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New children's formulary — BNF for Children is launched

The British National Formulary for Children (BNF-C) was launched by the Pharmaceutical Press on 20 September. Organised by the familiar British National Formulary (BNF) classifications, the publication covers licensed and unlicensed medicines for neonate to adolescent patients aged up to 18 years. It offers advice on all important aspects of medicines, ranging from guidance on choosing the best drug for a disorder to the specific dose and formulation suitable for a child.

Working under the supervision of an expert paediatric formulary committee, BNF-C has been developed with the assistance of an extensive network of paediatric advisers. It has been jointly produced by the British Medical Association, the Royal Pharmaceutical Society, the Royal College of Paediatrics and Child Health (RCPCH) and the Neonatal and Paediatric Pharmacists Group. A website to support and update information in BNF-C is also being constructed and will be available soon at www.bnfc.org.

The publication, supported by the Department of Health, follows one strand of its children's medicines strategy



BNF for Children is organised by the familiar BNF classifications

launched in August this year — to improve the provision of information on children's medicines. It has replaced the RCPCH's publication 'Medicines for children' and is intended for use by those involved in prescribing, dispensing and administering medicines to children. It has been distributed to all NHS pharmacists, doctors and extended formulary nurse prescribers in England (the same distribution as the BNF).

Ian Costello, lead editor of BNF-C, emphasised that the reader is expected to use appropriate professional knowledge and expertise to

interpret the content in the context of the individual child. He added: "This will not replace the need for local formularies, where the doses may differ due to specialist practices."

Annual revisions, with a new edition produced each year, will ensure that the work remains at the forefront of practice. Mr Costello said: "BNF-C will continue to develop and take in innovative treatments and new evidence as they become available."

An insert has been provided with each copy to allow users to provide feedback on the publication and this information will be used to help shape subsequent editions.

brief

■ NHS cash shortfalls have been highlighted in a recent survey by the British Medical Association. The survey claims that three out of four NHS trusts face a cash crisis this financial year, with an average shortfall of £6.2m. A third of the 120 trusts that took part in the survey said that services would have to be cut to clear the debt. However, the NHS Confederation says pharmacy services are likely to escape any such spending cuts.

■ Tackling complex bioequivalence issues is the subject of a meeting on 24–26 October at the Royal Pharmaceutical Society. Organised by the Society, the International Pharmaceutical Federation and the Academy of Pharmaceutical Sciences, the meeting will consider areas including dermatological drugs, oral inhalation products and integrating biopharmaceutics and clinical pharmacology. Further information is available from www.rpsgb.org/science.

■ The impact of European preferences on pharmacy education in the UK will be discussed at the Royal Pharmaceutical Society on 7 November. The symposium, led by the Academic Pharmacy Group and the Academy of Pharmaceutical Sciences will reflect the many positions in Europe, offer thoughts from different perspectives and will discuss the potential impact on schools of pharmacy.

■ Professional indemnity insurance for hospital pharmacists is a new service offered by the Pharmacists Defence Association. Since 1 October, hospital pharmacists have been able to obtain legal cover for any pharmacy post in hospitals, ranging from basic grade to the new consultant pharmacist level.

NICE plans faster drug guidance

The National Institute for Health and Clinical Excellence (NICE) is in discussion with the Department of Health over proposals for a revised process to allow more rapid appraisal of new drugs and health technologies. This will enable NICE, in selected cases, to issue guidance shortly after a drug becomes available for use in the NHS.

NICE is hoping to reduce the appraisal time to about six months which is half the time it takes to issue guidance at

present, with the prioritisation of new drugs that are expected to increase life expectancy. It is also looking to be able to begin appraisals before the products are licensed, so that guidance can be issued as soon as possible after a licence is granted.

The NICE board considered the proposals at a meeting on 21 September. Following this meeting, the proposals were submitted to the Department of Health on 23 September for urgent discussion before a final decision on their adoption. A

response is expected in a matter of weeks.

Andrew Dillon, chief executive of NICE, said: "We have listened to what patients and health care professionals have told us about the need for timely advice on the use of new medicines, particularly for life-threatening conditions such as cancer. We have responded by proposing a new, streamlined process for single drugs, and we think these proposals can make a real difference."

Bacteriophages — the new antibiotics?



There are few new antibiotics on the horizon

“With increasing resistance and so few antibiotics in development, we need to look at alternative options for the treatment of bacterial infections,” said Geoff Hanlon, professor of pharmaceutical microbiology at Brighton University. Speaking at the British Pharmaceutical Conference on 28 September, he suggested bacteriophages as a possible adjunct or alternative to antibiotics. He explained that bacteriophages are viruses that specifically kill one species of bacteria and that they have shown to be effective against 80–90 per cent of methicillin resistant *Staphylococcus aureus* and many other species of bacteria.

Professor Hanlon said that bacteriophages have many advantages over antibiotics, such as few side effects and no allergies. He explained that, unlike the development of new classes of antibiotics, they are cheap and easy to produce. He said that bacteriophages are effective against antibiotic-sensitive and antibiotic-resistant bacteria because they kill the bacterial cell by a different mechanism of action to antibiotics. He added: “They only kill harmful bacteria and therefore do not affect the natural bacterial flora.”

Professor Hanlon said that there are two types of bacteriophage — the lytic and the lysogenic phages. He stated:

“The lytic phages are the useful ones as they cause no harm to the individual but the lysogenic phages have no therapeutic benefit because they can act as latent viruses.” Professor Hanlon said that bacteriophages have been recognised since 1896 when they were found to be the reason that the river Ganges had antibacterial properties. He said: “Several trials followed this finding but produced variable results due to factors such as the limited understanding of basic phage biology, use of inappropriate phages, poor manufacturing procedures and misdiagnosis of the patient”. He added that bacteriophages have been used widely in the military and are part of standard health care in Eastern Europe.

There are several new phage-based products already in existence such as PhageBioDerm which is a complex of bacteriophages and bacteriocides which acts as an artificial skin, developed in 1995. Professor Hanlon said: “More products that have been developed by various drug companies are awaiting approval before marketing can go ahead.”

Several other alternatives to antibiotic therapy that he suggested could be researched more thoroughly were essential oils (such as tea tree oil), copper and methods such as activated oxygen and ultra violet light.