

Pharmacists to be core members of Welsh chronic conditions teams

Community pharmacists will form part of the core management team responsible for providing co-ordinated care for chronic conditions in Wales, the Welsh Assembly Government has revealed.

Outlining its service improvement plan for the next three years, the WAG said that delivering chronic conditions management services that are co-ordinated, comprehensive and consistent is a key ministerial priority and an integral part of effective mainstream service delivery in the community. As part of this, all areas in Wales will need to provide a core chronic conditions management service through a designated team. This team will provide care across primary, secondary and social care and include community pharmacy services to assist selfmanagement and provide appropriate medication support.

In addition, pharmacists across care settings will need to develop and deliver an action plan to improve medicines management and substantially reduce medicines-related hospital admissions.

In future, the plan says, pharmacy's contribution will be enhanced by the commissioning of new roles and responsibilities through joint posts across primary, secondary and social care, and pharmacists in all care settings will have "appropriate" access to GP patient records.

The WAG's service improvement plan for 2008–11, entitled "Designed to improve health and the management of chronic conditions in Wales", warns that current services are unsustainable.

There is an over-reliance on traditional, often inappropriate, models of care, and action is needed to ensure all resources in the community are used to best effect to prevent admission to hospital, and to support better care and self-care within the community, the plan says.

Speaking to *The Journal* about the service improvement plan, Paul Gimson, chief executive of Community Pharmacy Wales, commented: "This is a national strategy on one of the major issues affecting health in Wales and pharmacy has been identified as an integral part of that. It is fantastic that one of the key strands of the strategy is how community pharmacy can have an input into the management of chronic conditions."

He added: "That hasn't happened by accident. It is the result of a lot of hard work by the profession in Wales to convince WAG of the role that pharmacy can play."

Management of chronic conditions was discussed at a recent meeting of the Royal Pharmaceutical Society's Welsh Pharmacy Board (p227).

The Society has also produced a resource document to act as an evidence base to support service development and integrate pharmacy into care pathways for the management of people with chronic conditions. "Pharmacy and integrated chronic conditions management in Wales" highlights examples of innovative practice currently under way in Wales and across the UK.

The document is available from the Society's website (www.rpsgb.org).

Yellow card campaign forms part of Scottish contract

Pharmacists in Scotland are being told this week that they must participate in the latest yellow card campaign (*PJ*, 16 February, p174). This is different from the situation in England and Wales, where involvement is voluntary unless a local agreement is in place.

Melinda Cuthbert, senior pharmacist at the Yellow Card Centre Scotland, told *The Journal*: "All public health campaigns for community pharmacies in Scotland are centrally planned and rolled out by the Scottish Government. So this campaign is just one of many that community pharmacies in Scotland will participate in as part of their contract. Therefore, participation differs in Scotland. Nevertheless, we suspect that most pharmacists would consider it a professional obligation to participate in such an important patient safety initiative."

The yellow card campaign, in which patients will be encouraged to report adverse drug reactions, began in Scotland on 21 February and will run for six weeks.

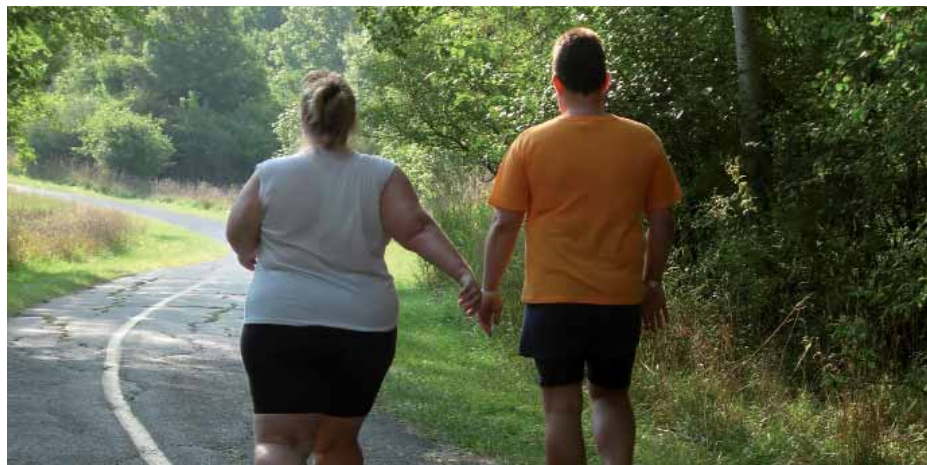
Pharmacist reporting Yellow cards submitted by pharmacists have accounted for around 15–16 per cent of all reports received in recent years, the Medicines and Healthcare products Regulatory Agency said this week. "However, reporting by community pharmacists has not taken off in the way expected. In 2000, the first full year of community pharmacist reporting, they sent in just over 400 yellow cards — a figure that has remained fairly constant since then at around 300–500 reports per year. In contrast, the number of reports from hospital pharmacists has doubled (1,300–1,500 reports per year in recent years, compared with around 700 reports in 1998)," the agency said.

Additional funding pledged for pharmacy weight management scheme

Pharmacy weight management services in Coventry are to receive further funding from the Department of Health, participants heard at an All-Party Pharmacy Group meeting held in Westminster this week.

Principal pharmaceutical officer Gul Root revealed that the Coventry scheme (*PJ*, 25 August 2007, p202), initially piloted for 12 months, would receive Government money for a second year, after an interim analysis by the director of public health showed statistically significant weight loss for people recruited to the scheme. Full evaluation of the pilot is currently being undertaken.

"One of the reasons why we funded the project [initially] was because there was very little evidence base," she explained, "and we worked very closely with Coventry Primary Care Trust and UniChem to ensure that the project was evaluated." Mrs Root also drew attention to the positive effects that the scheme — which encourages people to make



Small lifestyle changes form the focus of Coventry's weight management scheme

small changes to their lifestyles to facilitate sustainable weight loss — had on people's mental well-being and self esteem. The meeting also

showed broad support for a similar scheme to be rolled out nationally as an advanced pharmaceutical service for England and Wales.

Hospital discharge notes lacking

Documentation sent to GPs when patients are discharged from hospital is often poor and this may lead to medication-related readmissions, a recent study suggests (*Quality and Safety in Health Care* 2008;17:71).

A retrospective case-note review looked at 108 patients readmitted to hospital as an emergency within 28 days of discharge. The researchers found that documentation of changes in medication was incomplete on two thirds of all discharge documents and that readmission was considered drug-related in 38 per cent of cases.

Lead author Elizabeth Witherington, from the integrated discharge team at Nottingham University Hospitals NHS Trust, City Hospital campus, and a former GP, told *The Journal* that the study highlights the need for improved written records in secondary care, particularly for older patients with complex needs.

She said that even if a patient receives the best possible care in hospital, if there is inadequate detail on discharge paperwork the patient's GP has no chance of assessing just how unwell the patient had been in hospital, how soon they need to be followed up, or what additional monitoring is required.

She added that there is often not a high enough level of suspicion that a patient's condition when they re-present to hospital might be medicines-related.

Dr Witherington also drew attention to a new requirement within the NHS contract for acute hospital services for 2008–09 (to apply from April) that hospitals need to issue a discharge summary to the patient's GP within 72 hours.

However, she pointed out that foundation trusts on existing contracts are not bound by this obligation.

In brief

Pharmacy allergy screening

Pharmacists with an interest in allergy screening are being invited by the National Pharmacy Association to sign up for training. The initiative, supported by the NPA and Allergy UK, will involve pharmacists undertaking a Centre for Postgraduate Pharmacy Education course with a view to offering allergy screening to patients for a fee. Further information is available from the members area of the NPA website (www.npa.co.uk).

Health and Social Care Bill

The Health and Social Care Bill, which will bring the planned General Pharmaceutical Council into being, completed its passage through the House of Commons on 18 February. No date has been set for its consideration by the House of Lords.

AZ rebates amended with Drug Tariff change

Certain AstraZeneca products that pharmacists no longer receive discount for under its direct-to-pharmacy scheme are to be added to the Drug Tariff's "list of drugs for which discount is not deducted" from 1 March.

AstraZeneca will subsequently exclude these items (see Panel) from its calculations of monthly rebates for customers, but has committed to reduce the level of purchase required to obtain a rebate so that the change is cost neutral to pharmacy.

Pharmaceutical Services Negotiating Committee chief executive Sue Sharpe said: "We are continuing to work with the Department of Health to address other instances where medicines are dispensed at a

loss and the PSNC hopes they can be resolved in the near future."

She added that the evaluation of the purchase profit income available to pharmacies takes account of the prices of both generic and branded medicines so that adjustments can be made to the pharmacy funding arrangements to reflect any losses.

The products involved

- Arimidex 1mg tablets
- Casodex 50mg and 150mg tablets
- Seroquel 100mg, 150mg, 200mg and 300mg tablets

Society postpones emeritus membership

Introduction of a new membership category for retired members of the Royal Pharmaceutical Society has been postponed, the Society announced this week.

Speaking after the decision, President Hemant Patel said: "The issue of emeritus membership is one that Council is taking extremely seriously but the regulatory role ties our hands. The Council wants to introduce something of genuine value to members and it is clear that current proposals are wide of the mark in delivering a meaningful and worthwhile award. The Council has listened closely to comments from



Society President Hemant Patel

senior and highly respected members of the profession and agrees that we must think again.

"Council believes the best way to move this forward is by considering the awards as part of the work of the professional body task force. The new professional body will have the freedom to introduce a category of membership — perhaps emeritus or alumni — with real tangible benefits which can provide recognition to retired pharmacists and need not restrict the use of postnominals."

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Think about NHS pensions

NHS staff thinking of retiring in the near future and those who are not married should consider the impact of new NHS pension arrangements on their personal circumstances, NHS Pensions, the body responsible for negotiating the new pensions deal, said this week.

Any employee who retires before 1 April will not be entitled to several benefits (eg, an increased lump sum) that are being introduced from April. Employees who are not married or not in a civil partnership will be able to nominate a partner with whom they live and are in a financially co-dependent relationship to receive their pension if they die after 31 March.

NHS Pensions also reminded NHS staff that an increased pension contribution will be taken from their pay packets from April. Pharmacists and pharmacy technicians will see their contribution rise from 6 to 6.5 per cent along with several other changes (*Hospital Pharmacist* 2007;14:281).

All employees are urged to familiarise themselves with the new NHS pension scheme, and be aware of its impact on their personal circumstances (www.nhspa.gov.uk).

10pc eAMS-ready in Scotland

About 10 per cent of community pharmacies in Scotland are now able to process prescriptions electronically. Alison Strath, principal pharmaceutical officer, Scottish Government, told *The Journal* that as of 1 February, 112 GP practices and 125 community pharmacies in Scotland had installed the software required for the electronic acute medication service.

Of these, 89 GP practices and 124 pharmacies have begun sending and receiving live electronic prescription messages.

Pharmacy schools will need to increase PhD places

Schools of pharmacy will need to train an additional 333 PhD students by 2015 to produce the number of academic pharmacists that will be required to meet the needs of pharmacists' expanding roles as well as increasing undergraduate numbers, according to the Royal Pharmaceutical Society.

In response to a request from the Department for Innovation, Universities and Skills for contributions to its science and innovation strategy, the Society says that an extra 133 academic pharmacists will be needed by 2015. "Assuming an 80 per cent completion rate over four years and a 50 per cent conversion rate to academic posts, the schools will need to train an extra 333 PhD students," it adds.

The Society believes that other science disciplines are in a similar position. It suggests that, to address this situation, there is a need to make an academic career more attractive and to be creative in providing funding opportunities for PhD students.

Steve Chapman, head of the school of pharmacy at Keele University, told *The Journal* that both new and established schools of pharmacy are finding they are recruiting from an increasingly small pool of academic pharmacists.

"While PhDs are not necessarily a requisite for the practice and teaching elements, research-based scientists and practitioners are the life blood of a vibrant school and in turn stimulate the profession as a whole to progress," he said.



PhD study: graduates need persuading to accept modest income in academia

Professor Chapman added that, while funding to increase the cohort of PhD students would be enormously helpful, it still leaves the challenge of persuading graduates who can earn large salaries immediately postregistration to accept a much more modest income to undertake research. "One can only hope that the stimulation and satisfaction of continuing to challenge and seek to improve on existing science and practice from an evidence they have contributed to, will be sufficient to attract talented individuals into an academic career," he said.

Other suggestions made by the Society include encouraging experienced practitioners into universities, providing funding for inno-

vation, ensuring university research is adequately supported and improving the transfer of research between universities and industry.

On the provision of funding for innovation, the Society proposes that a possible way forward is to ring-fence funding so as to offer a large number of small grants, sufficient to obtain baseline evidence, to allow innovative research projects to apply for larger research funds. It highlights that a similar, small-scale initiative funded by the Pharmacy Practice Research Trust has proved to be successful in education.

□ **Research funding** Concerns are raised by the Society in its response to the Higher Education Funding Council for England's research excellence framework proposals, which are due to replace the research assessment exercise (RAE) as a way of assessing and funding research within universities. According to the chairman of the Society's Education Committee, Graham Phillips, the Society fought for a unified pharmacy assessment as part of the RAE, which included science and practice, several years ago.

The new proposals view pharmacy as a science subject with no mention of clinical practice, he says. And, in addition, the subject is split into two units, a move that does not appear to be logical, says Mr Phillips. The Society is also concerned that a proposal to use citation rates to assess research is overly mechanistic and it would rather see pharmacy academics reviewing their peers' work.

EC advises on ethical considerations of paediatric trials

Final guidance on carrying out clinical trials involving children has been published by the European Commission.

The guidance has been drawn up specifically for paediatric trials because of the general acceptance that children cannot be treated as though they are small adults.

It warns that, in general, minors are unable to give legally valid consent to participation in trials, but that their assent should be sought using age-appropriate information. This lack of legal ability to consent has implications on the design, analysis and the choice of com-

parators used in trials, it goes on, advising that such trials should only be performed by trained investigators with paediatric experience. Pain, fear, distress and parental separation should be prevented or minimised when unavoidable.

Neonates, it adds, are the most vulnerable of all paediatric age groups and require even more careful review.

The guidance also makes the point that research ethics committees need to include paediatric expertise in order to balance the benefits and risks of research in children.

Research trust seeks partnerships with social sciences

Academic partnerships to explore pharmacy practice in the wider context of law and ethics, social science, health economics, epidemiology and psychology are being sought by the Pharmacy Practice Research Trust.

The trust is inviting PhD supervisors to submit expressions of interest for developing collaborative applications to either the Arts and Humanities Research Council or the Economic and Social Research Council.

"With the pharmacist's extending clinical role and integration into mainstream health-

care there is an increasing need for pharmacy research to move from a largely science-based professional model to one that incorporates social science and philosophy," said Sue Ambler, director of the PPRT.

The deadline for submissions of expressions of interest is 2 June. Guidance and application forms are available online (www.rpsgb.org/worldofpharmacy/research) or from Beth Allen, research programme co-ordinator at the PPRT (e-mail beth.allen@rpsgb.org, tel 020 7572 2466).

In brief

Single application process

Applications to conduct UK health research can now be made using a single online system. The Integrated Research Application System combines applications for seven review bodies, including the Medicines and Healthcare products Regulatory Agency and research ethics committees, meaning that researchers need only enter information about their study once (www.myresearchproject.org.uk).

Sebivo neuropathy warning

New warnings about the risk of peripheral neuropathy in patients with chronic hepatitis B who are being treated with Sebivo (telbivudine) are to be included in Sebivo's product information following a recommendation from the European Medicines Agency. The agency says that patients should be monitored for signs of peripheral neuropathy and treatment options reconsidered if the condition is suspected.

Criminal charges reconsidered after epidural error

Criminal charges are to be reconsidered by the Crown Prosecution Service following an inquest jury's verdict that a woman who died at Swindon's Great Western Hospital in 2004 was unlawfully killed after a midwife mistakenly gave her an intravenous infusion of bupivacaine, intended for epidural injection, instead of saline.

A year ago, the National Patient Safety Agency issued a patient safety alert advising hospitals to keep solutions intended for epidural use separate from intravenous solutions, although it is too early to say what impact this alert may have on hospital practice. The NPSA said that implementation of the advice should be led by hospital chief pharmacists.

After Mayra Cabrera, an operating theatre nurse at the hospital, died, Wiltshire police

sent a file to the CPS, which decided that there was insufficient evidence to bring charges against anyone and the case was referred to the Wiltshire coroner for an inquest.

An inquest jury said earlier this month that gross negligence by Swindon & Marlborough NHS Trust led to Mrs Cabrera's death, specifically blaming what it called "chaotic storage of medicines" in the hospital's maternity unit.

As a result, Wiltshire police are now to return the file to the CPS with the verdict for reconsideration. The inquest heard that there had been two previous deaths from a similar cause at other hospitals and that after one of them, in 2001, a memo had been circulated by the trust to say that epidural bupivacaine should be stored separately from intravenous infusions. That policy had been implemented

at the old Princess Margaret Hospital, but it was not continued when services relocated to the new Great Western Hospital.

The chief pharmacist at the time, now retired, had assumed that the storage policy would be carried forward after the move, the inquest heard.

The NPSA has no figures for the number of incidents involving epidural injections reported since the safety alert was issued in March 2007 but it plans to check compliance with the alert this summer, when it will be sending out an audit form to all trusts in England and Wales. The NPSA is also reviewing information from the Department of Health's safety alert broadcast system (SABS), which enables it to identify which trusts in England have received the alert and what action they have taken.

Depressed doctors make more drug errors

Depression among paediatricians is associated with a six-fold increase in medication errors, a US study suggests (*BMJ Online First* www.bmj.com, 7 February). A leading paediatric pharmacist believes that this provides evidence for more pharmacist input to medical training.

Medication error rates were recorded for 123 doctors on paediatric rotations. Assessments were also made of symptoms of depression and burnout, a syndrome of mental exhaustion and personal detachment that develops in response to chronic occupational stress.

One fifth of the doctors taking part met criteria for depression and three quarters met criteria for burnout. Although burnout did not seem to increase medication errors, depressed paediatricians made 6.2 times as many medication errors as those who were not depressed.

The researchers conclude that mental health may be a more important contributor to medication errors than previously suspected. Efforts should be made to screen doctors for signs of depression and ensure

appropriate treatment is provided, they say. The authors of an accompanying editorial (*ibid*) point out the small sample size used in the investigation and suggest that larger studies are needed to clarify the impact of individual factors on error rates.

Steve Tomlin, principal paediatric pharmacist at Guy's and St Thomas' NHS Foundation Trust, London, believes that the study's findings are unlikely to be specific to paediatric doctors. However, he told *The Journal* that errors in medication in children are often of a magnitude not seen in adults due to higher use of decimal point calculations and inappropriate formulations.

"This study might say many things about the way that doctors work, but indirectly it should lead pharmacists to play a greater role in doctor training, risk analysis and medicines management," he said. "Medication errors are generally multifactorial and pharmacists should play a major role in introducing barriers to prevent errors — whatever their cause — reaching patients and especially vulnerable children."

Inaccurate weighing scales could be risking lives



Domestic scales brought from home are sometimes found on hospital wards

Inaccurate weighing scales in hospitals could be putting patients' lives at risk, according to trading standards officers, after a series of pilot studies found that hospital staff were using results from inaccurate and unsuitable scales to calculate doses for medicines.

Local Authority Co-ordinators of Regulatory Services (LACORS), the national co-ordinating body for council trading standards services, is now launching the "National medical weighing project", which will start in April and run for one year. Trading standards officers across the UK will work with their local NHS trusts to inspect all hospital weighing equipment and make sure it is accurate, legal and fit for purpose.

Currently, it is not uncommon to find wards with domestic scales brought from home, says LACORS in a report outlining the project. It adds: "Some wards, for example oncology, are unwittingly using two classes of machine to calculate doses when only one is appropriate." Only class III machines will give sufficiently precise readings, it says.

Heparin adverse events in US WHO seeks views on safety

Serious adverse reactions experienced by patients using a Baxter Healthcare heparin product in the US have resulted in the company temporarily halting the manufacture of its multiple-dose vials of heparin sodium.

About 350 adverse events associated with the product have been reported to the US Food and Drug Administration since January, compared with fewer than 100 reports for the whole of 2007. Most events have involved patients receiving a high bolus dose.

A spokeswoman for Baxter UK said that the product involved does not have a UK licence and is not sold in the UK.

Views on the implementation of patient safety solutions are being sought by the World Health Organization, in a consultation that closes on 29 February. The solutions cover five areas: prevention of falls, patient deterioration, communicating critical test results, central venous catheter infections and preventing pressure sores. The consultation can be accessed via www.jcipatientsafety.org/28091. The WHO is particularly interested in the relevance of the solutions and potential barriers to their introduction. When completed, the WHO plans to distribute the solutions to all its members for local adaptation and implementation.

Glucosamine not effective for hip osteoarthritis but use still debated

Glucosamine sulphate does not have clinically important effects on pain, function and stiffness when used by patients with hip osteoarthritis, a new study suggests (*Annals of Internal Medicine* 2008;148:268).

Researchers from the Netherlands conducted a two-year randomised placebo controlled trial to examine the effects of glucosamine on the symptoms and structural progression of the disease. A total of 222 patients were enrolled and assigned to either 1,500mg glucosamine sulphate or placebo.

Using WOMAC pain and function subscales (developed by Western Ontario and McMaster Universities), the researchers did not observe clinically important differences in scores for glucosamine compared with placebo after 24 months. Neither did they observe a clinically important difference in joint space narrowing.

The authors of an accompanying editorial, however, suggest that glucosamine may still have a place in the management of osteoarthritis (ibid, p315). They highlight a previously published subgroup analysis from the same trial that had shown a trend towards reduction of pain and improvement of function in patients with generalised osteoarthritis compared with those who only had osteoarthritis of the hip. "The results suggest that glucosamine sulphate might marginally affect osteoarthritis in joints other than the hips," they say.



Osteoarthritis: hip joints may be less affected by synovitis than knee joints

To support this view, the authors point out that clinical experience suggests that inflammation of synovial tissue is much more common in knee osteoarthritis. "Some have suggested that glucosamine sulphate targets synovitis, which might partially explain why glucosamine is more effective in knee osteoarthritis than in hip osteoarthritis."

The authors of the editorial also suggest that a larger and longer study involving patients with more severe osteoarthritis (making it easier to see the effects of glucosamine) is necessary to conclude definitively that glucosamine does not impact on hip osteoarthritis.

Oxcarbazepine ineffective as prophylaxis for migraine

Oxcarbazepine is not an effective prophylactic treatment for migraine headache, a study reveals (*Neurology* 2008;70:548).

Researchers compared the drug with placebo in a trial involving 170 patients. For the 85 patients randomised to oxcarbazepine, treatment was started at 150mg per day and titrated upwards to a maximum dose of 1,200mg per day.

During the last 28 days of treatment there was no difference in the mean change in number of migraine attacks for patients given placebo and those treated with oxcarbazepine. The researchers suggest that the lack of response observed for oxcarbazepine, com-

pared with effects seen for other antiepilepsy drugs, may be due to differences in their mechanisms of action.

"The three antiepilepsy drugs that most effectively prevent migraine — topiramate, [valproate] and gabapentin — have multiple mechanisms of action, including a modulatory effect on gamma-aminobutyric acid. . . . In contrast, oxcarbazepine is a sodium channel blocker, calcium current regulator, and potassium channel function enhancer and has no apparent activity on GABA regulation. It is possible that antiepilepsy drugs must be able to modulate GABAergic transmission to prevent migraine," they suggest.

Enteral probiotics should not be considered harmless

Probiotics can no longer be considered to be harmless adjuncts to enteral nutrition, according to the authors of a study published online in *The Lancet* (14 February, www.thelancet.com).

In the study of 296 patients with predicted severe acute pancreatitis, enteral probiotic

prophylaxis did not reduce the risk of complications and was associated with more deaths than placebo (16 per cent versus 6 per cent; $P=0.01$).

Bowel ischaemia accounted for eight deaths in the probiotic group and none in the placebo group.

Drug development

Transdermal delivery by microneedle

Microneedle arrays allow transdermal delivery of hydrophilic drug molecules to humans, a proof of concept study published in *Proceedings of the National Academy of Sciences* demonstrates (2008;105:2058). Delivery of naltrexone to six participants achieved steady-state plasma concentrations (within two hours and lasting for 48 hours) when skin had been treated with patches containing 50 microneedles 620µm long and 160µm wide. Application without microneedle treatment led to undetectable drug plasma levels in control subjects. An additional study in 10 patients suggested that the microneedles caused little to no skin irritation.

Stress response alcoholism treatment

Mediating stress responses shows promise as a treatment for alcoholism, according to a study published online in *Science* on 14 February (www.sciencemag.org). Researchers randomised 50 recently detoxified alcoholic inpatients to receive a placebo or LY686017, an agonist of the neurokinin-1 receptor, which mediates behavioural stress responses. LY686017 suppressed spontaneous alcohol cravings and improved overall well-being.

Resin salve treats ulcers effectively

Treatment of pressure ulcers with a traditional Finnish resin-based salve is more effective than standard therapy, according to research published online by the *British Journal of Dermatology* on 18 February (www.blackwell-synergy.com/loi/BJD). Over six months, all ulcers healed in 12 of 13 patients treated with the Norway spruce resin salve, as used in Finland for centuries, compared with four of the nine patients treated with a polymer of carboxymethylcellulose hydrocolloid.

Fatigue from "leaky" calcium channels

Restoring "leaky" calcium channels in muscle tissue reduces exercise-induced fatigue (*Proceedings of the National Academy of Sciences* 2008;105:2198). Researchers found that during strenuous exercise in mice and humans, the major calcium channel required for excitation-contraction coupling in skeletal muscle was depleted of its calstabin-1 subunit and became leaky. In mice this led to decreased exercise tolerance. However, administration of a calcium channel stabiliser, the 1,4-benzothiazepine derivative S107, prevented calcium channels becoming leaky, improved exercise capacity and may also protect against muscle damage.

Benefit of intensive diabetes therapy still unclear

Contrasting reports on whether intensive lowering of blood glucose increases deaths in patients with type 2 diabetes and high cardiovascular risk have emerged this month.

The National Heart, Lung and Blood Institute of the National Institutes of Health in the US has stopped the intensive glucose lowering treatment arm of an ongoing trial because of safety concerns following an interim review of data.

The ACCORD trial includes 10,251 type 2 diabetes patients at high risk for heart attack or stroke who were allocated to receive either intensive lowering of glucose to an HbA_{1c} of less than 6 per cent, or a less intensive strategy that aimed for an HbA_{1c} target between 7 and 7.9 per cent.

After four years, 257 patients had died in the intensive treatment group compared with 203 in the standard treatment group. This translates to a number needed to harm of 95. Analyses by ACCORD researchers have not determined a specific cause for the higher death rate and there is no evidence that any medicines or combination of medicines is responsible.

In response to the ACCORD announcement, another group of researchers released a statement revealing that interim results from the ADVANCE study provide no confirmation of the adverse mortality trend reported from the ACCORD study. The study's data monitoring and safety committee also noted that the ADVANCE interim results are based on more than twice as much data as the ACCORD findings. The final results of the ADVANCE study are expected to be announced at the European Association for the Study of Diabetes in September.

A further study, published in *The New England Journal of Medicine* (2008;358:580), suggests that intensive intervention with multiple drug combinations and behaviour modification has sustained cardiovascular benefits for at-risk patients with type 2 diabetes. In this study, 160 patients with type 2 diabetes and persistent microalbuminuria received standard therapy or intensive therapy, which included specific targets for HbA_{1c} (<6.5 per cent), cholesterol, triglycerides and blood pressure, as well as behaviour modification, use of renin-angiotensin system blockers and



Lea Paterson/Science Photo Library

Behaviour modification was part of intensive therapy to reduce CV risks

low-dose aspirin. After a mean follow-up of 13.3 years, 24 patients (30 per cent) had died in the intensive therapy group compared with 40 (50 per cent) in the standard therapy group, corresponding to an absolute risk reduction of 20 per cent ($P=0.02$).

Target for reduced cardiovascular deaths reached five years early

Doubling the number of prescriptions written for statins over the past three years has contributed to the Department of Health's target of reducing deaths from cardiovascular disease for people under 75 years by 40 per cent being reached five years early.

A progress report of the Coronary Heart Disease National Service Framework, which

was first published in 2000, says that other contributing factors include quicker delivery of thrombolysis for patients with myocardial infarction and a dramatic reduction in waiting times for heart surgery.

The report highlights that the NHS has been using information generated from "better care, better value" indicators (*PJ*, 28

October 2006, p506) to improve efficiency through prescribing of low-cost generic statins. "This has already saved around £80m without compromising the effectiveness of treatment," it adds.

The full report is available via the DoH website (www.dh.gsi.gov.uk) and via *PJ Online* (www.pjonline.com/pjlinks).