

April 2010

newsletter



supporting general
practice

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pharmacy news

Coming events

18 April First aid for depression Mildura Golf Club resort RVSP 9389 4013

29 April Combined West Vic Medication Review Group and Mallee Division RSVP Kerri p: 5381 1756.

9 May Drug Interaction Seminar Breakfast Creek QLD see attached flyer.

26-28 May National Medicines Symposium Melbourne Convention Centre www.nms2010.org.au

29-31 May AACP clinical seminar ConPharm Hobart Tasmania visit www.psa.org.au

Promoting Home Medicines Reviews

Home Medicines Reviews have the potential to improve your patients' understanding of their medications and thus may contribute to improving adherence to treatment and make a difference in their health status. Your pharmacy staff can identify people who may benefit from a HMR – look for people who take multiple medications and who appear slightly confused, those recently discharged from hospital (possibly with a new diagnosis, perhaps with new or ceased medications), those taking narrow therapeutic margin drugs such as digoxin, warfarin insulin, theophylline, lithium, amiodarone or anticonvulsants and people who are starting or are being considered for a dose administration aid such as a Websterpak. The pharmacist then writes to their GP requesting a HMR referral. The request for referral letter should be brief (no more than one page), professional and friendly in tone. Before sending the HMR request letter to the GP, ensure that the patient or their carer is asked whether they would like to receive the HMR service. For more information or for a format of an HMR request letter, please contact Debbie Norton, West Vic Division HMR facilitator on p: 5381 1756 or at e: d.norton@westvicdiv.asn.au.

TAIS funding to cease 30 June 2010

The National Prescribing Service has decided to discontinue the Therapeutic Advice and Information Service (TAIS) after 30 June 2010. While this service is recognised as a valuable source of information, the NPS Board thought it had limited reach and capacity and decided there was greater value in funding other new projects. Pharmacists are still able to phone TAIS for complex medication-related advice until 30 June 2010 on p: 1300 138 677.

New adverse drug reactions newsletter

Instead of the ADRAC bulletin, there is a new publication from the Therapeutic Goods Administration (TGA) called Medicines Safety Update, which will appear in hard copy in the Australian Prescriber and electronically on the website. As the names of those who used to receive the ADRCA bulletin cannot be automatically shifted across to the new email list, you need to subscribe. To register, visit <http://www.tga.gov.au/adr/msu-email.htm> Reports of adverse reactions to drugs are submitted via Blue Card obtained at <http://www.tga.gov.au/adr/bluecard.pdf>. These can be mailed or emailed back to adr.reports@tga.gov.au. Alternatively, reports can be submitted electronically at <https://www.ebs.tga.gov.au/ebs/ADRS/ADRSRepo.nsf?OpenDatabase>.

Getting access to professional journal articles

If you would like access to a journal article, medical librarians who are located at base hospitals are very helpful. They will obtain copies of articles from nearly all journals. Medical librarians are located at Horsham, Bendigo, Ballarat, Hamilton and Warrnambool base hospitals. Please contact them if wanting access to journal information.

What is the difference between a pigeon and a merchant banker? A pigeon can still put a deposit on a Ferrari.

Simplified medication labelling improves understanding

Simplifying the warnings on medication labels and inclusion of icons, can improve patients' ability to interpret and comprehend the labels according to a study. There can be a high level of incomprehension of meanings of labelling with consequent risk of adverse medication events. Over half of US patients tested misinterpreted one or more common and apparently simple label warnings. People with poor literacy were particularly more likely to misinterpret usual medication labelling. *Arch Intern Med 2010;170:50-6 12 January 2010.*

Resolve to be resilient

When we consider the complex and demanding issues we face each day it is often easier to ignore the frustrations and get on with the job. But stress levels can build up and our own well-being and work performance can suffer. To help look after yourself follow these tips from experts:

- Make your home a sanctuary – where you can rest and restore, as an essential counter-balance to stressful work environments. Make time for yourself and your family.
- Value healthy, caring relationships – nurture relationships with your partner, children, friends and colleagues.
- Have annual preventative health check-ups – allowing for early identification and management of physical or mental illness.
- Control stress, not people – whilst being in control might be important at work, controlling behaviours in personal relationships is damaging. Focus on the issue, not the person and take a break at home.
- Recognise conflict as an opportunity – have a calm debate over important issues to work out a resolution. Even if not able to resolve the issue you can strengthen your relationship with that person.
- Manage violence and bullying assertively – violent and bullying behaviours are unacceptable and damaging. Ask for that behaviour to stop. Report it to an appropriate person or service. Call the police if at risk.
- Make our professional organisations work for us – our professional organisation should advocate for our profession to improve conditions so that we can deliver a high quality service to our customers/patients. Speak up and get involved.
- Create a legacy – we each have potential as a role model for the future. We create a legacy through setting an example. Find meaning and purpose in your work, uphold integrity, identify role models and quality behaviours and support others.

Being proactive in having a resilient attitude ourselves so that we can care for others, helps build healthier and stronger workplaces, families and communities.

New Australian guidelines released on assessing and treating alcoholism

The Australian Department of Health and Ageing has published a quick reference guide on the treatment of alcohol-related problems. A quick reference guide and the full document can be found at <http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/treat>.

Precautions with black cohosh – inform staff who sell black cohosh

Women take black cohosh to assist with symptoms of menopause which are sometimes very severe. It was originally thought to have an oestrogenic action but now is thought to possess serotonergic activity. Black cohosh is approved in Germany for menopause at a dose of up to 40 mg daily for up to 6 months. In Australia black cohosh is a herbal medicine purchased OTC. There have been reports of liver failure following treatment with this herb, and although rare, this adverse effect is very serious and may require liver transplantation for survival. If selling black cohosh in your pharmacy, please advise patients to cease treatment if symptoms of liver impairment occur and to consult their doctor to check liver function and for management. Liver impairment symptoms include: jaundice, a yellow discoloration most often seen in the skin, in mucous membranes, and in the sclera of the eye; pale stools, dark urine, anorexia, malaise, sweet ketone breath, etc.

Caution when using quinine to treat muscle cramps

Although the effect is small, quinine can be useful in treating muscle cramps but should not be used routinely because of potential toxic effects, a new evidence-based review of the literature has concluded. Quinine should only be considered to treat muscle cramps when:

- the cramps are disabling,
- when other agents have failed to relieve symptoms, and
- after patients have been informed of potentially serious adverse effects.

Patients with amyotrophic lateral sclerosis (ALS) often have disabling muscle cramps and for many of these patients, quinine is the only agent that effectively treats their cramps, and sometimes improves their quality of life. Researchers searched medical databases from 1950 to 31 May 2008, and found 13 prospective clinical trials assessing interventions to treat muscle cramps. One good quality study showed a reduction in the cramps in patients treated with 300 mg of hydroquinine hydrobromide dihydrate compared with placebo. In 2 other studies, quinine reduced numbers of cramps by 25% to 40%. Serious adverse effects, including haemolytic uremic syndrome, thrombotic thrombocytopenia purpura, disseminated intravascular coagulation and bleeding diathesis, hypoglycaemia, retinal toxic effects, hepatotoxic effects, cardiac arrhythmias, pulmonary edema and hypersensitivity reactions, as well as tinnitus, headache and bitter taste were reported. Diltiazem and vitamin B complex were found to be possibly effective in treating muscle cramps. Some agents had no effect: gabapentin, vitamin E or stretching calf muscles. Although agents such as baclofen, carbamazepine and oxcarbazepine are used frequently in clinical practice to treat muscle cramps, there are no clinical trials in the literature evaluating their efficacy for this indication. *Neurology 2010;74:691-696.*

Paroxetine and fluoxetine should not be used by women taking tamoxifen

Paroxetine and fluoxetine should not be prescribed for depression or hot flushes in women who have had breast cancer and who are taking tamoxifen to prevent a recurrence. A new study shows that paroxetine reduces or abolishes the protective effect of tamoxifen against breast cancer recurrence and that women taking both drugs have an increased risk for death from breast cancer. Paroxetine and fluoxetine are strong inhibitors of the CYP2D6 enzyme that converts tamoxifen to its active metabolite, reducing the amount of active drug that is released. There is no justification for abrupt discontinuation of paroxetine or fluoxetine, however consider using citalopram or venlafaxine, drugs with low potential to inhibit CYP2D6, instead. This highlights a drug interaction that is very common and potentially life-threatening, yet avoidable. *British Medical Journal published online February 8.*

Improving statin adherence saves more lives than lowering treatment threshold

A simulation study using trial data suggests that improving adherence to statins among those currently considered eligible for treatment would prevent more cardiovascular deaths than lowering the present treatment threshold. Statins are effective in lowering blood cholesterol levels and reduce the risk of cardiovascular disease in those who take them. Effectiveness in practice is lower than that in trials because at least half those people started on the drugs will have stopped taking them within five years. According to their model, the authors conclude twice as many CVD deaths would be prevented by improving adherence in patients currently eligible for statin treatment as would be prevented by lowering the treatment threshold to produce a similar number of people taking the drugs – a strong message for pharmacists doing medication counselling and HMRs. *J Epidemiol Community Health 2010;64:109-113 published 13 January 2010.*

Risedronate for prevention of bone loss in aromatase inhibitor treatment

According to results from the SABRE trial, using risedronate (Actonel®) 35 mg weekly in postmenopausal women at risk of fragility fracture who were receiving anastrozole (Arimidex®) for hormone receptor-positive breast cancer, resulted in increased bone mineral density (BMD) over 24 months. Calcium and vitamin D were recommended for all patients. Those who did not receive active treatment showed a loss of BMD. *Journal of Clinical Oncology Early Release, published online ahead of print 11 January 2010.*

Marine omega-3 fatty acids may protect against cell aging

A study of patients with stable coronary artery disease over 5 years found that baseline blood level of marine omega-3 fatty acids was associated with the degree of leucocyte telomere shortening – a potential marker of biological ageing. Telomeres are repeated DNA sequences on the end of chromosomes that appear to be protective; they shorten with each cell division and their length appears to correlate with biological age. Studies have shown an association between short telomeres and cardiovascular morbidity and mortality and a high intake of omega-3 fatty acids is known to be protective against adverse cardiovascular events. The authors of this study used data from 608 participants from the Heart and Soul Study to determine omega-3 fatty acid levels and leucocyte telomere length at baseline and at 5 years. Participants in the lowest quartile of omega-3 fatty acid level had the fastest rate of telomere shortening, whereas those in the highest quartile experienced the slowest rate of telomere shortening. The association remained after adjustment for potential confounders and risk factors. The authors conclude that they showed a negative association between blood levels of omega-3 fatty acids and the rate of leucocyte telomere shortening over a five-year period. They suggest that this raises the possibility that omega-3 fatty acids might protect against cellular ageing in patients with cardiovascular disease. They note the limitations of their study and state that the association is observational and cannot be interpreted as causal; further research is needed to investigate this. *JAMA 2010; 303: 250-7 published: 20 January 2010.*

Chlorhexidine – alcohol superior to povidone iodine for pre-op skin cleansing

A controlled trial found that skin preparation before surgery using chlorhexidine 2%-alcohol (isopropanol 70%) was more effective in reducing post-operative surgical-site infections than 10% aqueous povidone-iodine in 849 patients. Investigators looked for any surgical-site infection within 30 days after surgery. There were significantly fewer surgical-site infections in the chlorhexidine-alcohol group than in the povidone-iodine group (9.5% vs. 16.1% relative risk, 0.59). For different types of infections: chlorhexidine-alcohol was superior for superficial and deep incisional infections, but was similar for organ space infections. Authors suggest that this is probably due to more rapid action, persistent activity despite exposure to body fluids and residual effects. *N Engl J Med 2010;352:18-26, 75-7 published 7 January 2010.*

De-colonising nasal carriers of S. aureus can reduce post-op infections

A controlled trial found that identifying nasal carriers of Staphylococcus aureus on admission to hospital and decolonisation with 5 days of mupirocin and washing with chlorhexidine soap, versus placebo, reduced the risk of surgical site infections, particularly deep infections. S. aureus is responsible for about a quarter of surgical site infections and people who are high-level nasal carriers of the organism are at greatly increased risk of such infections. The rate of S. aureus infection in the active group was less than half that of the placebo group (3.4% vs. 7.7%; relative risk of infection 0.42). The difference was particularly marked for deep surgical-site infections (RR 0.21). An accompanying editorial suggests that decolonisation would be appropriate in those patients for whom a surgical site infection would be particularly adverse (e.g. open-heart surgery, implantation of any foreign body). *N Engl J Med 2010; 352: 9-17, 75-7 published 7 January 2010.*

Effects of resting heart rate and exercise on heart-disease deaths

In the HUNT study from 1984 to 1986, researchers followed 25,000 men and 25,000 women from Norway who were free from cardiovascular disease at the beginning, the first study to look at this issue. A high resting heart rate (HR) was found to be associated with a higher risk of death from ischemic heart disease (IHD) in younger women. The risk of dying from IHD rose 18% for every 10-beats-per-minute (bpm) increase in resting HR in women up to the age of 70. In men, there was around a 10% higher risk of IHD mortality for every 10 bpm increase in resting HR, regardless of age. People who did no physical activity were at consistently higher risk of CVD than those who reported some level of physical activity. *Journal of Epidemiology and Community Health 11 January 2010.*

Diet has impact on mental health

A traditional or whole diet characterised by vegetables, fruit, whole grains and high-quality meat and fish may help prevent depression and anxiety. Conversely, a Western diet high in refined and processed foods and saturated fats may increase the risk of depression, new research suggests. A large study conducted at the University of Melbourne shows that women who regularly consume a traditional diet were more than 30% less likely to have major depression, dysthymia, and anxiety disorders compared with others who consume a diet high in processed, fatty foods. This diet was associated with a 50% increased likelihood of depression. One interesting point was that US meat quality differs from Australian meat because of corn-fed feedlotting. Raising cattle in feedlots increases saturated fat and decreases the good fatty acids, omega-3 fatty acids. In Australia, red meat, such as beef and lamb, comes from pasture-raised animals so it has a much healthier fatty acid profile. People who consumed more beef or lamb within Australia's recommended dietary guidelines (not more than 4 times per week) were less likely to have depression and anxiety. *American Journal of Psychiatry online 4 January 2010.*

Sudden death due to cocaine not so rare

An investigation into the causes of sudden death in southwest Spain has shown that 3% of these deaths are cocaine-related and that the majority of these are due to cardiac causes. There is no such thing as "safe" recreational use of small amounts of the drug. Of 660 sudden deaths, 21 (3.1%) turned out to be cocaine-related, all males. The cause of sudden death in the cocaine-related cases was cardiovascular in 62%, cerebrovascular in 14%, excited delirium in 14% and respiratory and metabolic in 5% each case. MI was the most common cardiac cause. Cardiac hypertrophy, obstructive small vessel disease, coronary artery atherosclerosis, with or without lumen thrombosis, were the main structural abnormalities that likely led to myocardial ischemia and arrhythmic cardiac arrest. 81% of the victims smoked cigarettes and 76% had consumed alcohol. Some medications, e.g. beta blockers can worsen the adverse effects of cocaine. Cocaine is a growing public-health issue. *European Heart Journal 12 January 2010.*

Predictors of bone loss when using depot medroxyprogesterone

The adverse effect on bone mineral density (BMD) of depot medroxyprogesterone acetate (DMPA) is a concern and this study aimed to identify predictive factors of higher bone loss. Bone loss was defined as at least 5% in spine or femoral neck (n = 240, mean age 24 years, in multi-cultural women aged 16 to 33 years). Results showed that women who have not given birth to a child, who smoke and who have a low calcium intake in their diet are at risk for higher bone loss while using DMPA. Age, race or ethnicity, previous contraceptive use and BMI were not factors linked to higher BMD loss. *Obstet Gynecol 2010;115:35-40 14 January 2010.*

Does vitamin D supplementation in asthma improve response to steroids?

Vitamin D supplementation should be considered for patients with asthma because deficiency is associated with steroid resistance, impaired lung function and airway hyper-responsiveness, researchers suggest. In a study of 74 asthmatic patients, US researchers found there was a significant and deleterious relationship between reduced serum vitamin D levels and markers of asthma severity, impairment and prognosis. Vitamin D is involved with steroid signalling pathways and deficiency has previously been linked to increased steroid requirements in asthma. Researchers also found that reduced vitamin D levels were associated with increases in inflammatory cytokines, which would suggest that evaluation of serum vitamin D concentrations should be considered in adult patients with asthma who respond sub-optimally to inhaled corticosteroid. This research raises the question of whether vitamin D supplementation could result in improvement in the subset of asthmatics who are vitamin D deficient. *American Journal of Respiratory and Critical Care Medicine online 14 January 2010.*