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# newsletter



supporting general  
practice

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## pharmacy news

### 2010 Federal budget summary

Key features of the Fifth Community Pharmacy Agreement are:

- Freeze on the pharmacy dispensing fee indexation in 2010-2011 and 2011-2012 (saving to taxpayers of \$1.0 billion over five years).
- Ensuring PBS medicines are available within 24 hours no matter where people live. (\$968.7 million allocated).
- Funding of improved services to consumers, including medication reviews, provision of dose administration aids and to fund pharmacists to identify and resolve patients' medication related issues.
- Safer prescriptions through \$82.6 million in e-prescription incentives.
- Patient charter that outlines the roles and responsibilities of the pharmacist and pharmacy and the expected level of patient care.
- A total investment of \$15.4 billion, to ensure pharmacies will continue to dispense medicines to all Australians and provide a range of programs and services.

The Memorandum of Understanding (MoU) negotiated with Medicines Australia will ensure that taxpayers get a better deal on PBS medicines and provide the pharmaceutical industry with certainty. The MoU will extend price disclosure to take advantage of discounting of off-patent medicines including generics. (i.e. this means that when the prices drop through competition, the price the Government pays for PBS medications will also drop).

The Government will fund a \$10.0 million generic medicine awareness campaign for consumers Aboriginal and Torres Strait Islander Programs:

- Section 100 Support allowances to remote Area Aboriginal Health Services \$14.4 million
- QUM framework to support rural and urban Aboriginal health Services \$11 million.
- The allowance will enable pharmacies to work with rural and urban Aboriginal health Services to improve the quality use of medicines by clients of those services that participate in the Council of Australian Government's PBS co-payment measure.

Aboriginal and Torres Strait Islander Pharmacy Workforce

- \$3.5 million. The program focuses on strengthening and supporting the Aboriginal and Torres Strait islander pharmacy workforce to provide improved, culturally appropriate pharmacy services for the Aboriginal and Torres Strait Islander patients.

### Medication Management Review facilitator program concludes

The Pharmacy Guild has announced that the Medication Management Review (MMR) facilitators program will be discontinued on 30 June 2010. GPs can still refer patients for a Home Medicines Review, as the HMR service will continue, but the Division-based facilitator program to assist GPs and pharmacists implement HMRs, ably performed by Debbie Norton, will cease. Debbie will continue to provide GP visits through the National Prescribing Service's Quality Use of Medicines Program. The West Vic Division of General Practice Board wishes to acknowledge and thank Debbie who has been involved with the MMR program since its inception. Her excellent work has enabled the establishment and future sustainability of the HMR program throughout our region. West Vic Division will ensure relevant resources are available on our website.

### New requirements for pharmacists from July 2010

Fact sheet explaining new requirements for pharmacists after 1 July 2010 is found at <http://www.pharmacyboard.gov.au/documents/New%20obligations%20for%20pharmacists.pdf> It includes new CPD requirements, recency of practice, criminal history, etc.

### **Medicare accreditation and re-accreditation financial incentives to conclude**

Pharmacists who apply for Stage 2 of the MMR credential after 15 June will not be eligible for the Medicare accreditation incentive payment. Also, pharmacists who are currently accredited, and who will reaccredit after 30 June 2010 will no longer be paid the \$750 reaccreditation incentive. Those who are currently undertaking accreditation under the fourth agreement may qualify under transition arrangements, if completing within a certain timeframe – phone AACP to ask whether you are eligible to claim. p: 02 6120 2800. All pharmacists who are still eligible to claim, should do so promptly, before 30 June 2010 if possible.

### **Therapeutic Guidelines: Palliative Care, version 3: new release April 2010**

Therapeutic Guidelines Palliative Care 3 is an essential guide for those managing terminally ill patients. It focuses on a holistic approach to palliative care and provides guidance on symptoms that often occur. Emotional and spiritual care are discussed, the value of a team approach and the role of carers and family members is covered. This reference is also available electronically in eTG complete for desktop computers and miniTG for handheld devices, which are updated 3 times per year and contain all 13 titles from the Therapeutic Guidelines series plus Management Guidelines: Developmental Disability. Purchase from p: 1800 061 260 e: [sales@tg.org.au](mailto:sales@tg.org.au) or w: [www.tg.org.au](http://www.tg.org.au)

### **Timely response to HMR referrals important**

The pharmacy profession has established itself to promote Home Medicines Reviews as a professional service yet sometimes HMR referrals are not being activated in a timely manner. Some reasons given for this lack of timely response can be:

- the HMR referral is given to the patient, who does not forward it to their pharmacist.
- sometimes pharmacy staff do not inform the pharmacist of HMR referrals being received and perhaps may put them in an inappropriate place at the pharmacy.
- there is no specific person at your pharmacy who is responsible to oversee the HMR service and to follow up at each step if not progressing smoothly.
- the staff member responsible for HMR goes on leave and there is no-one else organizes HMRs in their absence.
- the patient has refused the HMR service but the pharmacist has not informed the GP.
- the GP has referred an inappropriate patient e.g. a resident of a Commonwealth funded aged care facility – please inform the GP promptly that the HMR cannot be done and advise them that they can refer an RMMR directly to the contracted pharmacist for that aged care home.
- insufficient pharmacist staff at the pharmacy to undertake HMRs - consider outsourcing the HMR service for that time period.

The Pharmacy Guild of Australia sees one month as a reasonable time frame for the HMR service to be completed with the HMR report sent back to the GP. If the HMR can be completed more quickly, say within 2 weeks, that is even better. GPs spend considerable time during appointments to explain and promote HMR as a valuable service to patients and are not happy when their efforts are in vain due to HMRs not being completed. If disappointed, the GP might not refer patients for HMR in future. If we want HMR to be seen as a valued and professional service from pharmacies, then we need to act promptly on HMR referrals.

### **Pharmacy diabetes and asthma programs neglected in next agreement**

Prominent pharmacists from universities across Australia have expressed their disappointment at the scrapping of two key professional pharmacy programs in the Fifth Community Pharmacy Agreement, the Diabetes Medication Assistance Service (DMAS) and Pharmacy Asthma Management Service (PAMS) that address chronic disease. These two programs were developed by pharmacists for community pharmacy and represented significant investment by the pharmacy sector. The lack of ongoing funding for these two programs was announced at the end of a series of pilot and randomised controlled implementation trials, that demonstrated positive improvements in patient health in primary care as a result of structured pharmacist interventions. Both schemes had produced significant improvements in patient health outcomes equivalent to

adding a new therapy, at a much lower cost than adding new drugs to the PBS, thus demonstrating cost effectiveness. A statement from pharmacists at the universities stated, "At a time when we are so worried about costs and the increased burden of chronic disease, it would seem that these services should be integral to a primary care strategy. The scrapping of these professional services represents a lost opportunity for both the profession and the community to make better use of its health care workforce and manage chronic disease."

### **Stroke Foundation 'Know your numbers' campaign**

The National Stroke Foundation is promoting a 2010 'Know your numbers' campaign with resources available. The key message encouraging patients to knowing their own blood pressure and manage it as well as being aware that hypertension is a major contributor to stroke. Visit <http://www.strokefoundation.com.au/know-your-numbers> or p: 1300 122 268.

### **Direct2Care**

Direct2Care, based in Ballarat, is a free service for older Victorians and their carers living in the Grampians Region. Direct2Care is designed to help older Victorians find and access the resources and services they need to live more independent lives at home. Patients can be directly referred to Direct2Care for advice about options, resources and community aged care support services and welfare and social services in the region. p: 1300 121 121.

### **Green tea protective for lungs?**

Drinking green tea might reduce the risk for lung cancer, especially for smokers, according to a Taiwanese study presented at a US conference. Green tea contains strong antioxidants, tea polyphenols, which have inhibitory effects of tumour genesis, tumour proliferation and tumour growth. The study cohort was 170 lung cancer patients and 340 healthy people who completed a questionnaire regarding cigarette-smoking habits, green tea consumption, dietary intake of fruits and vegetables, cooking practices and family history of lung cancer. Researchers found that individuals who did not drink green tea had a 5.16 times increased relative risk for lung cancer, compared with those who drank at least 1 cup of green tea per day. In smokers, those who did not drink green tea at all had a 12.71 times increased risk for lung cancer, compared with those who consumed at least 1 cup per day. Medscape Oncology presented 12 January 2010.

### **Anticonvulsants increase fracture risk**

From a US Veterans database of 67,387 study subjects aged  $\geq 50$  yrs, there were 4367 fractures during 4.5 years of follow-up. The fracture rate per 1000 person-years was 37.5 in anticonvulsant users compared with 14.2 in people who had never used anticonvulsants. Anticonvulsant use resulted in a 2.42-fold increased risk of fracture. Fracture risk was highest when patients had been taking anticonvulsants for 1 to 2 years. The effect of anticonvulsant use on fracture risk persisted for at least 6 months after cessation of use. Am J Geriatr Psychiatry 2010.

### **Some calcium channel blockers may protect against Parkinson's disease**

New results from a major 12 year population-based study of 1931 Parkinson's disease (PD) patients and 9651 unaffected people support the hypothesis that use of some calcium channel blockers (CCBs) may protect against the development of PD. Taking dihydropyridine CCBs, such as nifedipine and nimodipine, was associated with a 26%-30% decrease in the risk of PD. Previous research showed that dopaminergic neurons of the substantia nigra that are affected in PD have L-type calcium channels similar to those affected by dihydropyridines. Only centrally acting L-type CCBs were associated with a significant decrease in the risk of developing PD. The peripherally acting amlodipine and other classes of antihypertensives did not have this effect. This is an observational study only and does not imply definite protection. Ann Neurol. Published online December 7, 2010.

### **Cognitive skills in older population improved by exercise**

Participating in a sustained exercise program may decrease cognitive decline in patients older than 55 years, according to results from 2 new studies. In a cohort study of 3903 patients from Germany, investigators found that moderate or high physical activity was associated with

approximately half the risk of developing cognitive impairment in patients older than 55 years. Moderate activity was defined as strenuous activities (including walking, hiking, bicycling and swimming) performed fewer than 3 days a week, whereas high activity was defined as 3 or more times a week of participation. The second Canadian randomised controlled study showed that resistance training programs improved the cognitive skills of attention and conflict resolution in 55 women aged 65 to 75 years. Physical activity reduced the odds of developing cognitive impairment by half. Moderate physical activity had nearly the same effect as high physical activity. Because the population of older adults is expanding, and so the incidence of cognitive decline and dementia is increasing, there is a high demand for effective and inexpensive methods of preventing or delaying declining brain function. Cognitive benefits were found after 12 months of training but not at the 6-month trial midpoint. Enhanced selective attention and conflict resolution were significantly associated with increased gait speed, which is clinically relevant because walking speed is an indicator of a person's general well-being and also a predictor of mortality. Arch Intern Med. 2010;170(2).

### **Blueberry juice may boost memory in older adults**

In the first human trial to assess blueberry supplementation on neurocognitive function in older adults, investigators in Ohio found that after 12 weeks of consuming 2 to 2½ cups of wild blueberry juice daily over 12-weeks, participants showed significant improvement on memory and learning tests compared with controls who consumed a placebo drink. 9 subjects (5 men and 4 women) 70 years and older who had mild, acquired memory decline were studied. At 12 weeks improved paired associate learning and word list recall were achieved. Although the sample size was small, the effect sizes were moderate to large for both the primary and secondary outcomes. J Agric Food Chem. Published online January 4, 2010.

### **Lipid levels hardly changed since 1980's**

Average cholesterol levels have fallen by only 0.2 mmol/l since the 1980s, according to a survey of 1274 people in South Australia. Average levels of total cholesterol were 5.38 mmol/L, 1.5 for triglycerides, 3.23 for LDL and 1.46 for HDL cholesterol. While 48% of people had hypercholesterolaemia, only 12% were using lipid-lowering medication and 42% of people with established cardiovascular disease were untreated. Among people being treated, 40% had not reached their target lipid levels. The study authors say the meagre improvements seen in population cholesterol levels are disappointing. Triglyceride levels have worsened in the last few years, presumably due to increasing levels of obesity. These findings show that treatment of hypercholesterolaemia still has a long way to go despite a threefold increase in the use of statins since 1997, says study author Professor Edward Janus from the Greater Green Triangle University Department of Rural Health in Warrnambool. MJA.

[http://www.mja.com.au/public/issues/192\\_03\\_010210/jan11290\\_fm.html](http://www.mja.com.au/public/issues/192_03_010210/jan11290_fm.html).

### **Differences between older typical antipsychotics and newer atypicals**

According to a meta-analysis of 15 trials involving 2522 patients, there is no evidence for differences in efficacy between atypical and typical antipsychotics in the treatment of early psychosis, but there is a clear difference in the side-effect profile. The meta-analysis looked at long-term discontinuation rates, short-term symptom changes, weight gain and extrapyramidal side-effects. No statistically significant differences between atypical and typical drugs were found for discontinuation rates (odds ratio 0.7) or effect on symptoms (standardised mean difference (SMD) -0.1). However, it was observed that patients on atypical antipsychotics gained 2.1 kg (0.1 to 4.1) more weight than those on typicals, whereas those on typicals experienced more EPSEs (SMD = -0.4). Brit J Psych 2010;196:434-439.

### **More on vitamin B12 with metformin therapy**

Patients taking metformin over an extended period should have their vitamin B-12 levels regularly checked as they progressively decrease over time, a new BMJ study shows. The preventable deficiency, which was observed in 196 Dutch patients with type 2 diabetes receiving insulin treatment and the metformin intervention, is not a transitory phenomenon but persists and increases over time. Compared to placebo, patients taking metformin had a 7% greater absolute

risk of vitamin B-12 deficiency over the four year study period. The consequences of clinically important decreases in vitamin B-12 concentrations – such as macrocytic anaemia, neuropathy and mental changes – can be profound. BMJ, online 20 May.

### **Ibuprofen linked to reduced Parkinson's disease risk**

A new prospective analysis using data on 136,197 men and women participating in the Nurses' Health Study and the Health Professionals Follow-up Study, who did not have Parkinson's disease (PD) at the beginning, suggests that use of ibuprofen, but not other NSAIDs, is associated with a 40% relative reduction in PD risk. A previous paper showed that ibuprofen users had a reduced PD risk of about 35%. Neuro-inflammation is thought to play a role in PD, but results showed only ibuprofen and not NSAIDs appears to be protective for PD. American Academy of Neurology (AAN) 62nd Annual Meeting: Abstract 1347. Presented April 10-17, 2010.

### **Exercise may increase hippocampal volume in schizophrenia**

Aerobic exercise can significantly increase the relative hippocampal volume in patients with schizophrenia, as well as in healthy controls, a small, randomised study suggests. 16 male patients with chronic schizophrenia and 8 matched healthy controls (mean age 35.0 years) enrolled in the study from June 2005 to September 2006. Participants with schizophrenia did 30 minutes of cycling 3 times per week or were assigned to play tabletop football for 3 months. The healthy controls did the cycling program. MRI was used to measure hippocampus volume and 3 psychological tests were used to test short term memory. Hippocampal volume increased by 12% in those with schizophrenia and by 16% in those without and was associated with improvements in short-term memory test scores. The schizophrenia exercise group showed a 34% improvement in short-term memory score compared with a 17% lower score in the healthy controls. Hippocampal volume increased in the cycling group but not the tabletop football group. The magnitude of these changes in volume was similar to that observed when patients are switched from typical to atypical antipsychotic drug therapy. Arch Gen Psychiatry. 2010;67:133-143.

### **Chocolate linked to lower stroke and stroke mortality risk**

Just in time for Valentine's Day, a new systematic review from Canadian researchers suggests higher chocolate consumption may be associated with a lower risk for incident stroke and stroke-related mortality. Results of 2 prospective cohort studies showed a 22% reduction in stroke risk for those who had 1 serving of chocolate per week and a 46% reduction in stroke mortality from weekly consumption of flavonoids in 50g of chocolate vs no consumption. A third study showed no association between chocolate intake and stroke or death. American Academy of Neurology 62nd Annual Meeting. April 10-17, 2010. Published online February 11, 2009.

### **Multiple childhood adversities may increase risk for psychiatric disorders**

Results from 2 large survey studies suggest that experiencing multiple childhood adversities is linked to the onset of a wide range of mental disorders and are associated with 32.4% of all adult mental disorders. Parental mental illness, substance abuse disorder and criminality; family violence; physical and sexual abuse; and neglect, were the strongest correlates of disorder onset. Parental divorce (17.5%), family violence (14%), family economic adversity (10.6%) and parental mental illness (10.3%) were the most common factors. Death of a parent was also a factor. Arch Gen Psychiatry 2010;67:111-132.

### **Pregnancy and Breastfeeding Medicine Guide**

The new "Pregnancy and Breastfeeding Medicine Guide" has just been released by the Royal Women's Hospital. It can be ordered online for \$99 + postage and handling. See [http://www.rch.org.au/chas/pubs/index.cfm?doc\\_id=1003](http://www.rch.org.au/chas/pubs/index.cfm?doc_id=1003) and RCH GP liaison at [www.rch.org.au/kidsconnect](http://www.rch.org.au/kidsconnect)