

APPG complaint upheld by standards committee

Complaints against three all-party groups, including the All-Party Pharmacy Group, have been upheld by the House of Commons Committee on Standards and Privileges. The committee has suggested several changes to tighten the regulation of relations between outside groups and all-party groups.

Following an investigation by *The Times* (*PJ*, 21 January, p64), editor Robert Thomson wrote to the Parliamentary Commissioner for Standards to complain that six all-party groups had breached rules requiring public relations companies providing secretarial support to name the ultimate client paying for this assistance. The committee upheld the complaint in relation to three groups — those on pharmacy, patient safety and intellectual property, all of which are supported by the public relations firm Luther Pendragon.

The All-Party Pharmacy Group's supporters

The All-Party Pharmacy Group receives financial support from the Company Chemists' Association, the National Pharmacy Association, the Pharmaceutical Services Negotiating Committee and the Royal Pharmaceutical Society. The public relations company Luther Pendragon provides administrative assistance to the group. The All-Party Pharmacy Group website can be viewed at www.appg.org.uk.

"In each case the group failed to meet its obligation under the 1985 rules to register the name of the ultimate client or clients at whose request and with whose financial support the group was receiving assistance," Sir Philip Mawer, Parliamentary Commissioner for Standards, concludes in his report. Although he also notes that "the omissions were remedied by the public relations company concerned as soon as *The Times* had drawn attention to them".

Howard Stoate, chairman of the All-Party Pharmacy Group and the All-Party Patient Safety Group, said: "I am, and have always been, committed to ensuring that the all-party groups I chair are transparent about their work and the support they receive, and that they take an independent view on the issues they examine. I have also supported proposals submitted to the commissioner for changing the parliamentary rules under which all-party groups operate to achieve as much openness as possible."

Sir Philip suggests that where consultants assist an all-party group, any of their clients with a direct interest in the work of the group should be listed in the register of all-party groups. Also, he argues that where a charity provides assistance, any commercial company that contributes to the costs of the charity and has a direct interest in the work of the all-party group should be listed.

Sir Philip also recommends that the register of all-party groups on the internet should



Dr Stoate: committed to transparency

contain links to each group's own website and to the websites of companies or charities that support the group. "These recommendations represent a proportionate approach, which will improve transparency and accountability without imposing undue fresh burdens on all-party groups," he says.

The report and details of how to comment on the recommendations are available via *PJ Online* (www.pjonline.com/links/pj).

Students affected by industrial action may proceed with training

Final-year pharmacy students who have completed all of their MPharm assessments but whose examinations have not been marked, or the marks withheld owing to industrial action by lecturers (*PJ*, 20 May, p580), will still be allowed to enter preregistration training.

The Royal Pharmaceutical Society issued a statement this week, which says that there is provision in the Byelaws for students to start preregistration training pending confirmation of results to the Secretary and Registrar. Completion of the course and all assessments defined in the MPharm accreditation agreements means that students have demonstrated they have the necessary knowledge and skills to apply to enter preregistration training.

The Society will act in such a way that as many MPharm students as possible will be al-

lowed to enter preregistration training, without ultimately putting patients at risk by undermining the degree accreditation process, it says. The number of staff involved and the action taken at each of the schools of pharmacy differs, and the Society will take action on a school-by-school basis.

Students who enter training but subsequently are not awarded an MPharm degree will be asked to withdraw from the programme, says the Society. The Society will continue to review the impact of the industrial action on a daily basis until the pay dispute is resolved. As *The Journal* went to press, talks between the academic trade unions and the employers' representatives had stalled.

Gautam Paul, president of the British Pharmaceutical Students' Association, says

that the association fully supports the decisions made by the Society.

He commented: "At such a crucial time within the degree, students need to be reassured about the current situation and be notified of any developments at the earliest possible opportunity. The prospect of having to withdraw from preregistration training due to failing the MPharm is of concern to students, their main concern being their ability to return to training on receipt of their resit results.

"The BPSA believes that the appropriate action has been taken by allowing students who have completed all the assessments in the accredited MPharm programmes to enter preregistration training, since the vast majority will obtain the MPharm degree."

Plans outlined for Welsh prescription charge entitlement card to combat health tourism

Everyone who lives in Wales will be able to pay Welsh prescription charges, regardless of where their GP is based, health minister Brian Gibbons announced last week.

He outlined plans for an entitlement card during a visit to pharmacies in Wrexham and

Shotton. The card will allow patients in Wales who live near the Anglo-Welsh border, but who are registered with a GP in England, to pay the Welsh prescription charge when they have a prescription dispensed in a pharmacy in Wales.

The entitlement cards are being introduced to combat health tourism, Mr Gibbons explained. "Legislation is now being worked on and we hope to introduce the entitlement cards over the next three months," he added.

Membership/registration do not need to be linked

Registration as a practising pharmacist and membership of the Royal Pharmaceutical Society do not need to be linked, members of the National Pharmacy Association's board have argued.

Debating the association's draft response to the Department of Health's consultation on the planned Section 60 Order that will reform the regulation of pharmacy, board members said at their monthly meeting that registration as a practising pharmacist is all that is needed to ensure a safe and quality service and that Society membership adds nothing to this. However, they also wanted there to be both practising and non-practising registers and a wider definition of a practising pharmacist than the draft Order proposed. Board members were concerned that the proposed definition failed to include pharmacists in management, administration, marketing and public relations or journalism.

Compulsory registration of pharmacy technicians was not a proposal that found favour during the discussion. But board members took the view that both practising pharmacists and technicians should have to be able to show that their knowledge is up to date by keeping continuing professional development portfolios.

There was also concern over the proposal that the attitude and behaviour of potential pharmacists should be included in the pre-registration process. This would entail a subjective judgement and applicants with any extreme views — professional or otherwise — could be excluded. Board members wanted there to be an objective scorecard or some other approach that excluded bias or prejudice before they could support this proposal.

The planned fitness-to-practise procedures caused further concern, with board members



Link between Society membership and registration is not necessary, says NPA

expressing the view that they gave the Society too much power. They were also worried about the cost of the new regulatory regime to Society members.

Private company challenges monopoly of GPs with first contract to run medical practice

For the first time, a private company has won a contract to run a GP practice and walk-in centre, health minister Lord Warner announced last week. The deal, brokered by the Government, will allow a private company to break the existing monopoly of independent GPs.

Care UK, a company specialising in the delivery of community and primary care, will run a 7,000-patient GP practice and a 100-patient-per-day walk-in centre under a contract with Barking and Dagenham Primary Care Trust.

Making the announcement, Lord Warner said: "We made it quite clear that where NHS patients could not rely on existing GP practices to provide them with a good standard of service, we would turn to new providers. This new competition can only be good news for NHS patients as it will deliver a wider range of services open at more convenient times."

Similar contracts are close to agreement in five other areas hardest hit by poor access,

including Hackney, Liverpool, Lancashire, Plymouth and Yorkshire. The Department of Health says that the contracts include plans for Saturday morning, breakfast and teatime surgeries, with practices open as early as 7am and as late as 10pm; direct access to medical tests and local care for diabetes, asthma and arthritis in a community setting; and nurse and GP visitors for nursing and residential home patients.

The deal is part of a national programme — the Innovation in Primary Care Contracting pilots — aimed at improving and expanding local NHS services in areas where it has been difficult to recruit GPs.

Sharon Morrow, head of medicines management at Barking and Dagenham PCT, told *The Journal*: "There are no plans to open a pharmacy in the walk-in centre. There are two community pharmacies in close proximity [so] the area is quite well served. Also, the PCT has recently approved an application for a new pharmacy to open 100 hours per week."

NPA worries over loss of care homes business

Concern over the loss of care homes business from independent pharmacies to multiples has prompted the National Pharmacy Association to try to redress the balance between the two.

As a first step, it has obtained accreditation for its "Medicines in care homes" training package from the University of Abertay, Dundee, because the Commission for Social Care Inspection has told care homes that

they must only use accredited training courses.

It is also to write to the care home chains to tell them about the accreditation and is to produce guidance for NPA members to help them keep their care homes business.

Independent pharmacies are losing business because the care homes sector is becoming increasingly corporate and owners prefer to deal with national pharmacy chains.

News in brief

Scottish e-library relaunched

NHS Scotland's e-library has been relaunched and is now available to the public in addition to NHS staff. Updated features include new search engines (providing focused searches of clinical evidence) and specialist e-libraries (including resources for patients and the public).

Chlamydia screening value

Benefits of chlamydia screening programmes might have been overestimated, say researchers who analysed data from 43,715 women in Uppsala, Sweden (*Sexually Transmitted Infections* 2006;82:212). They found a lower-than-expected incidence of chlamydia-associated complications by the age of 35 years (up to 4 per cent overall and up to 7 per cent in those with a previous chlamydia infection).

The Society

Ethical standards

The Society's annual general meeting has called on the Council "to promote high ethical standards in the business and profession of pharmacy" (p661).

Consultations

The President, Hemant Patel, in his address to the AGM, urged members to take part in a range of consultations due this year, giving their views to help shape the future of the profession (p662).

NPSA issues morphine/diamorphine safety notice

Ways that NHS organisations can minimise harm to patients receiving high-dose morphine or diamorphine have been highlighted in a safer practice notice issued by the National Patient Safety Agency last week.

Actions for the NHS

1. Risk assess and have procedures for safely prescribing, labelling, supplying, storing, preparing and administering diamorphine and morphine injections
2. Review therapeutic guidelines for the use of diamorphine and morphine injectable products for patients requiring acute care, including post-administration observation of patients who have not previously received doses of opiates
3. Update information concerning the safe use of diamorphine and morphine injectable products as part of an ongoing programme of training for health care staff on medication practice
4. Ensure that naloxone injection, an antidote to opiate-induced respiratory depression, is available in all clinical locations where diamorphine and morphine injections are stored or administered

The NPSA has published the notice in response to a number of reports of deaths or harm due to the administration of high-dose morphine or diamorphine injection (30mg or higher) to patients who had not received opiates before.

The notice highlights various areas of risk with morphine and diamorphine injections, including the similar appearance in the packaging of different strengths (which the Medicines and Healthcare products Regulatory Agency has agreed to address), the storage of higher and lower strength ampoules alongside each other in clinical areas, and knowledge and training gaps among health care staff involved in prescribing, dispensing and administering the injections.

The document provides four "Actions for the NHS" which describe how risks surrounding the use of morphine and diamorphine might be reduced (see Panel).

Rachel Cox, deputy chief pharmacist (clinical services), St Mary's Hospital, London, commented: "The guidance highlights an important role pharmacists have in managing risk related to medicines, addressing prescribing, storage, preparation and supply of morphine and diamorphine, and the education of health care professionals. Hospital pharmacists are becoming an inte-



NPSA safer practice notice logo

gral part of junior doctor training and this guidance, along with other alerts, should be incorporated into the training of prescribers and other health care professionals.

"Pharmacists are also well placed to become even more involved in the development of therapeutic guidelines in these high-risk areas," she added.

The notice, says the NPSA, should not prevent access to high-dose morphine or diamorphine for patients who are in clinical need, for example, those receiving palliative care.

Advice issued to minimise side effects with venlafaxine

Updated advice for prescribing venlafaxine (Efexor) to minimise the risk of side effects, especially in overdose, has been issued by the Medicines and Healthcare products Regulatory Agency.

The MHRA conducted a safety review after data demonstrated a significantly higher rate of fatal overdose with venlafaxine — a serotonin and noradrenaline reuptake inhibitor — compared with selective serotonin reuptake inhibitors. Previous concerns led to recommendations to restrict venlafaxine to initiation by specialists (*PJ*, 11 December 2004, p839).

The revised prescribing advice says that specialist supervision, including shared care arrangements, is now only required for initiation of doses of 300mg daily or more. Use for patients known to be at high risk of cardiac arrhythmia and those with uncontrolled hypertension is contraindicated. Regular measurement of blood pressure is recommended for all patients. Updated advice on possible drug interactions has also been issued.

In addition to the updated prescribing advice, a smaller pack size will soon be available to minimise the risk of overdose in patients with increased risk factors for suicide.

Patients already taking venlafaxine should make a routine appointment with their doctor so that their treatment can be reviewed to ensure it is line with the latest recommendations.

ACE inhibitors may prevent certain cancers

Angiotensin-converting enzyme (ACE) inhibitors may prevent people from developing certain cancers, according to data presented last week at a Digestive Disease Week conference held in Los Angeles, California.

Investigators obtained data from a large US veterans database and performed case control analyses on 185,830 users of ACE inhibitors and 297,903 control subjects.

Patients who took ACE inhibitors were found to be less likely to develop colon cancer (odds ratio 0.47, 95 per cent confidence interval 0.45–0.50; $P < 0.0001$), pancreatic cancer (0.48, CI 0.39–0.61; $P < 0.01$) and oesophageal cancer (0.55, CI 0.45–0.66; $P < 0.01$) after adjustment for age, race, gender, body mass index, smoking, alcohol consumption, diabetes and statin use.

Unlicensed drugs — community pharmacists need support

Community pharmacists need more support when they are involved in the supply of unlicensed medicines. This is the conclusion of a research project carried out by Saima Afzal, a preregistration trainee at Glasgow Royal Infirmary, which last week won her the 2006 Pfizer Award for preregistration trainees in Scotland.

"The most important finding was that largely pharmacists are unaware of what they need to carry out when supplying an unlicensed medicine, and 84 per cent said they wanted more support," explained Ms Afzal.

Her survey of community pharmacists in Glasgow found that 75 per cent wanted to know more about clinical and dosing information, with 62 per cent requesting help with legal aspects of supplying unlicensed medicines. Difficulties in sourcing products

caused problems for 33 per cent of pharmacists, and a similar proportion wanted more information about the quality of unlicensed medicines.

Ms Afzal concluded that a system is needed to transfer information about unlicensed medicines from secondary to primary care. "Ideally, a document needs to be produced that contains all the information about the unlicensed medicine. It should be given to the patient on discharge," she commented. "The next step is to look at what other hospitals do around the country and then develop a procedure to help this information transfer."

The Pfizer Award is organised by the Scottish Specialists in Pharmaceutical Public Health and the Association of Scottish Chief Pharmacists.

Electronic care records will be at least two years late

Plans to implement the electronic national care records service are running at least two years behind schedule, according to health minister Lord Warner.

In an interview with the *Financial Times* this week, Lord Warner admitted that deployment of the national summary electronic record, which was originally due last year, is now not expected until late 2007 or early 2008. Delays in providing software and debate among the medical profession over consent arrangements for data are contributing to the hold-up.

Lord Warner also disclosed that the programme is likely to cost closer to £20bn than the £6.2bn figure widely quoted. A DoH spokesman told *The Journal*: "The cost of the programme being nearly £20bn is nothing new. This figure includes the core contracts

for the programme (£6.2bn) plus costs like training and hardware spend that the NHS would commit to anyway (around £1bn a year). This is an entirely reasonable annual spend and proportionately less than other industry norms."

The spokesman added: "The NHS IT programme is one of the largest IT projects in the world and one that will revolutionise patient care. As with any large complex programme there will be difficulties to deal with.

"However, this is a 10-year programme and it is important to get things right over the long-term rather than [get things] wrong to a short-term timetable. In the context of a 10-year programme the impact of the delay to the electronic care record is limited," he said.



Hardware and training already cost the NHS around £1bn each year

Patient involvement resource centre opens

A new patient and public involvement resource centre was due to open as *The Journal* went to press. The centre aims to develop and support NHS staff and organisations in order to involve people in local health services.

Making the announcement last week, health minister Rosie Winterton said: "The centre will be a one-stop shop for information and advice and will identify learning opportunities to improve consultation at a national, regional and local level. The centre will give encouragement to those organisations which lead the way in patient and public involvement and support and advice to those who need it."

The centre will be run by a consortium made up of the University of Warwick, the Centre for Public Scrutiny and the Long-term Medical Conditions Alliance. It will support the NHS as a whole, at local provider, regional and national levels.

Harry Cayton, the Department of Health's director for patients and the public, said: "There is much active engagement of service users and patients already: cancer networks, mental health user groups, patient surveys and public consultations. The new centre will bring all this expertise together as a focus for learning and innovation."

Jonathan Tritter, executive director of the centre, said: "With the many reforms that are coming on stream, such as patient choice and practice-based commissioning, it is essential that systems are put in place to ensure that views and preferences of patients' and the public are listened to and incorporated into the planning, design and delivery of current and future services."

An announcement from the Department of Health on the future of Patient and Public Involvement Forums is expected within the next few weeks.

□ **The Society and PPI** A strategy for patient and public involvement in the Royal Pharmaceutical Society's policy and decision-making processes will be put to the Society's Council for approval at its meeting next week. A revised strategy will then go out to pharmacists and other interested parties for consultation over the summer and the responses will be presented to the Council at its December meeting. Implementation of the strategy will begin next year. The strategy aims to make sure that patients and the public are involved in decisions from the earliest stages of a process rather than being consulted when work is almost complete.

Four new pharmacy advisory boards replace Numark's regional committees

New pharmacy advisory boards have been introduced by Numark to help shape the future of their independent pharmacy business.

There will be four advisory boards — replacing a system of regional committees — made up of a selected group of Numark members, which will meet to discuss issues affecting the profession and the strategic growth of the company.

"We have already held the first meetings in Northern Ireland and in Scotland, and the first one in Wales is kicking off in the middle of June. Those three boards will concentrate mainly on the professional area of the business," Simon Colebeck, Numark's managing director, said at a briefing last week. This is because different professional issues affect community pharmacists in Northern Ireland, Scotland and Wales, and the boards can feed back what is happening at a local level, he explained.

The fourth advisory board will focus on Numark business across the UK as a whole. "We want the more progressive, more go-ahead pharmacists, the people who are thinking about the business more holistically, to bring a breath of fresh air and a younger style through their representation on pharmacy advisory boards," said Mr Colebeck.

□ **MUR resource pack** Numark has released a resource pack to help its pharmacists undertake medicines use reviews (MURs). As well as a guide to performing MURs, and specific guidance to review patients with asthma, diabetes, hypertension or pain, the pack contains a guide for pharmacy support staff and a patient brochure, which explains to customers what MURs entail.

Patients not given full details about take-home medicines

Only 40 per cent of inpatients believe they are given a complete explanation about their medicines' side effects when leaving hospital, according to results of a 2005 survey released last week by the Healthcare Commission.

The experiences of over 80,000 people who stayed for at least one night in hospital at one of 165 NHS trusts were included in the results. The survey also reveals that nearly two fifths of patients believe that their discharge had been delayed, with more than half of

these saying they were delayed for two or more hours (53 per cent), most often because they were waiting for medicines from the pharmacy (61 per cent).

Over three quarters of patients said that they received a complete explanation about the purposes of their take-home medicines (79 per cent), but less than two thirds of patients thought that they were given "completely" clear written information about their medicines (62 per cent).

MHRA uncovers inappropriate procedures in Northwick Park trial

Inadequate training, incomplete documentation and inappropriate procedures have been uncovered in the Medicines and Healthcare products Regulatory Agency's report into the adverse events experienced during the clinical trial of TGN1412 at Northwick Park Hospital, London, in March (*PJ*, 18 March, p307).

Medical history documentation procedures were not adhered to, the agency found, and there was no formal system in place for 24-hour medical cover. In addition, the MHRA found that the physician charged with conducting medical tests when the participants first arrived at the clinical trials clinic did not have the necessary expertise. "MHRA inspectors were not satisfied that the individual had adequate training and experience for the role," the report concludes.

Parexel, which conducted the trial for TeGenero, TGN1412's manufacturer, did not review TeGenero's insurance policy to ensure it was appropriate, as it had a duty to do. There was also no contract in place between Parexel and TeGenero at the start of the trial and only a draft contract between Parexel and the private laboratory it was working with.

The MHRA also criticises Parexel for not adhering to the correct unblinding procedure after the participants began to experience serious adverse events. The placebo volunteers

were allowed to leave the trial centre before the appropriate checks had been carried out to confirm that they had received the placebo, the MHRA says, although it acknowledges that the reactions seen in the other volunteers did suggest this was the case.

However, the MHRA does not believe that any of these failings played a part in the severe reactions experienced by the participants. "There were no findings which were believed to be likely to have contributed to the serious adverse events experienced by the trial subjects who received the study drug," the agency says. In addition, this report by the MHRA agrees with the finding of the interim report (*PJ*, 8 April, p408) that "an unpredicted biological action of the drug in humans is the most likely cause of the adverse reactions in the trial participants".

The remit and membership of the expert review body set up to review clinical trials in the wake of the incidents at Northwick Park Hospital (*PJ*, 8 April, p408) was also announced last week. The 18-member group will consider what may be necessary in the transition from pre-clinical to phase 1 studies and in the design of such trials, with specific reference to biological molecules with novel mechanisms of action, new agents with highly species-specific action and new drugs directed towards immune system targets.

TNF inhibitor side effects in rheumatoid arthritis studied

Patients with rheumatoid arthritis treated with tumour necrosis factor (TNF) inhibitors may be at an increased risk of serious infection or malignancy, according to a meta-analysis published in *JAMA* (2006;295:2275).

The researchers analysed adverse event data from nine studies with a total of 3,493 patients treated with a TNF inhibitor (infliximab or adalimumab) and 1,512 patients given placebo. They found a greater likelihood of malignancy in patients taking high-dose TNF inhibitors (pooled odds ratio 4.3, 95 per cent confidence interval 1.6–11.8) and in those taking low-dose TNF inhibitors (1.4, CI 0.3–5.7), versus placebo. There was a significant difference in the risk of malignancy between the high-dose and low-dose groups (3.5, CI 1.4–8.2). Patients treated with TNF inhibitors were also more likely to have a serious infection than those in the placebo group (2.0, CI 1.3–3.1).

However, the authors say that the reduction of joint destruction, gain in mobility and increase in quality of life must be carefully considered when looking at the risks and benefits of using TNF inhibitors for individual patients, especially those with rheumatoid arthritis who failed to respond to treatments before these agents became available.

News in brief

FIP calls for smoke-free World Cup

The International Pharmaceutical Federation (FIP) has joined other health organisations in calling for a smoke-free World Cup competition. The World Health Professions Alliance has written to the International Federation of Football Associations (FIFA) asking it to reinstate an agreement made with the World Health Organization in 2002 that "tobacco in any form must be removed from all football events associated with FIFA".

Heatwave plan published

Reducing the number of excess deaths from heat is the aim of an updated heatwave plan published last week by the Department of Health. The plan highlights the dangers of heat and suggests ways in which people can protect themselves.

WHO director general

Anders Nordström is to serve as acting director general of the World Health Organization following the death of Lee Jong-Wook last week. Dr Nordström was appointed as deputy to Dr Lee in 2003. A new director general will be nominated by the WHO in November.

Warning images for tobacco products planned

Images of smoking-related diseases that might be displayed on packs of cigarettes and other tobacco products are in Government proposals that have been opened to consultation.

As part of the consultation the Department of Health has launched a website displaying the images that are being considered (www.packwarnings.nhs.uk). The consultation runs until 25 August.



Imported cases of chikungunya infection in UK increasing

An increase of imported cases of chikungunya infection in the UK has been highlighted by the Health Protection Agency.

The viral infection, which is transmitted by mosquitoes, occurs mainly in Africa and Asia. The HPA says illness characteristically begins with rapid onset of joint pains and

may be accompanied by muscle pain, high fever, conjunctivitis and a rash. There is no antiviral agent against chikungunya, but symptomatic treatment may be beneficial.

The HPA requests that suspected cases are reported to its Specials Pathogens Reference Unit.

Children with HIV underdosed with antiretrovirals

Problems in prescribing drugs for children were highlighted by research published in the *BMJ* last week (2006;332:1183) which shows that children with HIV in the UK and Ireland have been underdosed with antiretrovirals for the past nine years.

The UK and Irish collaborative HIV paediatric study (CHIPS) looked at data from 934 children diagnosed with HIV between 1997 and 2005, 615 of whom were prescribed antiretrovirals. The researchers compared the total daily dose of antiretrovirals with the current recommended daily dose during three periods: 1997–99, the first period in which effective treatment became available for children; 2000–02, after results of paediatric pharmacokinetic studies and European guidelines were published; and 2003–05. The researchers found that the proportion of time that drugs were prescribed at less than 90 per cent of the current recommended dose varied between 6 per cent and 62 per cent.

“Some antiretrovirals were dosed suboptimally because of inadequate pharmacokinetic data at licensing, other underdosing seems attributable to confusing and inconsistent dosage strategies or to failure to respond to growth, especially at the extremes of weight



Ian Boddy/Science Photo Library

Children's doses need to achieve a balance between safety and efficacy

bands,” say the researchers. Limitations in formulation and the slow uptake of new dosing information that emerged after licensing also contributed to underdosing.

The researchers believe that expert guidelines stating alternative dosage strategies (by weight or surface area) for the same drug lead to inconsistent dosing and undermine the

quality of paediatric prescribing. They say that these issues apply to prescribing for children in general, particularly for other chronic diseases that need long-term medication.

Dinesh Mehta, executive editor of the British National Formulary, commented: “We agree that doses for children need to be calculated with care and that a rational basis should be applied. However, a one-size-fits-all approach might not be appropriate for calculating doses across the whole spectrum of paediatrics.

“Ultimately doses should be about achieving the best balance between safety and efficacy, but secondary considerations such as convenience, compliance and available formulations also play a part. A further consideration is established practice — if particular dosage regimens have been shown to work and have become established, it is not appropriate to change these just to conform to a new (and possibly untested) paradigm for doses.

“For many drugs, with wide safety margins, it is convenient (and safe) to base doses on the age of the child; in such cases the prescriber will be able to make allowances for the child whose size is significantly outside the norm.”

Inhaled ciclosporin offers lung function benefits to patients after lung transplantation

Lung transplant patients who receive inhaled ciclosporin have better lung function two years after surgery compared with patients given placebo.

Latest data from a US trial into the novel formulation of the anti-rejection drug were presented at last week's American Thoracic Society meeting held in San Diego, California. In the trial, patients were randomised to inhale either 300mg of

aerosolised ciclosporin (28 patients) or placebo (30 patients) three days a week for the first two years after transplantation, in addition to receiving oral anti-rejection drugs.

The inhaled drug extended periods of chronic rejection-free survival and patients who received placebo suffered declines in lung function four times greater than those inhaling the drug ($P=0.009$). This is the first

trial to use the drug — delivered via a nebuliser — straight after surgery.

Lead author Aldo Iacono, medical director of lung transplantation at the University of Maryland, said: “Lung transplantation is fraught with complications — with poor outcomes compared to heart, kidney or liver — and chronic rejection is the Achilles heel. This has the potential to revolutionise the area but what's lacking is a better, larger trial.”