

## pharmacy news

### Coming events

**9 February** PSA lecture 8 pm "Common eye conditions" by Vision 2020 at Horsham Sports & Community Club RSVP Bianca 5381 9247 or Carlie 5381 1873.

**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 or Carlie.

### New onset breast tenderness with HRT and breast cancer risk

New-onset breast tenderness during conjugated equine estrogens plus medroxyprogesterone therapy was associated with increased breast cancer risk. In the placebo group, breast cancer risk was not associated with new-onset breast tenderness. More at *Arch Intern Med* 2009; 169(18): 1684-1689.

### Relenza (zanamivir) safety advisory

The TGA has been advised by the FDA of a reported death of a patient who had received Relenza (zanamivir) inhalation powder that had been solubilised and administered by mechanical ventilation. Death was attributed to obstruction of the ventilator, thought to be due to stickiness caused by lactose in the nebuliser solution. Relenza (zanamivir) inhalation powder is not intended to be reconstituted in any liquid formulation and is not recommended for use in a nebuliser or mechanical ventilator and has not been approved by the TGA. For further information visit: <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm186081.htm>

### Safety with fentanyl patches 'Durogesic®'

Deaths have occurred when a heat pack was applied to a patch, when there was a second patch applied on an elderly patient, and when a child applied his mother's patch to his own body. The Victorian Medicines Advisory Committee recently issued a safety notice for fentanyl patches, and messages included are:

- Fentanyl is a potent analgesic. Fentanyl patches (Durogesic) are only suitable for chronic pain and usually for opioid-tolerant patients.
- Patches are replaced every 72 hours (3 days). Always remove old patch when applying new one.
- Titrate carefully to the lowest effective dose. Prescribe in microgram per hour i.e. 12, 25, 50, 75 and 100 microgram per hour. 2 patches can be used. 12 microgram per hour is approximately equivalent to oral morphine 30-45 milligram per day. Individual responses vary; assess initial response 24 hours after application and increase the dose after 3 days if maximum response is inadequate.
- Safety factors: record date of application on the patch, block out non-administration days on the drug chart; note the site of application on the drug chart (for example "right shoulder"); rotate application sites to avoid skin sensitivity; do not apply heat (heat pads, electric blankets) to patches as this increases absorption; monitor for drowsiness and respiratory depression; discard patches by folding adhesive sides together and dispose into infectious waste or sharps containers.

### **Paracetamol with paediatric immunisation not such a good idea**

A study of 459 healthy infants who were immunised with various vaccines including haemophilus influenza B (Hib), diphtheria-tetanus-pertussis, hepatitis B and pneumococcal vaccine was undertaken. Antibody responses to some of the pneumococcal subtypes and to Hib were significantly reduced in children who received three doses of paracetamol over 24 hours around immunisation, compared to those who were not given paracetamol. Widespread use of paracetamol at the time of immunisation could have a significant impact on population protection against some vaccine preventable diseases. *Lancet 2009 Oct 17;374(9698):1339.*

### **Copper bracelets not effective**

Magnetic and copper devices are widely used for treatment of symptoms by patients with OA, however there are few controlled data on their efficacy. This randomised, double-blind, cross-over trial compared outcomes in 45 patients from primary care who had been diagnosed with osteoarthritis (OA). Each patient wore one of four devices in random order, each for four weeks for a total of 16 weeks. Outcomes were scored on various pain rating scoring tools and on medication use. No significant difference was found in pain or other outcomes between magnetic or control wrist-straps and a copper bracelet in patients with OA. *Complementary Therapy Med 19/10/2009.*

### **Comparative effectiveness of ACE inhibitors and ARBs in IHD**

Adding an ACE inhibitor to standard medical therapy clearly improves outcomes in some patients with ischaemic heart disease and preserved left ventricular function, according to a systematic review. ACE inhibitors reduce relative risk for total mortality (by 13%), cardiovascular mortality (by 17%), nonfatal MI (by 17%) and stroke. The evidence on angiotensin-2-receptor blockers (ARBs) is limited (no effect on CV mortality). The combination of ACE inhibitors with an ARB provides no additional benefits but does increase harm (hypotension, syncope, hyperkalaemia and more discontinuations). *Ann Intern Med online 20/10/2009.*

### **Vitamin B therapy does not prevent cardiovascular events**

Cardiovascular disease is the number one cause of death worldwide, commonly via ischaemic heart disease, stroke and congestive heart failure. Atherosclerosis is associated with CVD and high homocysteine levels are associated with increased risk for atherosclerosis. Homocysteine levels are reduced by B-group vitamins: cyanocobalamin, folic acid and pyridoxine. Hence, it has been suggested that B vitamin supplementation might reduce the risk of myocardial infarction, stroke and angina. The Cochrane group reviewed this and included 8 randomised controlled trials with 24,210 participants. No evidence was found that homocysteine-lowering interventions, in the form of supplements of the above vitamins given alone or in combination, at any dose, prevents myocardial infarction, stroke or reduces total mortality in participants at risk or with established cardiovascular disease.

### **Pharmacist and nurse led care effective in hypertension**

A meta-analysis published in the Archives of Internal Medicine has evaluated interventions for blood pressure (BP) lowering involving nurses or pharmacists. Statistically significant reductions in mean BP were achieved with these interventions: referral made to a specialist, pharmacist recommendation of medication to physician, provision of patient education about BP medications, counselling about lifestyle modification, use of a treatment algorithm, and completion of a drug profile and/or medication history. Conclusion: team-based care for BP control is associated with improved BP control, and implementation of new hypertension guidelines should consider changes in healthcare organisational structure to include team-based care. *Arch Intern Med. 2009;169(19):1748-1755.*

### **Cats and dogs may harbour MRSA**

Community acquired MRSA have been increasing over the past decade and there is growing evidence that domestic animals may be reservoirs of infection. A scratch, bite or a lick from a dog or cat can transfer infection to humans. Infected dermatitis, pustular disease and perineal cellulitis are caused by these organisms and hands are the most likely site to develop infection. Severe infections resulted in 20% of cases, with sepsis, meningitis, endocarditis and peritonitis appearing as more severe complications. *Lancet infectious disease 2009 online.*

### **Public campaign urging fast response for stroke**

A stroke occurs every 10 minutes in Australia with 70% of strokes being first ever strokes. 70% of patients and 46% of bystanders do not recognise the event, according to new research. Half of stroke patients did not arrive at hospital until 5½ hours after onset of symptoms. Anyone experiencing or witnessing these symptoms should call 000 immediately. Think of F.A.S.T. [Face, Arms, Speech + Time] and ask three simple questions:

- Face - is the mouth drooping?
- Arms - can they lift both arms?
- Speech - is their speech slurred, and do they understand you?
- Time - time is critical - if you see any of these signs call 000.

There are effective treatments for stroke, including the clot-busting drug tissue plasminogen activator [tPA], anticoagulants and surgery, but the time window available to prevent brain death is extremely short.

### **Migraine with aura increases stroke risk**

Analysis of analysed 25 case-control and cohort studies showed that migraine with aura was associated with an increased risk for ischemic stroke (RR 2.16), but not for migraine without aura. The risk was higher among women (RR 3.65) than men and even higher for those younger than 45 years (RR 2.65) Risk was also higher in women receiving oral contraceptives (RR 7.02), and in smokers (RR 9.03). The risk for transient ischemic attack was increased 2-fold, and one study found a significantly increased risk for angina for those with migraine with aura (RR, 1.71). There were too few studies to examine the role of migraine with aura on myocardial infarction and deaths from cardiovascular disease. *BMJ online October 2009.*

### **Varenicline effective for highly nicotine-dependent smokers with COPD**

Varenicline is a high-affinity nicotinic acetylcholine receptor partial agonist/antagonist that is believed to stimulate dopamine release thereby reducing cravings. It competes with nicotine for binding and reduces the pleasure effects of nicotine. 499 patients with mild to moderate COPD who had smoked for an average of 41 years were studied. Participants smoked half a pack or more per day in the year before enrolment and all had a high level of nicotine addiction. Participants were randomised to varenicline 1 mg twice a day or placebo for 12 weeks. They were given printed information to assist with quitting and were given counselling. Older patients quit smoking more successfully than younger people. During the last 4 weeks of treatment, 42.3% of the varenicline group were able to stop smoking and stay off nicotine-replacement therapy, compared with 8.8% in the placebo group. After 1 year, 18.6% of the varenicline group remained off nicotine, compared with 5.6% of the placebo group. *Funded by Pfizer.*

### **Aboriginal and Torres Strait Islander pharmacy assistant traineeship scheme**

The Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme aims to encourage Aboriginal and/or Torres Strait Islander people to enter the pharmacy workforce as an assistant or technician in rural and remote locations. Incentive allowances of \$10,000 are available to community pharmacies to employ and train an Aboriginal or Torres Strait Islander pharmacy assistant trainee. The incentive allowance covers the full training costs for the assistant and also contributes to the wages and other costs incurred by the pharmacy. More than one incentive allowance may be allocated per pharmacy assistant if the assistant completes more than one nationally accredited pharmacy assistant training course. See

[www.ruralpharmacy.com.au](http://www.ruralpharmacy.com.au) for guidelines and application forms or contact the Guild on (02) 6270 1888. It is funded under the 4<sup>th</sup> Community Pharmacy Agreement.

### **Size does matter for older adults**

Three measures of obesity were compared in healthy older adults and linked to all-cause mortality. Using data from the MacArthur Successful Aging Study of men and women aged 70 to 79 years at baseline, the BMI, waist circumference, and waist-to-hip circumference ratio (WHR) with all-cause mortality risk was determined. All-cause mortality increased with increasing WHR, whereas no association was found between all-cause mortality and BMI or waist circumference. "Basically, it isn't BMI that matters in older adults — it's waist size," said the lead author. *Ann Epidemiol.* 2009;19:724-731.

### **Chronic disease management Medicare benefits items – can pharmacy assist?**

GPs can claim Medicare benefits scheme (MBS) item numbers when providing extra services to patients relating to chronic disease management (CDM). These services include Team care arrangements (TCAs) [MBS item 723] where patient care requires the ongoing care of other health professionals – under MBS rules, this may include pharmacists. The business rules underpinning TCAs states that pharmacy services under a TCA should “consist of ongoing treatment or services to the patient other than just dispensing and dispensing-related activities”. A Home Medicines Review qualifies as a pharmacist service other than dispensing. Therefore, consider requesting an HMR referral when a GP enlists your input into a TCA arrangement, as this allows the pharmacy to receive a payment and provides a useful service to the patient. A GP Management Plan (GPMP) [MBS item 721] is for patients with a chronic or terminal illness and can be done once every two years. A Home Medicines Review may be beneficial for these patients if fitting the criteria for HMR. HMR may also be useful for other CDM items such as the 75 year-old health assessment [MBS items 700 + 702], the asthma cycle of care and the diabetes cycle of care. Consider how your pharmacy can provide extra value when asked to participate in these activities by your patient’s GPs.

### **Finding Medicare details for RMMR claims**

Accredited pharmacists participating in the Residential Medication Management Review (RMMR) program can now access aged care home resident’s Medicare details through the PBS enquiries line 13 22 90. Call charges apply. You will need to indicate that you are an accredited pharmacist working with a pharmacy or a business entity providing RMMR services. To access details you will need to provide:

- the pharmacy approval number or program ID
- the aged care service ID
- your accreditation number

Following identification, you will be asked whether the resident has given consent for you to obtain and use their Medicare details. Where the patient’s condition does not allow their consent to be provided, Medicare Australia will recognise ‘not competent’ as an acceptable answer. Medicare details for up to 5 patients per call is allowed. For more information about the RMMR program, call Medicare Australia’s Community Pharmacy Agreement team on 08 8274 9641 or email [sa.guild.govt.pog@medicareaustralia.gov.au](mailto:sa.guild.govt.pog@medicareaustralia.gov.au)

### **Use contraception after Gardasil vaccination**

Sexually active women seeking HPV vaccination should be advised to use contraception until one month after the third dose, reproductive health specialists say. While there appear to be no increased risks of the vaccine in pregnancy, specialists have expressed some concern about potential adverse pregnancy outcomes in women who conceive within 30 days of vaccination. A study in *Obstetrics and Gynecology* (114:1168-9) found a slightly higher rate of congenital abnormalities in infants of 3620 women involved in clinical trials of the vaccine, an increase that was not clinically significant. Experts advise a cautious approach to conception.

### **Roadmap for people living with chronic disease in Horsham**

Please find below the link to a one-page road map\* for people living with chronic conditions in Horsham. The document gives information on services for different levels of chronic conditions from, Level 1 - Intensive case management\* through to, Level 4 - Relatively Healthy\*.

Visit: [http://www.wimmerapcp.org.au/File/Chronic\\_Disease\\_Roadmap\\_Horsham.pdf](http://www.wimmerapcp.org.au/File/Chronic_Disease_Roadmap_Horsham.pdf)

### **Workshop for newly accredited pharmacists**

Called 'Maximising your career in medication reviews,' this workshop is designed for newly accredited pharmacists and existing accredited pharmacists wishing to start or develop their career in conducting medication reviews. It will cover all aspects of conducting HMRs and RMMRs including the process of HMRs and RMMRs, business models, contracts, fees and invoicing, electronic data transfer, resources and marketing. Free of charge, this workshop will be conducted by Alan Freedman, Victorian MMR Facilitator, on Tuesday 9 March 2010 from 10am–2pm (lunch provided) at Guild House, Level 2, 40 Burwood Road Hawthorn. To register p: 9810 9999 or e: [alan.freedman@vic.guild.org.au](mailto:alan.freedman@vic.guild.org.au). RSVP is required by 27 February 2010.

### **New Pharmacy Industry Award**

The new Pharmacy Industry Award comes into effect 1 January 2010 and applies to pharmacists and pharmacy assistants. It can be seen at

[http://www.chambernt.com.au/documents/File/Modernised\\_Awards/Pharmacy\\_Industry\\_Award\\_2010\\_MA00012.pdf](http://www.chambernt.com.au/documents/File/Modernised_Awards/Pharmacy_Industry_Award_2010_MA00012.pdf) Further changes will be enacted on 1 July 2010.

### **Conference: National Medicines Symposium May 2010**

The National Prescribing Service invites you to participate in the 2010 National Medicines Symposium that will be held at the Melbourne Convention and Exhibition Centre in Melbourne 26-28 May 2010. It will focus on the theme of *Medicines in people's lives*. This symposium enables you to learn, discuss and debate quality use of medicines at all stages of people's lives. You are invited to submit an abstract before 19 February 2010. Continuing professional development points apply. See [www.nms2010.org.au](http://www.nms2010.org.au) for further information.