

# Call to boost pharmacy public health role in Scotland

Community Pharmacy Scotland has called on the Scottish Government to increase community pharmacists' role in public health.

Speaking at the CPS dinner held on 14 May at Edinburgh Castle, Martin Green, CPS chairman, said: "We are asking for a commitment from Government to further develop community pharmacists' contribution to public health by introducing smoking cessation, emergency hormonal contraception and chlamydia testing and treatment into the core part of the pharmacy public health service, as part of a commitment to develop Scotland's 1,200 community pharmacies as walk-in public health access points."

In response, the Minister for Public Health, Shona Robison, said: "We have made an important start with the public health service element of the new contract. I am therefore particularly encouraged to hear that CPS has specific ideas on how to further develop this service and help us deliver our commitment in 'Better health, better care' to provide, on a national basis, improved access to smoking cessation and sexual health services through community pharmacies. I look forward to hearing the outcome of discussions between Scottish Government offi-

cial and CPS to ensure that these services will be available to patients as soon as possible."

Mr Green highlighted current financial pressures facing pharmacists. "Community pharmacy contractors have invested heavily in their premises, their information technology, and in training and up-skilling their staff," he said. "We would ask that this is given full consideration when negotiating the deficiencies of our current remuneration model.

Dramatic cuts in reimbursement arrangements imposed in October last year are causing great concern for community pharmacy contractors. This financial pressure has halted investment and will soon begin to erode the infrastructure we have worked so hard to put in place to drive forward our health agenda."

Both speakers praised Scotland's community pharmacy contract. "The new pharmacy contract is the most exciting aspect of pharmacy in Scotland and it is gaining an international reputation," said Ms Robison.

This was confirmed by Mr Green, who said that CPS has received requests for information about the contract from New Zealand, Finland, Canada and the EU. Ms Robison said that giant steps had been taken

in Scotland to make best use of pharmacists' knowledge and skills. "It has taken some time for the NHS to recognise the fantastic resource, both in clinical practice and improved NHS access, that community pharmacy provides," she commented.

On the minor ailment service — which now has 600,000 patients registered, with pharmacists providing 70,000 consultations a month — Ms Robison said: "The important aspect of this service is [as] a first access point to the NHS. It is not a supply service for people with shopping lists but a clinical service. The future development of the minor ailment service will build on the fact that it is a clinical service providing consultation, advice, treatment or referral."

She added that significant progress is being made with the acute medication service with 34 per cent of GP practices and 20 per cent of community pharmacies in Scotland now operating the service, and 3.1 million electronic prescription messages sent so far.

However, Mr Green stressed that a major issue is community pharmacists' lack of access to patients' records. "We do not have access to the complete picture of medicines prescribed," he told the minister. "We would ask that community pharmacists are given access to the Emergency Care Summary to enable us to make the most informed decisions when providing patient care."



Bram Janssens/Dreamstime.com

## Pharmacy input on drug misuse overlooked by Welsh Assembly

The Welsh Assembly was criticised this week for ignoring the role that community pharmacists can play in helping to deliver its 10-year strategy to reduce drug misuse and for failing to consult the profession during development of the proposals.

The strategy, "Working together to reduce harm: the substance misuse strategy for Wales 2008–2018", recommends an expansion of needle exchange programmes and supervision of the administration of opiate substitutes in community settings.

But the document fails to acknowledge that these services are already provided by community pharmacists as an enhanced service.

The failure to recognise the changing role of community pharmacists in drug misuse services was highlighted by Community Pharmacy Wales in its response to the strategy.

It says: "CPW regrets that community pharmacy was not involved in the preparation of this consultation. This has resulted in a tendency to sideline the active involvement of community pharmacy in the delivery of the two strands of supervised administration and syringe and needle exchange."

CPW recommends that the national contract in Wales should be amended so that the status of needle exchange services and the supervision of prescribed medicines to drug misusers become nationally directed enhanced services, which would reflect two of the targets of the national strategy.

It is calling on the Assembly to revise the strategy so that the harm reduction services are developed and commissioned with community pharmacists.

The comments from CPW coincide with National Tackling Drugs Week in Wales, which ran from 19 to 23 May.

## New alcohol campaign kicks off in England



One of the DoH's new campaign posters

An online tool — [www.nhs.uk/units](http://www.nhs.uk/units) — that calculates the number of units in an alcoholic drink has been launched by the Government as part of a £6m publicity campaign to encourage people to keep their drinking habits within healthy limits.

The "Know your limits" campaign aims to get across the message that the recommended safe drinking limit for women is between two and three units a day compared with three to four units for men.

But the Department of Health, also wants to ensure that drinkers understand what makes up a unit; one unit is equal to half a pint of beer while a large glass of wine with an alcoholic level of 12 per cent contains three units. A Government survey showed that 52 per cent of adult drinkers consume alcohol two or three times a week while 10 per cent drink every day.

# Promote pharmacists' expertise more, ABPI urges

Publicity led by the Royal Pharmaceutical Society to educate the public about the medicines expertise of pharmacists is one of the recommendations put forward in a new report produced by the Association of the British Pharmaceutical Industry and the Long-term Conditions Alliance.

The two organisations believe that such a campaign would help the public grasp the role the profession can play in helping them understand their medicines.

Commenting on the suggestion, Graham Phillips, chairman of the Society's public affairs planning group, said: "Raising public awareness of the crucial and evolving role of pharmacy is a major priority for the Society."

He pointed out that, so far in 2008, the Society has run 10 high profile media campaigns, highlighting how pharmacists can provide expert healthcare advice and support. "This has resulted in extensive coverage in the national and local broadcast media, and the national and local press."

Mr Phillips added that the Society is investing more in promoting pharmacy and raising the profile of the pharmacy profession.

"We welcome the ABPI's call for the Society to take a lead in promoting these messages and we invite them, as well as other significant pharmacy bodies, to work in collaboration with us on this matter," he said.

Another recommendation in the report, called "Finding the balance", is that pharmaceutical companies should have sections on their websites dedicated exclusively to providing patients with information about their medicines. The proposed online resource should include details about product characteristics, patient information leaflets, European public assessment reports and details of clinical trials, says the report.

The ABPI and LTCA also want to see GP surgeries publish a "Your medicines and you" booklet in partnership with patient groups, which would spell out to patients the impor-

tance of taking medicines and what to do if they experience a side effect.

The APBI's medical director, Richard Tiner, said: "While many health professionals may recognise the importance of patient involvement, time constraints mean that modern GPs often fail to prioritise such discussions. Steps need to be taken to ensure that informed patients become a reality embedded in the culture of medical practice."

The report and its recommendations follow a conference held in 2006 by the ABPI and the LTCA which focused on issues around medicines management, including the quality of, and access to, patient information, as well as the individual responsibilities of patients and the pharmaceutical industry.

Comments are invited on the report's recommendations by 27 June (see [www.pjonline.com/pjlinks](http://www.pjonline.com/pjlinks)) with the view to producing a more detailed document about implementing its recommendations and taking some of the ideas forward.

## Raltegravir endorsed for NHS use in Scotland

Raltegravir (Isentress) has been accepted for use within NHS Scotland in combination with other antiretroviral agents for the treatment of HIV-1 infection in treatment-experienced adults.

The Scottish Medicines Consortium says that raltegravir tablets can be used in patients with evidence of HIV-1 replication despite ongoing antiretroviral therapy. However, it is restricted to those who are resistant to three of the widely used classes of antiretroviral drugs.

The SMC has also accepted imiquimod (Aldara) cream for restricted use for the topical treatment of clinically typical, nonhyperkeratotic, nonhypertrophic actinic keratoses on the face or scalp. It can be used in immunocompe-

tent adult patients when the size or number of lesions limit the efficacy or acceptability of cryotherapy, and other topical treatment options are contraindicated or less appropriate.

In the latest round of appraisals, the SMC rejects three medicines. Lenalidomide (Revlimid) in combination with dexamethasone for the treatment of multiple myeloma in patients who have received at least one prior therapy was rejected because the manufacturer did not present a sufficiently robust case. Aliskiren (Rasilez) for the treatment of essential hypertension and escitalopram (Ciprallex) oral drops, tablets and solution for the treatment of social anxiety disorder were rejected because a submission was not received.

## New treatment for chronic myelogenous leukaemia

Nilotinib — a new protein-kinase inhibitor — is now available for treating chronic myelogenous leukaemia (CML). Marketed by Novartis as Tasigna, the medicine is indicated for the treatment of adults with chronic phase and accelerated phase Philadelphia chromosome positive CML, with resistance or intolerance to previous therapy, including imatinib.

Nilotinib is primarily metabolised in the liver and its elimination can be influenced by medicines or foods that are strong inducers or inhibitors of cytochrome P450 isoenzyme CYP3A4. The drug is a relatively strong inhibitor of several cytochrome P450 isoenzymes (including CYP3A4, CYP2C8, CYP2C9 and CYP2D6) and can reduce clearance of substances that they metabolise.

Nilotinib has been shown to prolong cardiac ventricular repolarisation. The drug should be prescribed with caution for patients taking medicines that can lead to QT prolongation and patients who have or are at risk of developing QT prolongation.

The usual dose of nilotinib is 400mg twice a day. Because the bioavailability of nilotinib is increased by food, each dose should be taken at least two hours after food and no food should be consumed for at least an hour after dosing.

□ **Lotemax eye drops** A new corticosteroid eye drop for treatment of inflammation following ocular surgery has been launched by Bausch & Lomb. Loteprednol etabonate 0.5 per cent eye drop (Lotemax) — a prescription-only medicine — is recommended for use 24 hours after surgery and should be continued no longer than 14 days.

**Notice-board p621**

## Scotland's Deputy First Minister opens Glasgow pharmacy

Scotland's Deputy First Minister and Cabinet Secretary for Health and Wellbeing Nicola Sturgeon officially opened High Street Pharmacy in Glasgow this month.

Ms Sturgeon is pictured with the pharmacy's managing director Asghar Mohammed (right)

The pharmacy has three consultation rooms and Ms Sturgeon saw demonstrations of its services, including the minor ailment service, smoking cessation and methadone supervision.



# Virgin Healthcare in talks with pharmacy businesses

Virgin Healthcare, the division of Richard Branson's business empire that is looking to move into general practice, is in talks with several pharmacy companies, *The Journal* can reveal.

The talks form part of Virgin's strategy to add profitable services to its proposed Virgin health centres, the first of which is due to open within five months.

Mark Adams, chief executive of Virgin Healthcare, told *The Journal* that the company is working in partnership with GPs to modernise healthcare, adding that around 300 GP practices wanted to talk to Virgin about the possibility of working together in the future.

"Virgin doesn't pretend to have all the answers," he said. "But we are an organisation that is quite good at innovation and we have capital resources."

He explained that GPs will retain clinical control and remain on their general medical



services (GMS) or personal medical services (PMS) contracts, as well as retaining any income generated under the Quality and Outcomes Framework system.

"We believe [neither Virgin nor] any other commercial organisation should join the

band wagon of centrally imposed, top down new entrants in primary care," he said.

Virgin will provide investment in the infrastructure of the practice and will take over the employment contracts of practice staff, such as reception and administrative staff.

Asked how Virgin plans to achieve a return on its investments, Mr Adams said that the company would, in effect, be subsidising general practice and would be looking at the opportunities provided through add-on services such as ophthalmology and dentistry. He also said that Virgin is talking to several pharmacy businesses as part of the company's longer-term strategy.

A spokeswoman for Virgin confirmed that negotiations were taking place but added: "We are not at a stage to make a further statement on the pharmacy side. But things are moving forward."

Mr Adams, who was speaking at a King's Fund event on the future of general practice, held in London last week, confirmed that GPs working within Virgin health centres would be entitled to a 10 per cent share in business profits, on top of any income derived through their contracts or the QOF system. The bonus, he said, would be linked to customer care and feedback from patients, and would be withheld from under-performing GPs.

## PSNC backs doctor dispensing in remote areas

"We have no wish for a dispute with dispensing doctors," Pharmaceutical Services Negotiating Committee chief executive Sue Sharpe said this week following a House of Commons debate on the future of GP dispensing.

"Some representatives of dispensing doctors have voiced concerns about proposals in the pharmacy White Paper to change the rules governing market entry for dispensing doctors," Mrs Sharpe said after the debate. "These proposals form a very small part of the White Paper, which has been welcomed by many in healthcare."

MP Tony Baldry (Con, Banbury) told the Commons that "there are dispensing practices throughout England that are very concerned because it would seem that the Government wishes to give pharmacies a monopoly on dispensing".

He said: "If the Government genuinely wants to give patients real power and control over services they receive, the least the Government could do is to allow people the freedom to decide where they would like their prescriptions dispensed."

"Proposals in the White Paper, if implemented, would mean that a GP surgery with more than about 3,000 registered patients would not be able to dispense drugs. No GP surgery with a chemist within a mile

of the surgery would be allowed to dispense drugs. The opportunity for dispensing doctors to continue dispensing would be completely dependent on whether a pharmacist decided to open a shop within a mile of their surgery. . . . If doctors are prevented from dispensing, the resulting loss of income for the practice will in many instances also mean a reduction in patients services."

Mrs Sharpe said in her response: "Doctor dispensing remains necessary for some patients — those who live in remote rural areas without ready access to a pharmacy. However, we also wish all patients to have access to the full range of primary care services, including the pharmacy services that a community pharmacy provides. This means that, in our view and the view of many others, pharmacy services should be available to everyone throughout the country, wherever they live. This is all the more important given the plans to extend the services provided by community pharmacies, as set out in the White Paper."

"We would like to work with representatives of dispensing doctors and the Department of Health to ensure that we continue to recognise that in rural areas where ready access to a pharmacy is not available, patients are able to obtain their prescription medicines from a dispensing doctor," she asserted.

### In brief

#### Digital orders for repeat scripts

About 8 million UK patients will soon be able to order repeat prescriptions digitally. DigiTV, in partnership with EMIS, is offering the service through interactive TV, mobile telephones and the internet. The service is available via Sky, Virgin and Freeview boxes with a modem or broadband connection, and on mobile phones that allow internet access.

#### Clarification on PCT procurement

The approaches and behaviours that service providers should expect of primary care trust commissioners are clarified in a new Department of Health guide, "PCT procurement guide for health services". It is available at [www.dh.gov.uk](http://www.dh.gov.uk).

#### Williams retires from PSNC

Steven Williams has retired from the Pharmaceutical Services Negotiating Committee after six years as chairman of the funding and contract subcommittee and as a member of the negotiating team. He will be replaced as subcommittee chairman by Peter Cattee. Digby Emson has also retired from the PSNC.

## Strategies to minimise dispensing errors identified

Several strategies for minimising dispensing incidents have been suggested by researchers after a study showed that dispensing the wrong strength of the correct drug is the most common error reported by Welsh hospitals (*International Journal of Pharmacy Practice* (2008;16:175)).

A total of 1,005 unprevented dispensing incidents were reported to the UK Dispensing Error Analysis Scheme by 20 hospitals in Wales between January 2003 and December 2004. Researchers calculated the incident rate as 16 per 100,000 items dis-

persed (range 0.2–46). There was no difference between this rate and that reported by UK hospitals (18 per 100,000 items,  $P=0.676$ ) as a whole, they say.

The other most common incidents reported were dispensing the wrong drug (17 per cent), wrong form (13 per cent) or printing the wrong warnings or directions on the label (11 per cent). Dispensing the wrong strength of drug accounted for 24 per cent of errors. The drugs most commonly involved in incidents were insulin, nifedipine and carbamazepine.

The researchers identify a number of factors that contributed to dispensing errors, including drugs that look or sound alike, high workload, low staff levels and inexperienced staff. Strategies suggested for minimising errors are using shelf labels to highlight different strengths or formulations of the same drug, educating staff about easily confused drugs and using distinct computer codes for similar sounding drugs. The researchers also propose that drug procurement teams could review product packaging to avoid purchasing drugs where corporate images may cause confusion.

## Double checking medicines may contribute to rather than stop errors

Double checking medicines to ensure accuracy may actually contribute to errors rather than prevent them, a researcher suggests.

Such practice is typically perceived as being an effective defence against errors but outcomes have not been tested, according to Gerry Armitage, a senior research fellow at Bradford Institute for Health Research.

He analysed 991 drug error reports from Bradford Hospitals Trust and carried out 40 in-depth interviews with 10 pharmacists, 15 doctors and 15 nurses at the trust about drug errors.

Of the healthcare professionals interviewed, 85 per cent (34) talked extensively about the double checking of drugs but thought the process was inconsistent. Four issues came up, said Mr Armitage: deference to authority where senior staff were assumed to be correct; reduction of responsibility; automatic processing; and lack of time.

"One doctor said he was concerned that fellow medical staff as well as nursing staff just assumed he would have the right answer because he was who he was," Mr Armitage told

a Healthcare Events conference on patient safety on wards in Manchester last week.

Mr Armitage's research has been published online in the *Journal of Evaluation in Clinical Practice*, in which he concludes: "Double checking medicines should be a selective and systematic procedure informed by key principles and encompassing certain behaviours."

Interruptions were also linked to drug errors, according to the interviewees. Both social and business interruptions impacted on the ability of staff from all three professions to concentrate on preparing medicines for patients, they said.

And despite managers being keen to reduce drug errors, they contributed by pulling staff away from what they were doing.

Some said they had learnt not to tolerate interruptions. One said: "I've turned round to people and actually said 'I'll come and talk to you about it in a little while, just let me do this.' But not in a confrontational way."

Mr Armitage recommended a red flags system to protect staff involved in key tasks from interruptions, more training for staff



When double checking drugs, deference to authority may contribute to errors

on why errors occurred and called for an attitudinal change with staff refusing to be interrupted.

## Pharmacists in Canada oppose EHC move from behind the counter

Emergency hormonal contraception (EHC) is being made available on pharmacy shelves rather than from behind the counter in Canada following a recommendation from the regulatory authorities.

However, the move is opposed by the Canadian Pharmacists Association, which wants the product levonorgestrel, sold as "Plan B", to remain a behind-the-counter drug.

The decision to change the status of levonorgestrel to a self-select pharmacy product was taken by Canada's National Association of Pharmacy Regulatory Authorities.

It followed a recommendation from a national advisory committee, which was concerned that the behind-the-counter status of levonorgestrel was impeding some women's access to EHC because it meant they had to request the treatment from a pharmacist.

But Janet Cooper, the senior director of professional affairs at the Canadian Pharmacists Association, said that there was no evidence to suggest that women's access to the treatment was affected by it being a behind-the-counter drug. She said that the results of pharmacist consultations since the treatment was taken off prescription in 2005, showed that some women who request EHC are actually not at risk of pregnancy while others are out of time so the treatment is ineffective.

Ms Cooper said: "Canada will be the only country providing the drug so openly. What will be lost is the opportunity for a pharmacist to use consultation on emergency contraception as a bridge to a referral to other healthcare providers, when needed, as well as providing important education regarding contraception and reproductive health."

In the UK, the National Pharmacy Association backed the Canadian pharmacists and said it would be opposed to moving EHC in the UK from a pharmacy-only drug to one that could be self-selected.

The NPA's chief pharmacist and director of practice Colette McCreedy said it is important that a request for EHC remain linked to a pharmacy consultation.

She said: "It's important that people get the right advice when requesting it as there have been cases where it is being used as a regular form of contraception.

"I think it is important to get the balance right — you have to make it available without prescription so that people have a choice of where to go but there also has to be an element of control and support available."

# Pre-pandemic bird flu vaccine approved for Europe

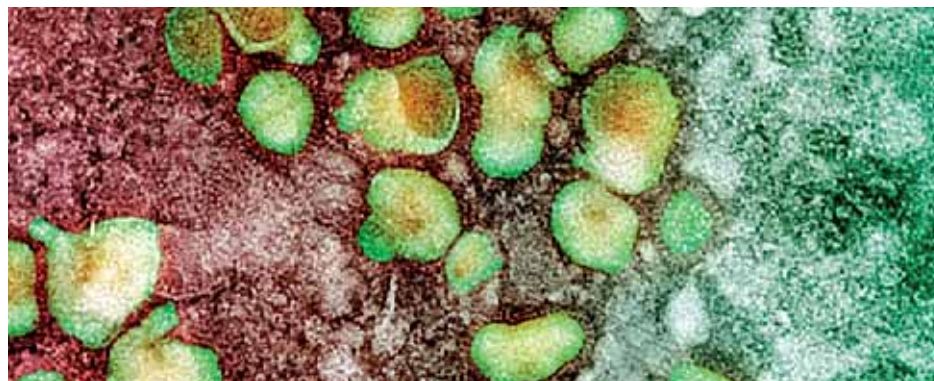
This week the first marketing authorisation for an H5N1 pre-pandemic vaccine for humans — GlaxoSmithKline's Prepandrix — has been granted by the European Commission.

Pre-pandemic vaccines are based on the currently circulating avian H5N1 influenza virus strains considered likely to cause a pandemic. They can be administered either before or during an official pandemic to trigger an immune response which will provide some cross protection while awaiting development of a pandemic vaccine.

Once the flu strain is known it is expected to take 12 weeks to develop a final vaccine. However, the European Centre for Disease Prevention and Control says that a pandemic vaccine would not be available to administer to the general population until at least six months after the start of a pandemic.

The EC approval of Prepandrix means that it is now licensed in all 27 EU member states for active immunisation against H5N1 subtype of influenza A virus in adults from 18 to 60 years old. GSK has already signed contracts for pre-pandemic vaccine orders with the US and several EU countries, including Switzerland and Finland but not the UK.

A spokesman for the Department of Health told *The Journal*: "We have no specific



MBS/Science Photo Library

Avian influenza virus particles: GlaxoSmithKline's pre-pandemic H5N1 vaccine has been approved for human use

plans at present to buy Prepandrix. However, the science underpinning the further development and potential use of pre-pandemic vaccine is cutting edge and has just been reviewed by UK, and other international experts. We are actively considering their findings and the implications for our policy to inform future decisions."

□ **Tamiflu resistance** Pandemic stockpiles of oseltamivir (Tamiflu) should be augmented with additional antiviral drugs, including zanamivir (Relenza), according to researchers from the Medical Research Council and the

University of St Andrews. The researchers studied the detailed structure and properties of neuraminidase mutants from H5N1 patients and found that they were resistant to oseltamivir but still strongly inhibited by zanamivir. The reason for resistance to oseltamivir was an altered hydrophobic pocket in the active site of the enzyme required for oseltamivir binding, say the researchers.

In response, Roche, manufacturer of Tamiflu, pointed out that the paper does not establish the clinical relevance of molecular-level resistance.

## Pharmacist independent prescribing may improve antibiotic use

Prudent use of antibiotics will increase as more pharmacists qualify as independent prescribers, a group of MPs, healthcare professionals and patient group and industry representatives were told this week.

Speaking at a Westminster Health Forum seminar about healthcare-associated infections and patient safety, Wendy Lawson, lead pharmacist, infectious diseases, Imperial College Healthcare NHS Trust, outlined the contribution of pharmacists to infection control.

She described the pharmacist's role in antibiotic policy development, noting that at her trust the infectious diseases (ID) pharmacists, together with the ID consultants, have designed an antibiotic "pocket guide" for doctors, as well as drawing up guidance on infection prophylaxis in surgical patients.

Responding to questions about how the hospital infection control team links with community services, Ms Lawson explained that a primary care trust pharmacist sits on the hospital trust's antibiotic steering group, and that trust guidelines take the PCT antibiotic guidelines into consideration. The PCT walk-in centre antibiotic guidelines are also endorsed by the hospital trust antibiotic steering group and the ID pharmacist is involved in training nursing staff at the centre.

Ms Lawson added that the trust's ID team is also developing a patient group direction to speed up patient access to meticillin-resistant *Staphylococcus aureus* eradication therapy when it is prescribed on an FP10 in pre-assessment clinics.

## Chronic diseases overtaking infectious diseases, says WHO

Chronic conditions, such as heart disease and stroke, are overtaking infectious diseases like tuberculosis and malaria as the main causes of death across the world, according to new statistics published by the World Health Organization this week.

Over the next 25 years the number of deaths attributed to non-communicable disease will rise significantly as the world's population continues to live longer, the World Health Statistics 2008 report points out. By 2030 the top four causes of death will be ischaemic heart disease, stroke, chronic obstructive pulmonary disease and lower respiratory disease (mostly pneumonia), it predicts.

And although deaths from HIV are expected to rise to a peak in 2012 when the disease will be responsible for ending 2.4 million lives, the report estimates that the annual death toll will fall to 1.2 million by 2030.

By that same date chronic disease and death following a road traffic accident are expected to be responsible for around a third of all deaths in the world, the report based on 73 health indicators from WHO's 193 member states reveals.

Meanwhile, the annual meeting of the World Health Assembly in Geneva was told this week that soaring food prices, climate change and pandemic influenza are the key influences on global health in the future.

## New alliance to improve access to affordable drugs in developing countries

The Medicines Transparency Alliance, which aims to contribute to increased access to affordable essential medicines in developing countries in co-operation with pharmaceutical companies, was launched last week.

International institutions, the World Health Organization, the World Bank, governments, non-profit organisations and businesses have joined together to form the alliance, which will be piloted over two years in Ghana, Uganda, Zambia, the Philippines, Jordan, the Kyrgyz Republic and Peru.

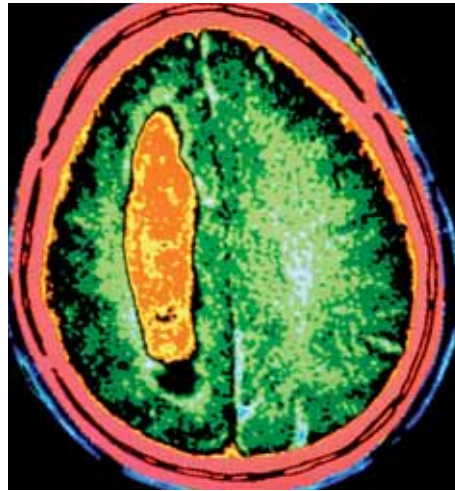
# Treatment with haemostatic agent does not improve stroke survival

Therapy with the haemostatic agent recombinant activated factor VII (rFVIIa) reduces haematoma growth but does not improve survival or reduce severe disability after intracerebral haemorrhage, findings of a phase III trial show.

The results are in contrast with those of an earlier trial, which showed that rFVIIa produced a relative reduction in mortality when administered within four hours of the onset of stroke (*PJ*, 5 March 2005, p263).

In the current study, researchers randomly assigned 841 patients to receive placebo or rFVIIa (20 or 80µg/kg body weight) within four hours of the onset of stroke. They found that treatment with rFVIIa 80µg/kg resulted in a reduction in the growth of haemorrhage volume.

The mean estimated increase in volume of intracerebral haemorrhage at 24 hours was 26 per cent in the placebo group compared with 18 per cent ( $P=0.09$ ) and 11 per cent ( $P<0.001$ ) in the 20µg and 80µg rFVIIa groups, respectively. However, no significant difference was seen among the three groups in the proportion of patients with poor clinical outcomes (24 per cent in the placebo group, 26 per cent and 29 per cent in the 20µg and 80µg rFVIIa groups, respectively).



**Intracerebral haemorrhage: severe disability not reduced by rFVIIa**

The researchers conclude: "Whether the haemostatic effect can translate to a clinical benefit in a subgroup of patients at high risk for active bleeding, either by treatment within an earlier time window or by demonstration of intrahaematoma contrast extravasation after CT angiography, deserves further study." (*New England Journal of Medicine* 2008;358:2127.)

# SSRI may help head/neck cancer depression

Prophylactic treatment with citalopram may decrease the incidence of depression in patients undergoing therapy for head and neck cancer, a double-blind pilot trial suggests (*Archives of Otolaryngology — Head and Neck Surgery* 2008;134:528).

Researchers randomised 36 subjects, aged 19 years or older, with newly diagnosed or recurrent head and neck cancer requiring more than limited excision, to receive either citalopram hydrobromide 40mg or placebo for 12 weeks. They say that major depressive disorder has been reported in up to 40 per cent of patients with head and neck cancer, typically within the first three months of diagnosis, but

is rarely identified and almost never treated in these patients.

After 12 weeks, of those who completed the study, two out of 12 patients (17 per cent) taking citalopram had major depressive disorder compared with four out of 10 patients (40 per cent) taking placebo, although the difference in this small sample was not statistically significant. No patients in the citalopram group became suicidal compared with two in the placebo group.

The researchers conclude: "This study suggests a tangible means to improve outcome in patients with head and neck cancer and supports additional research toward this aim."

## Drug development

### Three-monthly regimen for psoriasis

Ustekinumab, a human interleukin-12/23 monoclonal antibody, administered by subcutaneous injection every 12 weeks, led to at least a 75 per cent improvement in the psoriasis area and severity index score in 66–76 per cent of patients compared with 3–4 per cent of placebo-treated patients (*Lancet* 2008;371:1665 and 1675). The phase III trials included almost 2,000 patients and the effects of ustekinumab were maintained for 52 to 76 weeks. Serious adverse events did not differ between the treatment and placebo groups.

### Hope for pulmonary fibrosis

Pirfenidone, an anti-inflammatory and antifibrotic compound, stabilises lung function and improves progression-free survival in patients with idiopathic pulmonary fibrosis, according to a phase III study presented at the American Thoracic Society's international conference in Toronto this week. The study included 275 Japanese patients with mild to moderate disease who received high- or low-dose pirfenidone, or placebo. At one year, loss of lung capacity was lower in the high-dose pirfenidone group than in the placebo group ( $P=0.0416$ ) and progression-free survival was longer ( $P=0.0280$ ).

### New development programme

AstraZeneca's AZD0424, a tyrosine kinase inhibitor, is the first drug to enter Cancer Research UK's clinical development partnerships programme. The programme was launched to support the development of promising anticancer agents by offering companies an alternative to traditional out-licensing. The manufacturer retains rights to the drug throughout its development. Cancer Research UK and Cancer Research Technology, the charity's development and commercialisation arm, announced the arrangement this week. AZD0424 is expected to enter trials within 18 months.

### Guanfacine reduces ADHD symptoms

Guanfacine, a selective  $\alpha_{2A}$ -adrenoceptor agonist, has been shown to reduce symptoms of attention deficit hyperactivity disorder (ADHD) in clinical trials. A pooled analysis presented by Shire Pharmaceutical Development at the American Psychiatric Association annual meeting this month showed that participants treated with guanfacine had an improved ADHD rating scale score compared with placebo ( $P<0.001$ ). Further results indicated that guanfacine reduced ADHD symptoms (as rated by parents) at all time points over 24 hours.

Access to *PJ Online* is free to all

#### Retail Round-up

The May issue is now online. Features include the financial benefits of minor ailments schemes, producing pharmacy newsletters, protecting staff in the workplace, answers to common retail problems and wholesaler updates.

Back issues from January 2007 onwards are also available.  
[www.pjonline.com/rr](http://www.pjonline.com/rr)

#### Landmark drugs

The latest article in this series considers the early history of interferon. Other featured drugs are ciprofloxacin, propranolol, propofol, fluoxetine, cimetidine, salbutamol and zidovudine.  
[www.pjonline.com/series](http://www.pjonline.com/series)

#### Letters to the editor

The letters pages are available as a PDF file every Thursday on the homepage.  
[www.pjonline.com](http://www.pjonline.com)

# Benefits of antihypertensives independent of age

The benefits of reducing blood pressure with various antihypertensive drugs are independent of patients' ages, according to research published in the *BMJ* (2008;336:1121).

A meta-analysis of 31 trials (involving 190,606 patients) examined outcomes for patients randomised either between a blood-pressure-lowering drug and a control intervention (placebo or less intensive blood pressure treatment) or between regimens based on different classes of antihypertensive drugs.

Researchers in Sydney, Australia, compared cardiovascular risk reductions achieved with different classes of antihypertensive

drugs in younger (less than 65 years of age) and older (aged 65 years or older) people.

The researchers say that observational studies have shown that blood pressure levels are strongly and directly related to the relative risks of stroke and heart disease but that the strength of the association has been found to decline with increasing age.

However, they found that the relative risk reduction for major cardiovascular events achieved with blood pressure lowering drugs did not seem to decline with age. The data also show no strong evidence for the selective use of specific classes of drug with respect to age.

The authors comment that there were relatively few data for those under 50 years of age and for those over 80 years and that one of the limitations of the analysis was that the difference in mean age between the older and younger participants was only about 15 years.

They add that their results do not completely exclude the possibility of differences in the proportional effects of blood pressure lowering regimens between age groups but that any such differences are likely to be small. They comment: "Factors such as tolerability and cost are probably reasonable bases



Ramona Heim/Stockphoto

Antihypertensive therapy: benefits independent of age

## Poor adherence

In another study of antihypertensive drug treatment published in the *BMJ* (ibid, p1114), researchers carried out a retrospective analysis of dosing histories of 4,783 patients, in phase IV clinical studies, prescribed once daily antihypertensive drugs (including angiotensin II receptor blockers, calcium channel blockers, angiotensin-converting enzyme inhibitors, beta-blockers and diuretics).

The researchers found that about half of the patients who were prescribed an antihypertensive medicine had stopped taking it within a year. In addition, they say that early discontinuation of treatment and suboptimal execution of once daily dosing regimens are the most common characteristics of poor adherence.

for choice of drug so long as effective blood pressure reduction is achieved."

The authors of an accompanying editorial (ibid, p1080) say that, although the analysis strongly supports early and aggressive management of hypertension, irrespective of age, similar proportional reductions in risk across the age range translate into much higher absolute benefit in older patients than in younger ones and that antihypertensive treatment should be embedded within the management of global cardiovascular risk.

They suggest that the analysis does not exclude the possibility that diuretics and calcium channel blockers might be more appropriate first-line treatments for older people than angiotensin-converting enzyme inhibitors (or other inhibitors of the renin-angiotensin system), as indicated by new British guidelines.

# Outcomes not improved when PCI is facilitated with abciximab

Using abciximab plus reteplase or abciximab alone to facilitate percutaneous coronary intervention (PCI) does not improve clinical outcomes in patients with ST-segment elevation myocardial infarction, an international, multicentre study published this week shows. Furthermore, incidence of major haemorrhage was found to be increased (*New England Journal of Medicine* 2008;358:2205).

The findings come from the facilitated intervention with enhanced reperfusion speed to stop events (FINESSE) study in which 2,452 patients who presented within six hours after the onset of symptoms were randomly assigned to receive abciximab plus half-dose reteplase (combination-facilitated PCI), abciximab alone (abciximab-facilitated PCI), or placebo (primary PCI) immediately in a 1:1:1 ratio.

The researchers say that, to date, trials that have tested the concept of 'facilitated angioplasty' with fibrinolytic agents and glycoprotein IIb/IIIa inhibitors have been limited by small numbers of participants, the risk of bleeding among patients receiving the therapy, enrolment of a low-risk cohort and, perhaps, an excess risk associated with PCI.

They suggest that the FINESSE trial addressed several of these shortcomings but did

not show any significant differences in the primary endpoint — composite of death from all causes, ventricular fibrillation beyond 48 hours of randomisation, cardiogenic shock and congestive heart failure requiring admission to hospital within 90 days — between groups.

Although the study ended early because of slow enrolment of patients, the researchers say that this is unlikely to have changed the outcome. They conclude that the use of either abciximab alone or abciximab plus reduced-dose reteplase to facilitate reperfusion in anticipation of urgent PCI for patients with an ST-segment elevation MI cannot be justified by the results of the trial.

In an accompanying editorial (ibid, p2277), Jane Leopold, Brigham and Women's Hospital, Harvard Medical School, Boston,

says: "The results of this trial lead to the same question evoked by prior studies — namely, why facilitated PCI, the marriage between two proven reperfusion strategies for the treatment of ST-segment elevation myocardial infarction, does not improve the clinical outcome. One obvious explanation is that the time gained by early pharmacological reperfusion does not compensate for the delay to PCI. . . . A second plausible explanation is that early reperfusion of the infarct-related artery may not reflect tissue-level myocardial reperfusion." She adds: "It is time to abandon the routine use of combination-facilitated PCI until a regimen for facilitated pharmacological treatment that improves the clinical outcome and minimises the risk of bleeding when it is administered before PCI is identified."

## Bivalirudin in primary PCI

In patients with ST-segment elevation myocardial infarction undergoing primary percutaneous coronary intervention, anticoagulation with bivalirudin alone, as compared with heparin plus a glycoprotein IIb/IIIa inhibitor, results in significantly reduced 30-day rates of major bleeding and increased event-free survival, a randomised study of 3,602 patients (presenting within 12 hours after the onset of symptoms) shows.

Rates of major adverse cardiovascular events were similar in the two treatment groups. However, bivalirudin alone significantly reduced the rates of death from cardiac causes and all causes at 30 days (*New England Journal of Medicine* 2008;358:2218).

# No clearly superior drug therapy for osteoporosis

Differences in non-vertebral fracture risk between adults prescribed risedronate or raloxifene and those prescribed alendronate are small, a new analysis reveals. However, patients with osteoporosis receiving nasal calcitonin may be at a higher risk for non-vertebral fractures than alendronate recipients (*Annals of Internal Medicine* 2008;148:637).

In an observational study of 43,135 new recipients of oral bisphosphonates, nasal calcitonin or raloxifene, researchers from the Brigham and Women's Hospital, Harvard Medical School and Boston University, Massachusetts, compared the relative effectiveness of osteoporosis treatments in reducing non-vertebral fracture risk among adults aged 65 years or older, 96 per cent of whom were women.

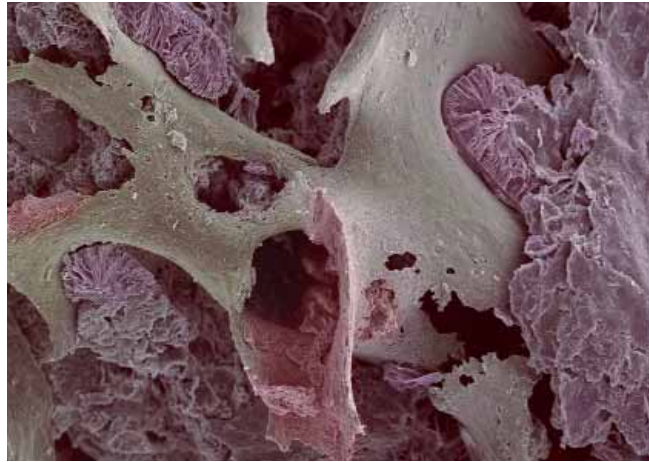
A total of 1,051 non-vertebral fractures were observed within 12 months of the start of treatment (2.62 fractures per 100 person-years). No differences in fracture risk were found between patients receiving risedronate (hazard ratio 1.01, 95 per cent confidence interval 0.85–1.21) or raloxifene (1.18, CI 0.96–1.46) and those receiving alendronate.

However, among those with a fracture history, raloxifene recipients experienced more non-vertebral fractures within 12 months

(1.78, CI 1.20–2.63) compared with alendronate recipients.

The researchers also found that patients who received calcitonin were at a 40 per cent higher risk of non-vertebral fractures than those who received alendronate (1.40, CI 1.20–1.63). They add that the results were similar in sensitivity analyses that examined different lengths of follow-up (six and 24 months) and that were restricted to hip fracture as the outcome.

Commenting on their findings, the researchers say: "Our results contrast with findings from other observational studies that document risedronate as more effective than alendronate in preventing non-vertebral fractures. Our findings are also somewhat surprising because randomised controlled trials show that alendronate improves bone mineral density and reduces bone turnover markers better than risedronate." They add that restricting their study



Steve Gschmeissner/Science Photo Library

**Osteoporosis: bone is at risk from fracture**

to new recipients of pharmacotherapies approved for osteoporosis treatment and by studying only hip, humerus and radius or ulna fractures may account for the differences seen.

"Future studies that are better able to adjust for potential unmeasured confounding may help to clarify the extent of difference in fracture prevention among osteoporosis therapies," they conclude.

## Online medicines management training wins IT award for Northumbrian hospital trust

An online medicines management training programme for hospital staff, developed by pharmacists, has won national recognition.

The initiative by pharmacists at Northumbria Healthcare NHS Foundation Trust was named this year's winner in the First DataBank Europe/Guild of Healthcare Pharmacists/United Kingdom Clinical Pharmacy Association information technology award.

The training programme is aimed at all staff involved in the trust's medicines management service and can be accessed via the trust's intranet.

The computer-based system offers personalised training by automatically selecting questions that are relevant to individual members of staff and assesses answers accord-

ing to their role and the level of training they are undergoing.

In the past, medicines management training was offered at face-to-face monthly sessions held for all staff who were given the same general information. The success of the traditional model depended on staff regularly attending the sessions. There were also concerns about whether the training matched individual staff needs.

Neil Kirby from the guild's IT interest group said: "We particularly liked the resourcefulness of this project as it is a big step towards bridging a gap in medicines management training. The concept could easily be transferred to other areas of training within the trust and indeed to other trusts throughout the UK."

## Long-term funding for IM&T support announced in Scotland

New funding for primary care information management and technology (IM&T) facilitators was announced this week by the Scottish Government. The facilitators support pharmacists, doctors and dentists with the IM&T aspects of their respective contracts in Scotland.

Until now, the pharmaceutical and dental IM&T facilitator posts had been funded an-

nually from central funds. Now they will be funded on a recurring basis through money that is being allocated to NHS boards.

"This will provide boards with continuity in terms of IM&T funding across the three contractor professions in order to meet the primary care facilitation needs of their areas," an NHS circular states. The circular also provides details of the funding allocations.

### Scottish palliative care

Palliative care model schemes will continue in Scotland, following a 2008–09 funding announcement for NHS boards made this week by the Scottish Government. The funding is not recurring and arrangements for future years — including how the schemes will integrate with the new community pharmacy contract — are still to be decided.

### Prescribing training for medics

The British National Formulary is at the centre of a new online learning tool for medical students. The BNF Prescribing Practice resource — available at the BMJ Group's OnExamination.com — provides a range of case studies to help students improve their prescribing knowledge.

### Survey highlights role in obesity

Over 90 per cent of pharmacists think they are best placed to advise patients how their behaviour can help them lose weight, are keen to offer advice around weight loss medication, and believe that, with the right support, pharmacists can run obesity reduction services, a survey of 350 European pharmacists reveals.

### In brief