

August 2010 newsletter



supporting general
practice

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quarterly pharmacy news

Coming events

Sunday 15 August 2010 PSA Wound Care Seminar: 'The Diabetic Patient' at Allied Health Conference Room South West Health Care Ryot Street Warrnambool RSVP by Friday 6 August 2010 online or e: terry.wong@psavic.com.au

Tuesday 31 August 'Kidney disease in the elderly' Horsham Sports + Community Club RSVP Melanie Tippet p: 5381 1756 e: m.tippet@westvicdiv.asn.au

Thursday 23 September 'Vitamin D deficiency' in Horsham RSVP Annette Metcalfe p: 5352 4804 e: a.metcalfe@westvicdiv.asn.au

Saturday 21 + Sunday 22 August 2010 Pharmacy Womens' Congress Tasmania (see item below)

Cessation of HMR funding affects pharmacist services at the Division

Due to the HMR funding no longer being available, services to pharmacists from the West Vic Division of General Practice will change. The pharmacist newsletter, 'Pharmacy News' will be published quarterly in August, November, February and May each year, rather than monthly. HMR pharmacist education events have finished. There will be one NPS educational event offered annually. As previously, pharmacists may be invited to other relevant education events.

New consumer brochure for HMRs

Debbie Norton at West Vic Division has a number of the new Home Medicines Review consumer brochures so please contact her if you want some. They are also available from the Clinical resources page on the AACP web site www.aacp.com.au or from Kate Biddington at the Guild National Secretariat e: kate.biddington@guild.org.au or p: (02) 6270 1888.

Pharmacy Women's Congress – 20-22 August 2010

The Pharmacy Guild of Australia, Tasmania Branch is proud to host the 7th Pharmacy Women's Congress, an annual event which brings together female pharmacists from around Australia to discuss the future of pharmacy. A major aim of the Congress is to inspire women pharmacists to own or manage their own pharmacy and to encourage women to take positions on committees supporting pharmacy industry. The 2010 Congress theme 'Reaching new heights: aspiring, achieving, elevating your career in pharmacy'. Visit www.pharmacywomenscongress.com.au

Change of branding for NPS

The National Prescribing Service (NPS) has taken on a new role focusing on quality use of pathology tests and imaging in addition to quality use of medicines. NPS has launched a new brand and will henceforth be known as 'NPS: Better choices → Better health'. The NPS remains independent, not-for-profit and evidence based and focusing on enabling better decisions about medicines and medical tests. NPS as previous continues to be funded by the Australian Government Department of Health and Ageing.



Alcohol worse for your health than many might think

A new English survey shows that 55% of English drinkers misguidedly believe that alcohol only damages your health if you regularly get drunk or binge drink. The survey also found that 83% of those who regularly drink more than the recommended limits don't think their drinking is putting their long-term health at risk. Many knew about alcohol being linked to liver disease, but most did not know the other adverse health risks of drinking – a much higher risk of getting breast cancer, throat cancer, mouth cancer, stroke and heart disease. For example: You are three times more likely to have a stroke and three times more likely to get mouth cancer if you're a man regularly drinking more than two pints of lager a day. You are 50% more likely to get breast cancer and twice as likely to have high blood pressure, which could lead to a stroke or a heart attack, if you're a woman regularly drinking two glasses of wine or more a day.

Medication errors in US nursing homes

In 2007, 203 North Carolina nursing homes submitted 5823 medication error reports over one year, a median of 18 errors per site. 10.5% were serious. Serious errors were more likely to be caused by drugs given to the wrong patient, lab-work error, wrong product given or overdoses. Medicines commonly involved were warfarin, insulin, opioids (oxycodone, morphine, hydrocodone, fentanyl), potassium chloride, frusemide, lorazepam, alprazolam (accounting for 33% of the errors). 53% of errors occurred in the drug administration phase, 33% in the documentation phase, 10% during pharmacy dispensing and 2% in prescribing. Serious errors were more likely to occur on second (late) shift. Different types of personnel did not appear to have a significant impact on the seriousness of the error. *Qual Saf Health Care published online 1 February 2010*

Aspirin appears to be protective after breast cancer

In women with breast cancer, aspirin appears to substantially reduce the risk of recurrence and improve survival. In the Nurses Health Study, a 4-year prospective observational study of 4164 women with a diagnosis of breast cancer, the use of aspirin was associated with up to a 60% reduction in distant recurrence and a 70% reduction in risk of breast cancer death. Greatest risk reductions were seen in women who used aspirin > 6 days per week. Reductions in breast cancer recurrence and death were not related to stage of cancer, oestrogen receptor status, menopausal status or BMI. The mechanism is unclear, but COX-2 inhibition and reduction in prostaglandin levels have previously been shown to inhibit the growth and decrease the invasiveness of cancer cells. *Journal of Clinical Oncology online 16 February*

Dietary salt reduction would reduce CVD

A modelling study based on the US population suggests that a population reduction in dietary salt intake of 3gm daily would substantially reduce new cases of cardiovascular disease (coronary heart disease and stroke) and overall deaths, and that the cost-effectiveness of the reductions would be greater than that for antihypertensive drugs. Reducing dietary salt intake reduces blood pressure and risk for CVD, shown in previous trials. Average US intake of salt has increased up to 10.4 gm daily for men and 7.3 gm daily for women. Recommended US intake is less than 5.8gm daily. Manufactured foods contribute to dietary salt intake. In comparison to other interventions, including reduction in tobacco use, obesity, primary prevention with statins, and treatment of hypertension, a 3g reduction in salt intake was calculated to be equivalent or superior. *N Engl J Med, published published 21/01/2010*

Drug therapy effective for symptoms of borderline personality disorder

Results show that mood stabilizers and second-generation antipsychotics were successful in treating the core symptoms but may not be effective in treating the overall severity of borderline personality disorder (BPD), according to results from a Cochrane systematic review and meta-analysis of 1714 patients with BPD. Lifetime prevalence of BPD is estimated at 5.9% and suicidal behaviour occurs in up to 84% of patients with BPD. Clinical signs include emotional instability, impulsive aggression, and repeated self-injury, and it often co-occurs with mood, anxiety, substance use.

Most benefits were found for mood stabilizers topiramate, lamotrigine and valproate and the second-generation antipsychotics aripiprazole and olanzapine. Surprisingly, SSRI treatment for BPD was not supported by evidence from this review. Only amitriptyline showed a significant reduction in depressive pathological conditions. No significant effect was found for mianserin, fluoxetine and fluvoxamine, or a MAO inhibitor. Omega-3 fatty acids achieved significant reductions in suicidality and depressive symptoms. *Br J Psychiatry. 2010;196:4-12.*

Lithium more effective than valproate for relapse prevention in bipolar

Both lithium and valproate have been used to prevent relapses in bipolar disorder. In a recent unblinded randomised trial, 330 patients were given combination therapy with lithium and valproate during an active run-in period lasting 4-8 weeks. Patients were then randomised to lithium, valproate or the combination and followed for 2 years. Researchers looked for numbers of medication adjustments or hospitalisations due to a new mood episode. This occurred in 54% of patients taking combination therapy, 59% taking lithium and 69% taking valproate. While use of lithium (alone or with valproate) was statistically superior to valproate alone, this study did not find that combination therapy was significantly better than lithium alone. There were no significant differences among groups in serious adverse events. *Lancet 2010 Jan 19 online*

Poor rate of preventative asthma treatments

The adequacy of asthma management was evaluated for middle-aged adults with current asthma participating in the Tasmanian Longitudinal Health Study followed since 1968. Of the 702 participants with asthma, 50% had current asthma (n=351) of whom 71% had persistent asthma (n=98 mild, n=92 moderate, n=58 severe). 85.2% of participants with current asthma had used some form of asthma medication in the past 12 months but only 26% had used minimally adequate preventer medication. Airflow obstruction after bronchodilator treatment increased progressively from mild to severe persistent asthma for the inadequately managed group but not for those on adequate therapy. The study highlights the poor rate of usage of preventative inhaled medication in these Australian patients with persistent asthma, lower than in a similar Italian study in 2005. *Thorax 2009;64(12):1025-31*
<http://thorax.bmj.com/content/64/12/1025.abstract>

Pre-stroke ARBs are neuroprotective

Angiotensin-receptor blockers have neuroprotective effects if used prior to a stroke, with patients showing reduced stroke severity and better outcomes compared to people using other antihypertensives. 1968 consecutive patients with first-ever acute cerebral infarction admitted to an acute stroke unit were analysed for stroke severity using a scoring tool. Previous diagnosis of arterial hypertension was reported in 1212 patients and 73% were on antihypertensive treatment. No significant differences in stroke severity were found between patients with or without previous arterial hypertension, either in patients with or without antihypertensive treatment. Patients taking antihypertensive drugs at stroke onset had a better outcome than those not on antihypertensive treatment. Those taking ARBs had better outcomes than those without ARB (75% vs. 65.8%), with no differences shown during analysis of other antihypertensive drugs. *Journal of Hypertension March 2010, Vol 28, Issue 3, p 575-581*

Caution against generic substitution for anti-epileptic drugs

Antiepileptic drugs (AEDs) are relatively cheap but cheaper generic drugs are available for some drugs. Caution is needed in treating epilepsy because of the narrow therapeutic range of most AEDs. Clinical principles of prescribing, that include making only cautious and gradual changes to dosing, and the health and socioeconomic impact of breakthrough seizures or toxicity also should be considered. Switching brands may offer budget savings but could pose a risk to patient safety. No cost-benefit analysis has been done. The authors propose that all changes to established principles of treating epilepsy are evidence based and that the risks of switching are clearly defined. *The Lancet Neurology 2010; 9 (3): 227*

Migraine treatment update

Migraine is a common and disabling brain disorder with a strong inherited component. Patients can be managed in acute attack by simple analgesics or NSAIDs, or specific agents with

vasoconstrictor properties (triptans or ergot derivatives). Future non-vasoconstrictor approaches include calcitonin gene-related peptide receptor antagonists. Preventive therapy is indicated in about a third of migraine patients and other pharmaceutical and non-pharmaceutical options exist. Medication overuse is an important concern in migraine therapeutics and needs to be identified and managed. In most patients, migraine can be improved with careful attention to the details of therapy, and in those for whom it cannot, neuromodulation approaches, such as occipital nerve stimulation, are being studied and offer promise.

[http://www.thelancet.com/journals/lanneur/article/PIIS1474-4422\(10\)70005-3/abstract](http://www.thelancet.com/journals/lanneur/article/PIIS1474-4422(10)70005-3/abstract)

Risks from ear candling

FDA is warning consumers and healthcare providers not to use ear candles because they can cause serious injuries even when used according to the manufacturer's directions. FDA has found no valid scientific evidence to support the safety or effectiveness of these devices for any medical claims or benefits made by the manufacturers. Burns, perforated eardrums and blockage of the ear canal which required outpatient surgery have been reported. It is especially important that ear candles are not used in children who are at increased risk for injuries and complications.

Diet High in Fat, Particularly Trans Fat, Raises Risk for Ischemic Stroke

Before menopause, women have a lower risk for stroke compared with men of similar age, but their risk doubles every 10 years after the age of 55 years. The study is the first to examine the associations between different fats and subtypes of ischemic stroke who face a higher stroke risk than men of the same age. 87,230 postmenopausal women aged 50 to 79 years were followed for an average of 7.6 years. It was found that eating a diet rich in fats, particularly trans fats, increased the risk of ischemic stroke. Those who consumed the most total fat had a 40% higher incidence of ischemic stroke compared with those who ate the least amount of total fat. Looking at trans fats alone, the incidence of ischemic stroke increased by 30% in the quartile of women consuming the highest amount compared with those who consumed the least. Only a marginally positive association between intake of saturated fat (animal fat found in meat and dairy products) and total ischemic stroke was found. Sources of the relatively healthy monounsaturated fats include canola, olive, peanut and sunflower oils, avocados and many nuts and seeds. Polyunsaturated (omega-3 and omega-6) fats, also considered healthy, include soybean, corn and safflower oils. These fats can also be found in oily fish, such as salmon, tuna, mackerel, herring, and trout and in most nuts and seeds. Trans fats are often hidden in foods and are found in French fries, doughnuts, bakery goods, prepared pie shells, margarine and shortening. *International Stroke Conference (ICS) 2010: Abstract 79. Presented February 24, 2010*

Walnuts shown to improve endothelial function in diabetics in small study

The daily consumption of walnuts has the potential to improve endothelium function and plasma lipids in patients with type 2 diabetes, according to a study presented at Preventive Medicine 2010: the Annual Meeting of the American College of Preventive Medicine. 24 people with type 2 diabetes with a mean age of 58 years were randomly assigned to receive a diet enriched with 56g of walnuts per day or a diet without walnuts. Participants underwent endothelial function testing and assessment of cardiovascular biomarkers. There was a significant improvement in flow-mediated dilatation (FMD) of blood vessels after 8 weeks. *American Academy of Pain Medicine (AAPM) 26th Annual Meeting: Poster abstract 212645. Presented February 19, 2010*

Avoid diphenhydramine and ranitidine after perforated appendicitis in children

Giving the antihistamines ranitidine or diphenhydramine to patients with perforated appendicitis dramatically increases their risk of an intra-abdominal abscess, according to a new study. Giving one or the other agent doubled the risk while giving both drugs increased the risk four-fold. Ranitidine which suppresses gastric acid and diphenhydramine which stops itching and induces sleep, are often prescribed prophylactically to counter the side effects of ketorolac (gastritis) and narcotics (itching). The trial included 98 children (mean age, 8.6 years). 41 children who didn't

receive either ranitidine or diphenhydramine had an abscess rate of 10%. Abscess rates of 17% were found in the children who received ranitidine only, 18% in those who received diphenhydramine only and 44% in the 16 children who took both medications. By contrast, there was no link between abscess rates and use of ketorolac, naloxone, ondansetron or narcotics. *Arch Surg 2010;145:143-146*

Tardive dyskinesia rates remain high with atypical antipsychotics

Atypical antipsychotics have a better safety reputation than conventional antipsychotics, and so clinicians are using atypical antipsychotics such as aripiprazole, olanzapine and quetiapine not only for schizophrenia, but for other disorders. Outpatients at the Connecticut Mental Health Centre who had been on antipsychotic medications for at least 3 months were evaluated. 52 new tardive dyskinesia cases were detected from 352 at risk subjects, a risk of 19.7% over 3.9 years. Use of atypical drugs was associated with only one-third lower relative risk compared to use of conventional drugs alone (RR = 0.68). Patients taking both classes had a doubled relative risk for tardive dyskinesia (RR = 1.85). Patients prescribed atypical antipsychotics for affective disorders had a significantly lower relative risk for tardive dyskinesia than did schizophrenia patients (RR = 0.15 vs RR = 0.97). In the small percentage of atypical users who were naive to conventional drugs, the rates were statistically similar. *J Clin Psychiatry 2010*

Control BP or face a serious CV event

New figures show that half of Australian baby boomers face a high to extreme risk of a cardiovascular event within 5 years that could be reduced if blood pressure therapy was continued. Economists have created a cardiovascular risk scale for the 5.4 million Australians aged ≥ 55 and found one-in-five are at 'extreme risk' - having a 30% chance of a potentially fatal heart attack or stroke within five years. 20% of patients cease their blood pressure medication after one month and that the rest cease therapy within 2½ years. Medications for hypertension were "grossly underutilised" according to the cardiologist. "The analysis revealed that the risk of a 'catastrophic' cardiovascular event could be reduced by up to 22 per cent if these patients continued with therapy," he said. The report found a greater persistence for ARBs over ACE inhibitors, a finding consistent with other Australian and international studies which have associated ACE inhibitors with side effects such as coughing and angioedema. Visit <http://www.accesseconomics.com.au/publicationsreports/showreport.php?id=232>

QUM kit on pain management

The PSA has just released a QUM kit on 'Pain management'. These kits are designed to assist pharmacists to deliver presentations to residential care facilities and community groups and contain two training manuals, participant handouts and other relevant pain information. Accredited pharmacists looking to fulfil their QUM requirements in residential care facilities will find these kits to be a useful resource. The kits are free for PSA members (plus a freight and handling fee of \$12.00, limit of one free kit per PSA member) and \$67 for non-PSA members. Kits can be ordered from the PSA bookshop www.psa.org.au/books or books@psa.org.au For more information visit <http://www.psa.org.au/site.php?id=6066>

QUM presentations available from PSA

A number of QUM presentation packs are now available on the PSA website for PSA member pharmacists to download and use. Topics include: asthma: managing your child's medicines, home medicines review, dose administration aids, head lice and weight management. Each pack includes a ready-made PowerPoint presentation as well as a presenter guide with notes and a participant handout (both in PDF file format). More presentations will be available in the coming months. Reviewing downloads available will allow one CPD point per hour. The health promotion presentations are a free resource for PSA members. They can be accessed from the Nationally-Developed Materials link in the Professional Development Materials section of the PSA members-only website. See http://psa.advsol.com.au/scriptcontent/Custom/MC_ShowPage.cfm?page=7480