be difficult to predict.

Generic substitution and related issues also look likely to be examined because they come up in four of the nine areas proposed for detailed examination (see Panel). Other matters put forward for possible regulatory impact assessment include the EU clinical trials directive, the duration of drug company data exclusivity for licensing purposes and animal testing.

Braille labelling might be examined because EU law requires medicines to be labelled with their names in Braille from 30 October. Companies are concerned that this will be difficult in practice and

that there is ambiguity about what is meant by "name".

Although pharmaceutical regulation will be a main strand of the unit's work this year, inclusion of any area in the scoping report does not mean that it will necessarily be subject to detailed scrutiny. Similarly, omission does not mean that an area will not be examined. Topics are selected for detailed scrutiny after responses to the scoping report have been gathered and the benefit of, and potential for, change assessed.

Generic medicines concerns

- GP prescribing software can contain information on branded medicines without mentioning generic alternatives; this could push up NHS costs
- Can, or should, more be done to promote use of generics in primary care?
- Should reimbursement prices for generics be fixed by the Drug Tariff?
- Does annual tendering for NHS supply contracts unnecessarily increase business risks for manufacturers or cause problems for short shelf-life products, like vaccines?

Call to increase use of drug-eluting stents

Cardiologists are lobbying the Department of Health and calling for a doubling of the number of angioplasties they can carry out with drug-eluting stents.

Clinical guidelines set by the National Institute for Clinical Excellence allow drug-eluting stents to be used for more complex coronary artery disease, when the blocked vessel is small, when the site of the blockage is long and when patients have diabetes. This could cover 60 per cent of patients but NICE put a limit to the numbers used — 30 per cent of all stenting procedures.

Martin Rothman, professor of interventional cardiology at Bart's and The London NHS Trust, told a press briefing, organised by Cordis, part of

Johnson & Johnson, that the limit was "arbitrary, and designed to limit costs". The new stents, which deliver either paclitaxel or sirolimus, are three to four times more expensive than the previous generation of bare metal stents. However, they help prevent scar formation at the angioplasty site and reduce the risk of restenosis in patients with unstable angina.

Professor Rothman added: "The British Cardiovascular Intervention Society, endorsed by the British Cardiac Society and the Royal College of Surgeons, will be presenting evidence to NICE to increase the proportion of patients we can give these devices to. They give better results in all patients, but particularly more complex patients."

Mumps cases rise in England and Wales

Nearly 5,000 cases of mumps were notified to the Health Protection Agency for the first four weeks of 2005, compared with 358 during the same period in 2004. Confirmed figures have risen from 96 cases in 1996 to 1,529 in 2003. The provisional figure for 2004 indicates that 7,625 cases notified to the HPA were confirmed as genuine following laboratory testing.

"The increased occurrence of the disease is mainly among older teenagers and young adults in their early twenties," explained Mary Ramsay, who

monitors cases of mumps for the agency. The HPA and the Department of Health advise young adults who have not received the measles, mumps and rubella vaccine, or only received one dose, to take up the offer of MMR vaccination.

Miriam Armstrong, chief executive of PharmacyHealthLink, said: "Pharmacists are in an ideal position to approach this hard-to-reach group and encourage them to take up the MMR vaccination, while also continuing to promote the vaccine to families with young children."

Use radioimmunotherapy earlier for lymphomas

Radioimmunotherapy should not be reserved for chemotherapy-resistant lymphomas, but should be initiated early in the course of the disease.

So suggest researchers investigating how patients with previously untreated follicular lymphoma respond to Bexxar therapy, ¹³¹I-iodine-labelled tositumomab, licensed in the US to treat patients who have not responded to other treatments.

The researchers administered a single, one-week course of ¹³¹I-tositumomab to 76 patients in the late stages of follicular lymphoma who had not received any therapy before. They recorded a 95 per cent overall response rate and a 75 per cent complete response rate.

They found that 77 per cent of patients

who experienced complete remission remained disease-free after five years.

The researchers say that during a follow up of approximately five years, treatment was associated with moderate and reversible haematological toxicity, but no cases of myelodysplastic syndrome or acute myeloid leukaemia were observed.

They comment that although further trials are needed to determine the ideal sequence of available therapies, their new data support early use of the Bexxar regimen (*New England Journal of Medicine* 2005;352:441).

A similar immunotherapy treatment, ⁹⁰Yttrium-labelled ibritumomab tiuxetan (Zevalin) was launched in the UK by Schering Plough last year. It is indicated for pre-treated patients (*PJ*, 27 March 2004, p374).



Sam Ogden/SPL

Chemotherapy patients with lymphomas may benefit from early Bexxar therapy

News in brief

Viagra improves cardiac function

Sildenafil (Viagra) could be used to treat hypertrophic heart disease. A study has shown that inhibition of phosphodiesterase 5 prevents excess muscle growth and improves cardiac function in mouse hearts exposed to pressure overload (*Nature Medicine* 2005;11:214).

Cell-cultured smallpox vaccine

Researchers from Kentucky have designed a cell-cultured smallpox vaccine that has been shown to be a safe alternative to calf-lymph derived vaccine, which is no longer acceptable because of the risk of bovine spongiform encephalitis (*Lancet* 2005; 365:398).

Nicotine exacerbates Alzheimer's

Chronic nicotine administration may increase the brain abnormalities that occur in Alzheimer's disease. Researchers found that administering nicotine to mouse models of the disease increased the phosphorylation and aggregation of tau proteins in the brain (*Proceedings of the National Academy of Sciences* early online edition, www.pnas.org).

New drug beats Glivec resistance

Scientists have developed a compound, called ONO12380, that may overcome the problem of imatinib (Glivec) resistance in patients with chronic myelogenous leukaemias. The compound targets a different site of the tyrosine kinase to imatinib (*Proceedings of the National Academy of Sciences* early online edition, www.pnas.org).

DNA vaccine prevents TB recurrence

Reactivation of dormant tuberculosis bacteria can be prevented by combining drug treatment with a DNA vaccine, new research suggests.

Scientists from South Korea infected mice with *Mycobacterium tuberculosis* and then treated them with the anti-tuberculosis drugs isoniazid and pyrazinamide. In addition to the drugs, one group of mice received a DNA vaccine composed of two different genes, Ag85A and PstS-3.

Following the drug therapy, no bacteria were detected in either group of mice. However, *M tuberculosis* often lies dormant in host cells and a relapse of the disease can occur years later either by reactivation of the initial infection or by entry of a secondary infection.

After four weeks of treatment with dexamethasone, reactivation of the disease was seen in 60 per cent of the mice who had not received the vaccine, but no bacteria were detected in the mice who had received the vaccine. The scientists also found that the vaccinated mice were less susceptible to reinfection from a secondary source of the disease.

They conclude that combining multigene DNA vaccination with drug therapy could be an effective strategy to prevent reactivation of the disease, as well as minimising use of anti-tuberculosis drugs. This will limit their cost and toxicity.

The study was published in an early online edition of *Gene Therapy* (www.nature.com/gt).

Ximelagatran as effective as warfarin but not cost effective

The anti-clotting drug ximelagatran (Exanta) may be as effective as warfarin for the treatment of deep vein thrombosis and the prevention of stroke in patients with atrial fibrillation, but it is unlikely to be cost effective.

Two studies published in *JAMA* this week, the THRIVE trial and the SPORTIF V trial (*PJ*, 13 December 2003, p806), demonstrated positive results for ximelagatran for the treatment of deep vein thrombosis and the

prevention of stroke in patients with atrial fibrillation, respectively, although concerns were raised over the increase in liver enzymes seen in ximelagatran patients (*JAMA*;2005:681).

However, a third paper states that ximelagatran is only likely to be a cost-effective alternative to warfarin in patients with atrial fibrillation and a high bleeding risk, or those who have a low quality of life taking warfarin (ibid p699).

New technique to overcome antiviral drug resistance

Antiviral drug resistance could be eliminated by the development of therapies targeting host signalling pathways instead of the virus itself.

US researchers have found that it is possible to inhibit viral activity by blocking the signalling pathway that allows a virus to replicate. Monkey kidney cells were infected with a mouse model of the smallpox virus. Earlier work had shown that a protein produced by

the smallpox virus, called smallpox growth factor, attaches to a cell membrane receptor erb-B1, allowing the virus to replicate.

An experimental drug, CL10033, was added to the infected kidney cells and was found to halt the replication of virus particles. CL-10033 is known to interfere with erb-B1 function and is being developed by Pfizer as a potential anti-cancer treatment (*Journal of Clinical Investigation* 2005;115:379).

Correction

Zevalin (ibritumomab tiuxetan) was launched last year by Schering Health Care, not Schering-Plough (p171).