

quarterly pharmacy news

Coming events

Tuesday 16 November Primary care asthma update (A-Team) Mercure Horsham Function Room, 118 Baillie Street Horsham (cnr Baillie and Urquhart Streets) 6.30 – 9.30pm. RSVP to Annette Metcalfe in Ararat on p: 5352 4804. Event registration form is attached.

Nurse practitioners given green light

The Senate has passed legislation giving nurses and midwives access to Medicare and PBS rights. The legislation comes into effect on 1 November and will allow nurse practitioners and midwives to order Medicare funded diagnostic imaging and pathology services and will also allow them to prescribe some medicines on the PBS. As well as paving the way for nurse practitioners to practice in various new roles such as in aged care and within primary care, the legislation gives midwives access to a new government supported professional indemnity scheme starting on 1 July. Nurse practitioners and midwives will not work independently but in collaboration with doctors. They will need to demonstrate that they meet certain professional eligibility requirements and that they have appropriate collaborative arrangements in place.

Webinar information on pharmacy DAA and PMP programs

A webinar, an internet based video, has been developed designed to assist pharmacists and allied health professionals know more about DAAs (Dose Administration Aids) and PMPs (Patient Medication Profiles). Information is included on the business advantages that may be gained from implementing these professional pharmacy services into an existing pharmacy practice. Visit <http://www.guild.org.au/pps/content.asp?id=2747> to view this webinar which have been developed and funded through the DoHA approved DAA/PMP Communication Plan.

Warning of possibility of future mix-up/error

After recent packaging changes, Coversyl 5mg and Coumadin 5mg are now presented in similar packaging. Given that their names are also similar and that they are the same strength, this alerts us to the possibility of medication errors. One community pharmacist has already reported that they found stock put away in the wrong location on the pharmacy shelf.



Severe liver injury with orlistat (Xenical)

The labelling for the weight loss drug orlistat will include new safety information about rare cases of severe liver injury in patients taking this drug. An FDA review identified 13 cases of severe liver injury with orlistat during an approximate ten year period. During the same time period an estimated 40 million people worldwide used orlistat. Although it has not been established that orlistat causes liver injury, patients should be told to contact their healthcare professional if they experience symptoms of liver dysfunction that include itching, yellow eyes or skin, dark urine, light-colored stools or loss of appetite. If liver injury is suspected patients should stop taking orlistat immediately and consult their doctor.

Glucosamine found to be no benefit in lower back pain

208 Norwegian participants > 25 yrs had chronic non-specific lower back pain lasting at least six months and degenerative changes on recent MRI scan. Between Dec. 2006 and July 2008, they were randomised to treatment with glucosamine 1500mg daily (n=103) or matching placebo (n=105) for six months; rescue analgesics and other usual therapy (manipulation, etc.) were

permitted. No significant difference was found between glucosamine and placebo groups in pain scores at 6 months and at one year later. *JAMA 2010; 304: 45-52* Available online at <http://www.medscape.com/viewarticle/724654?sssdmh=dm1.625634&src=nldne&uac=119397PN>

'Finding Evidence – Recognising Hype' - online learning from NPS

How do you evaluate the evidence about new drugs? How do you separate the evidence from the hype? Do you want to feel more confident in responding to patients' questions about new drugs? NPS has an online learning module that will help you work through these issues. The program is now recognised and accredited by the Pharmaceutical Society of Australia as a Group 2 activity for 12 points (activity number CX100021). To qualify for CPD points it must be completed and submitted by 7 December 2010. Visit the website at <http://nps.lamsinternational.com/moodle/>. First time users need to create an online account. The program takes about 6 hours to complete and it is suggested that modules are completed in numerical order and to schedule a separate session for each module (in the case of Module 5, two sessions are suggested). This allows some time for reflection between each module. For more assistance p: 02 8217 8642 or e: npsmoodleadmin.org.au

New drug for diabetes 'Galvus' – read about it in NPS RADAR

Vildagliptin (Galvus) is the second 'gliptin' to be added to the PBS. Like sitagliptin (Januvia®), it can be prescribed with metformin or a sulfonylurea when a combination of these drugs is contraindicated or not tolerated, but is not used as monotherapy. Gliptins are not associated with weight gain or increased risk of hypoglycaemia. Dose should be reduced in renal impairment of CrCl < 50 mLs/minute, ceased in severe renal impairment and renal failure and it should not be used in hepatic impairment. Episodes of acute pancreatitis have occurred with gliptin drugs. For more information read the item in NPS RADAR at

http://www.nps.org.au/health_professionals/publications/nps_radar/

Also available in this edition, read about the new adrenaline autoinjector Anapen for the emergency treatment of anaphylaxis, together with a comparison with EpiPen.

Subscribe to Medicines Safety Update [replacing ADRAC bulletin]

Medicines Safety Update brings you practical information and advice about medicines safety and informs you about emerging safety issues, and it replaces the Australian Adverse Drug Reactions Bulletin. The latest issue is now available on the TGA website at

<http://www.tga.gov.au/adr/msu.htm> and will also be distributed with the August issue of

Australian Prescriber. Reports of adverse reactions should be submitted either electronically at <https://www.ebs.tga.gov.au/ebs/ADRS/ADRSRepo.nsf?OpenDatabase> or in hard copy by using the Blue Card available at <http://www.tga.gov.au/adr/bluecard.pdf>.

To subscribe or unsubscribe, visit <http://www.tga.gov.au/adr/msu-email.htm>.

Re-think needed on calcium supplements?

A meta-analysis from 11 randomised trials involving 12,000 patients > 40 yrs of age found that calcium supplementation of at least 500 mg daily [without co-administered vitamin D] for at least one year was associated with a modest 30% relative risk increase in myocardial infarction (MI).

There was a smaller, non-significant increase in incidence of stroke and mortality among users of calcium supplements. The increased CV risk was seen consistently across all trials and appeared to emerge quite quickly. The increased risk has not been seen with high dietary intakes of calcium. High calcium levels in primary hyperparathyroidism are also associated with increased risk of CV events. Perhaps patients should be encouraged to obtain their calcium from food, and if requiring a supplement, divide the dose up across the day. The meta-analysis did not consider risk in patient taking concurrent vitamin D supplements. *BMJ online July 30*. One of Australia's leading experts calcium metabolism and osteoporosis, Professor Chris Nordin from the Royal Adelaide Hospital, has cast doubt on this research, saying the findings were not statistically significant. "Men are much more liable to heart attacks than women but women need calcium far more than men, so it is absurd to publish a study of the effect of calcium on the heart without separating men from women," he said. Calcium supplements are predominantly needed by postmenopausal women because their bone loss is due to an increase in bone breakdown, that

responds to calcium (with vitamin D if necessary). But they are seldom recommended for elderly men because their bone loss has a different cause, which seldom needs calcium.

Media Release: Funding continues for Home Medicines Reviews

Home Medicines Reviews (HMR) and Residential Medication Management Reviews (RMMR) continue to be funded under the Fifth Community Pharmacy Agreement.

The HMR service fee for pharmacists increased to \$194.07 for claims paid after 1 August 2010. Changes proposed to the HMR service may include:

- Improved targeting of HMR services for patients deemed most at risk e.g. after hospital discharge.
- A direct referral model, where the GP may to send the referral directly to the accredited pharmacist of the patient's choice.

The Guild and DoHA will consult with stakeholders on any modifications proposed through the new Programs Reference Group established under the Fifth Agreement. Similarly, RMMR service providers and general practitioners should continue delivering those services to eligible residents of aged care facilities in the usual manner. There are some changes being proposed to the RMMR service which have a focus on funding best practice review services and they may include:

- funding QUM services separately from the review component; and
- increasing the focus on collaborative reviews.

From Guild website.

Online ADHD presentation from PSA

A new online presentation and podcast has been released to enhance understanding of the management of attention deficit hyperactivity disorder (ADHD). It is estimated that more than 350,000 Australian children and young people have ADHD, some using stimulant medications, to manage their symptoms. In this online lecture, Mr David Ellis will provide an overview of ADHD and address the pharmacological and non pharmacological treatment options for ADHD. To watch this education and gain CPD credits on completion of the assessment, visit

<http://psa.advsol.com.au/source/security/member-logon.cfm?section=home&CFID=1488760&CFTOKEN=95770242>

Online CPD module on ginger

This new online module developed by PSA National focuses on ginger. It forms part of a series of modules to support the quality use of complementary medicines in pharmacy practice. To complete this module and assessment and gain CPD credits visit

<http://psa.advsol.com.au/source/security/member-logon.cfm?section=home&CFID=1488760&CFTOKEN=95770242>

18th Therapeutic update: Optimising drug treatment through MMRs

Jeff Hughes and Peter Tenni will present their 18th update at Novotel St Kilda Melbourne from 31 January to 3 February 2011. There will be 17 hours of contact time with a strong emphasis on case-based learning in common therapeutic areas. Clinical controversies focused upon in addition to four sessions on drug induced disorders commonly seen in medication reviews. This course contains an assessment module. Successful completion of the assessment will provide the registrant with 34 AACP CPD points. The registration form is available from the AACP web site at www.aacp.com.au Register early to avoid disappointment.

New clinical practice guidelines site

A new website has been developed by the National Health and Medical Research Council's National Institute of Clinical Studies (NICS). The site provides links to documents developed by governments, professional colleges, specialty societies and non-government agencies, and has been developed to allow users to search for guidelines by condition (such as asthma or diabetes), stage of life or healthcare setting (such as primary and community care). Visit

<http://www.clinicalguidelines.gov.au>

Online paracetamol calculator for children

An online paracetamol calculator for children can be found at http://www.bpac.org.nz/resources/other/bmi_calc/bmiCalc.html. It needs a child's weight, height, age and gender before calculating a paracetamol dose and provides both the 4 to 6 hourly dose and the maximum daily dose.

Useful sources of medication information

Following the cessation of funding for the phone line for medication queries 'TAIS' service, the National Prescribing Service has developed a guide to medication information sources relevant to Australian health professionals. The guide provides a brief description of the type of information to be found in each resource, its availability, whether there is a charge for access and the country of origin. Links are provided where possible. The guide is found at http://www.nps.org.au/health_professionals/guide_to_medicines_information_resources

Aqueous cream unsuitable for eczema?

A small laboratory study suggests that aqueous cream may not be suitable for patients with eczema due to its potential skin-thinning effect. It contains about 1% sodium lauryl sulphate (SLS) a known skin irritant. They carried out a study on six volunteers to investigate the effects of aqueous cream on skin barrier function and its effect on the stratum corneum (SC). 16 out of 27 treated skin sites showed a mean decrease of 12% in SC thickness and an increase in baseline transepidermal water loss. These observations call into question the continued use of this emollient on the already compromised barrier of eczematous skin.

Effects of lowering homocysteine levels with B vitamins

Elevated plasma homocysteine levels have been associated with higher risks of cardiovascular disease but the effects on disease rates of supplementation with folic acid to lower plasma homocysteine levels are uncertain. In this meta-analysis of over 37,000 people in 8 large randomised controlled trials, dietary supplementation with folic acid to lower homocysteine levels had no significant effects within 5 years on cardiovascular events or on overall cancer or mortality in the populations studied. *Arch Intern Med. 2010;170(18):1622-1631.*

Study shows reboxetine (Edronax) ineffective for acute treatment of major depression

A meta-analysis and systematic review was done to assess the benefits and harms of reboxetine versus placebo or selective serotonin reuptake inhibitors (SSRIs) in the acute treatment of depression and to measure the impact of potential publication bias in trials of reboxetine. Unpublished data (comprising 74% of all data) was used in addition to studies that published data. 13 acute treatment trials that included 4098 patients were used. In the reboxetine versus placebo comparison no significant differences in remission rates were shown. A sensitivity analysis that excluded a small inpatient trial showed no significant difference in response rates between patients receiving reboxetine and those receiving placebo (OR 1.24). Reboxetine was inferior to SSRIs (fluoxetine, paroxetine and citalopram) for remission rates (OR 0.80) and response rates (OR 0.80). Reboxetine was inferior to placebo for both harm outcomes. Published data overestimated the benefit of reboxetine versus placebo by up to 115% and reboxetine versus SSRIs by up to 23% and also underestimated harm. Thus, reboxetine is an ineffective and potentially harmful antidepressant. Published evidence was affected by publication bias. *BMJ published 14 October 2010.*

New dose for colchicine

Colchicine (Colgout[®], Lengout[®]) is a drug that traditionally has been dosed until pain relief or GI toxicity occurs. The US 'AGREE' study found that low dose colchicine was as effective as high dose for pain reduction in acute gout with significantly less side effects. The Australian Medicines Handbook now recommends 1 mg (2 tablets) initially, then 500 micrograms 1 hour later (maximum 1.5 mg [3 tablets] per course). Do not repeat the course within 3 days. In impaired renal function with CrCl <30 mL/minute, do not repeat the course within 2 weeks.