

## pharmacy news

### Coming events

**9 March** Workshop for newly accredited pharmacists at Guild House, Hawthorn RSVP Alan Freedman p: 9810 9999.

**11-14 March** APP2010 Guild national conference on the Gold Coast. Visit [www.appconference.com](http://www.appconference.com) for further information.

**14 March** PSA workshop Sunday 14 March "Drug dependence" by Irvine Newton RSVP Bianca p: 5381 9247 or Carlie p: 5381 2093.

**20-21 March** PSA weekend at Cumberland Resort Lorne Theme: Sexual Health. Visit PSA website [www.psa.org.au](http://www.psa.org.au) for further information and to register.

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

### Statins do not eliminate risk of low HDL-cholesterol levels

Low levels of HDL cholesterol, even among statin-treated patients, are associated with a significantly increased risk of cardiovascular disease, particularly the risk of MI, a new study has shown. It is common practice for clinicians to think that because the LDL-cholesterol levels are well treated, they won't have to worry about HDL cholesterol. To reduce the residual risk of disease among these well-treated patients, researchers say clinicians should also focus on HDL-cholesterol levels, despite the lack of hard outcome data. A meta-analysis presented at the American Heart Association 2009 Scientific Sessions.

### Study shows benefit of raising HDL cholesterol

Data from the Arterial Biology for the Investigation of the Treatment Effects of Reducing Cholesterol: HDL and LDL Treatment Strategies in Atherosclerosis (ARBITER 6-HALTS) study was presented that showed that extended-release niacin, when combined with statin therapy, significantly reduced carotid intima-media thickness in patients with low LDL-cholesterol levels, whereas the addition of ezetimibe to a statin, a combination designed to further lower LDL-cholesterol levels, did not. The lower the HDL-cholesterol level, the higher the cardiovascular-disease risk, particularly the risk of myocardial infarction (MI). A 10-mg/dL increase in HDL-cholesterol prevented 7.6 MIs per 1000 patient-years in statin-treated patients and in healthy controls; and prevented 9.7 cardiovascular-disease events per 1000 patient-years in statin-treated patients and 9.9 cardiovascular events in the control arms. This study also showed that there was an approximate 26% reduction in the risk of MI and a 25% reduction in the risk of cardiovascular-disease events in the statin-treated patients for every 40-mg/dL decrease in LDL cholesterol, equivalent to 4 MIs prevented per 1000 patient-years.

### High uric acid levels may predict heart failure

A US study looking at the 29 years of data from the Framingham Offspring Study showed that people with elevated uric acid levels of  $\geq 0.37$  mmol/L had 6 times the risk of developing heart failure compared to those with uric acid levels  $< 0.20$  mmol/L. These results back evidence from other work that demonstrated a link between elevated uric acid and heart failure. It is unsure whether these increased levels of urate are a driver or a marker of heart disease. *Circ Heart Failure online 6 August 2009.*

*"I'm not saying that the customer service in my bank is bad, but when I went in the other day and asked the clerk to check my balance ... she leaned over and pushed me."*

### **Mental health services online**

Internet-based mental health interventions are increasingly popular, particularly for high-prevalence disorders such as anxiety and depression. They are free of charge and funded by the Department for Health and Ageing. All e-hub services are based on the best available evidence. These programs can overcome some obstacles to seeking help such as concerns about privacy/stigma and accessibility problems related to costs, availability and location of face to face services. [BluePages](#) provides scientific information about depression and rates the available evidence for treatments including alternative therapies. [BlueBoard](#) is an online support group for people affected by depression, anxiety and bipolar disorder. [e-couch](#) and [MoodGYM](#) are interactive self-help programs which provide information about depression, general anxiety and social anxiety, and teach strategies drawn from a range of psychological therapies including Cognitive Behaviour Therapy. [Beacon](#) provides evidence-based and consumer information about the e-health programs available for mental and physical health problems, information and posters, postcards and referral materials.

### **High salt intake leads to stroke**

High salt intakes are associated with increased risk of stroke, and probably also heart disease, according to a meta-analysis published in the BMJ. There is good evidence that increased salt intake increases blood pressure, and that raised blood pressure leads to increased risk of stroke and cardiovascular disease. This meta-analysis was intended to confirm whether high salt intake has any effect on stroke or cardiovascular disease. High salt intake was associated with a 23% greater risk of stroke. There was a strong trend (but not statistically significant) to an association between higher salt intake and risk of cardiovascular disease (RR 1.14).

### **Four alarm symptoms**

UK research has shown that 4 symptoms should spark immediate medical investigation: bleeding from the bowel, blood in the urine (haematuria) coughing up blood from the lungs (haemoptysis) and difficulty in swallowing (dysphagia). Symptoms of 762,325 patients were examined, and it was found that a serious diagnosis was found in 1 in every 4 to 7 patients with these symptoms, that included urinary tract cancer, renal calculi, respiratory tract cancer, COPD, GI cancer, colorectal cancer, oesophagitis and Crohn's disease. *BMJ 2009;339:b3094*

### **Blood pressure lowering a benefit even if not hypertensive**

After looking at BP-lowering trials spanning 40 years of about 500,000 people aged 60-69 yrs, Professor Malcolm Law and colleagues from London concluded that lowering BP was beneficial in those with no hypertension as well as in those with hypertension. Reduction in MI and stroke occurred in all patients, regardless of their cardiovascular disease status or baseline BP. Researchers also found that it didn't matter which antihypertensive was used to achieve these results. Differences in classes of drugs were minor.

### **High dose 50,000 IU (1.25 mg) vitamin D**

A high dose vitamin D supplement is available in Australia as a Schedule 4 unregistered product. There are restricted prescribing arrangements in place. To prescribe high dose vitamin D, a GP should apply to be an authorised prescriber PBAC Section 19(5) of the Therapeutic Goods Act – form at <http://www.tga.gov.au/docs/pdf/unapproved/sascatb.pdf> to obtain it under the Special Access Scheme, and fax completed forms to 02 6232 8112. Authorised prescribers need to provide a quarterly report to the TGA. This report format and further information is at [http://www.osteoporosis.org.au/files/research/high\\_dose\\_vitd\\_infosheet.pdf](http://www.osteoporosis.org.au/files/research/high_dose_vitd_infosheet.pdf). Adverse events, adverse drug reactions and unexpected adverse drug reactions must be reported to the TGA within 15 days by pharmacist and/or GPs. High dose vitamin D may be needed for refugees, many of whom may be vitamin D deficient. Records of receipt and supply of the tablets must be maintained by pharmacies.

### **Patients likely to discontinue regular medication in first 30 days**

A large observational study from the US found that patients were more likely to discontinue prescribed medication in the first month of treatment with a new drug. Data from four large US retail pharmacy chains was used to identify discontinuation rates in patients taking medications

in nine groups used for chronic therapy of potentially serious conditions: inhalers for asthma, oral medications for asthma, oral drugs for breast cancer treatment, cardiovascular medications, insulin, oral anti-diabetic drugs, eye drops for glaucoma, drugs for osteoporosis and statins. Discontinuation rates for those who had not recently filled a prescription were high, between 29.6% and 71.8%; rates were lower for those who had filled a prescription recently, between 7.8% and 29.2%. Highest rate for both groups was for asthma inhalers; lowest rates were for statins and cardiovascular drugs. Patients newly started on medication have a much shorter time to discontinuation, and a much higher risk of discontinuation than patients who are medication-experienced. Thus there is a need for healthcare professionals to monitor particularly those patients newly started on medication. Ref: *Clin Ther* 2009; 31: 2628-52

### **Hepatic impairment with long-term topical diclofenac**

The FDA has notified healthcare professionals of revised prescribing information for diclofenac sodium topical gel (Voltaren® Gel), to include new warnings and precautions about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Cases of drug-induced hepatotoxicity, including severe reactions such as liver necrosis, jaundice, fulminant hepatitis, and liver failure, have been reported in the first month, but can occur at any time during treatment with diclofenac. Ideally, transaminases should be monitored within 4 to 8 weeks after initiating treatment, but optimum times for subsequent LFTs are not known - measure periodically. From FDA 07/12/2009

### **Poor COPD management in Australia**

An Australian study paints a bleak picture of COPD management, with many patients still smoking, and very few ever participating in pulmonary rehabilitation programs. In a study of 45 patients with diagnosed COPD, a quarter were still smoking, even though most had been advised to quit by their doctor and many had made unsuccessful attempts. While most patients had been prescribed an inhaler, their inhaler technique and adherence were poor, and most had not been shown how to use their inhaler. Many patients had been prescribed inhaled steroids rather than more appropriate option of tiotropium. Only a quarter of patients had been given instructions on how to manage exacerbations, and most had delayed seeking help. Less than one in ten patients had ever completed a pulmonary rehab program and most had never started one. The study authors say their findings suggest that there has been little improvement in COPD management despite the dissemination of COPD-X guidelines. One of the few areas of improvement was in influenza vaccine (87%) and pneumococcal vaccine (69%) coverage. Ref: *Internal Medicine Journal* published online 4 Dec 2009

### **Venous thromboembolism is greater and lasts longer than previously believed**

New research in middle-aged women suggests that the risk of venous thromboembolism (VTE) after surgery is greater and lasts for longer than has previously been appreciated. Compared with the risk without surgery, women were almost 70 times more likely (relative risk 69.1) to be admitted with VTE during the first six weeks after an inpatient operation—with the peak incidence being three weeks afterward – and almost 10 times more likely after a day case operation (RR 9.6). Risk is highest for hip, knee and cancer surgery. Risk of VTE also remains high for 12 months postoperatively. Most patients receive prophylaxis only for the duration of their hospital stay, average 6 days. Ref: *BMJ online* 3 Dec 2009

### **Free drug interaction checker**

Check for drug-drug interactions in a regimen of two or more drugs. Add all drugs that your patient is taking, and this tool will notify you of potential drug interactions. A print-out can be obtained of all potential interactions in the database.

<http://www.medscape.com/druginfo/druginterchecker?src=ads>

### **Psychotropic drugs and falls**

Elderly patients who take psychotropic drugs, such as sedatives, antidepressants and benzodiazepines, have an increased risk of falling, according to a new meta-analysis of 22 studies. The meta-analysis used 22 studies included 79,081 participants ≥ 60 years and provided information on 9 drug classes.

### Risk of Falls Associated With Various Drug Classes

Drug Class	Odds Ratio (95% CI)
Narcotics	1.57 (1.43 - 1.72)
Sedatives and hypnotics	1.47 (1.35 - 1.62)
Benzodiazepines	1.41 (1.20 - 1.71)
Neuroleptics & antipsychotics	1.39 (0.94 - 2.00)
Antidepressants	1.36 (1.13 - 1.76)
Antihypertensives	1.24 (1.01 - 1.50)
NSAIDs	1.21 (1.01 - 1.44)
Beta-blockers	1.01 (0.86 - 1.17)
Diuretics	0.99 (0.78 - 1.25)

Ref: *Arch Intern Med.* 2009;169:1952-1960

### **Triptan + NSAID combination superior for migraine treatment**

A review of 13 randomised controlled trials [n=9,509 patients], was done to assess the relative effectiveness of migraine treatments, i.e. triptans, ergotamine and NSAIDs. It was found that triptans and NSAIDs were similarly effective in the treatment of acute migraine. The various triptans were similarly effective. A triptan was significantly more effective than caffeine/ergotamine. Combination therapy [sumatriptan/naproxen] was more effective than a triptan or NSAID alone. Ref: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=12008106849>

### **Pedometer and walking the dog helpful in fighting osteoporosis**

A Tasmanian study of 875 elderly people has shown that a pedometer may be one of the key weapons in the fight against osteoporosis. Walking distance had a significant impact on hip BMD in men and women, and on spine BMD in women, but not in men. Benefit of walking was more marked in people over 65, with those in the most active group having up to 10% greater BMD than those in the least active group. *Osteoporosis International* online 9 Dec.

A WA study published this week also shows that walking a dog makes an important contribution to achieving the recommended 150 minutes of physical activity per week. 80% of dog owners who walked with their dog at least 30 minutes per day, three times per week, achieved the recommended level of physical activity. *Family and Community Health*

### **Upper GI bleeding and SSRIs**

A Danish study examined 3652 cases of serious upper gastrointestinal bleeding (UGB) from 1995 to 2006 matched with 36,502 controls. Adjusted odds ratio of bleeding were:

- Current, recent, and past users of SSRIs: 1.67, 1.88, and 1.22
- Concurrent use of SSRI and NSAIDs: 8.0.
- Concurrent use of NSAID, aspirin, and SSRI: 28

Researchers concluded that using SSRIs is associated with UGB, consistent with its antiplatelet effects. SSRIs should be prescribed with caution for patients at high risk for UGB. Using SSRIs with NSAIDs and aspirin dramatically increase risk of UGB.

From <http://www.nelm.nhs.uk/en/NeLM-Area/News/2009--December/22/Selective-serotonin-reuptake-inhibitor-use-and-risk-of-serious-upper-gastrointestinal-bleeding/>

### **New Websterpak for low vision**

There is a new Websterpak for people with low vision, called Websterpak LV, that uses large font white printing on a black background, that is clearer to distinguish. Contact Webstercare for more information on 1800 244 358.