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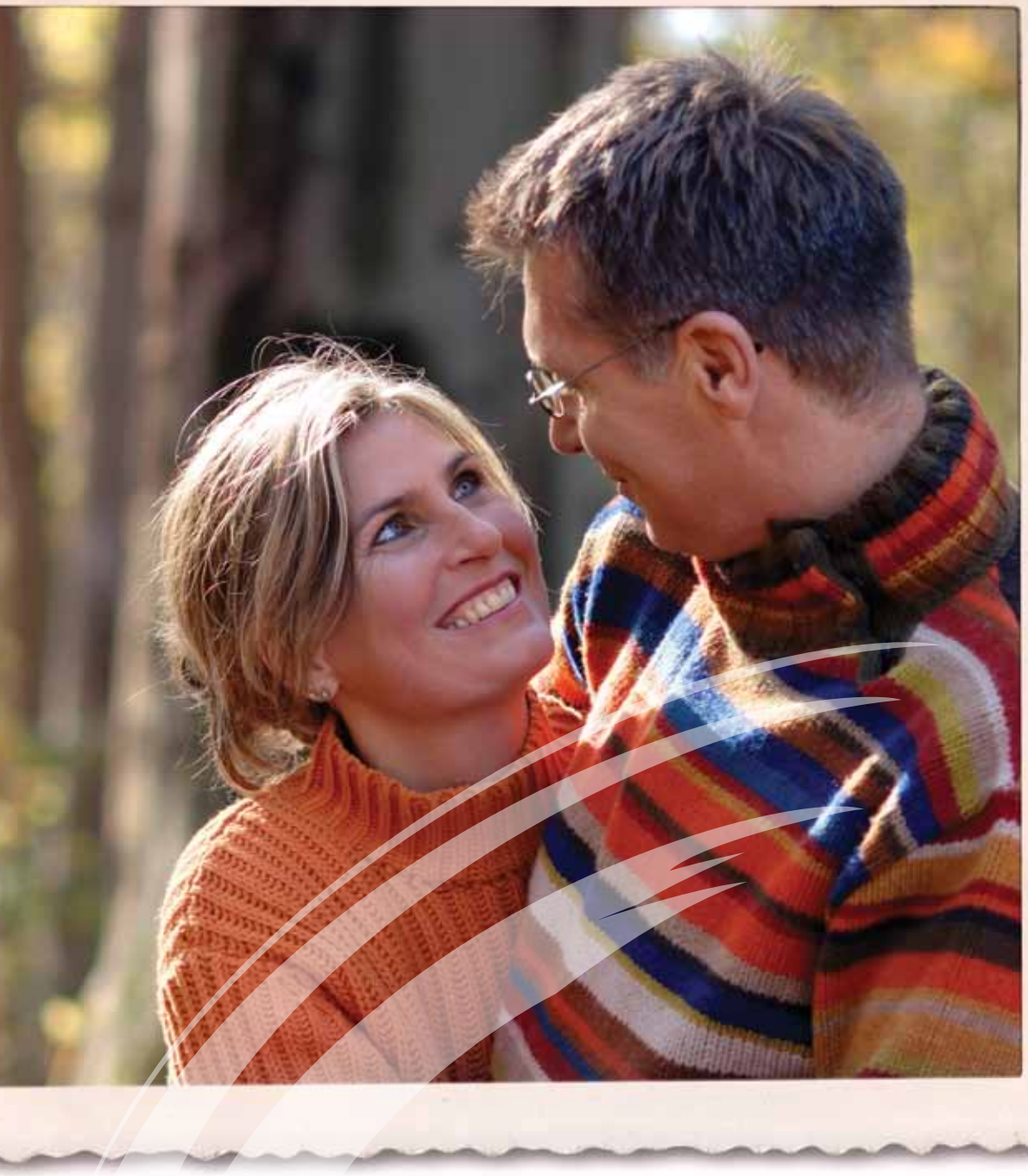
IRISH PHARMACIST

THE INDEPENDENT MONTHLY FOR IRISH PHARMACISTS

NEWS

INTERVIEW NEW SERIES

Masters of Pharmacy – Professor Peter Weedle



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tadalafil

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- Proven efficacy from 30 minutes up to 36 hours with sexual stimulation[1]
- Greater sexual self-confidence and spontaneity than sildenafil[2]

CIALIS* (TADALAFIL) REPUBLIC OF IRELAND ABBREVIATED PRESCRIBING INFORMATION. Presentation: Tablets 2.5mg, 5mg, 10mg, or 20mg of tadalafil. Also contains lactose. **Uses:** Treatment of erectile dysfunction. **Dosage and Administration:** *Adult men:* The recommended dose is 10mg orally, taken at least 30 minutes prior to sexual activity. In those patients in whom tadalafil 10mg does not produce an adequate effect, 20mg might be tried. Maximum dosing frequency, once per day. 10mg or 20mg tadalafil is not recommended for continuous daily use. In responder patients to an on-demand regimen who anticipate a frequent use of Cialis (ie, at least twice weekly) a once daily regimen with the lowest doses of Cialis might be considered. The recommended dose is 5mg taken once a day at approximately the same time of day. The dose may be decreased to 2.5mg once a day based on individual tolerability. The appropriateness of continued use of the daily regimen should be reassessed periodically. *Elderly:* Dosage adjustment not required. *Impaired renal or hepatic function:* In patients with severe renal impairment, the maximum recommended dose is 10mg. Once-a-day dosing of tadalafil is not recommended in patients with severe renal impairment. Once-a-day dosing has not been evaluated in patients with hepatic impairment; therefore, if prescribed, a careful individual benefit/risk evaluation should be undertaken by the prescribing physician. *Diabetes*: Dosage adjustment not required. *Use in children and adolescents:* Not recommended. Not indicated for use by women. In clinical trials, Cialis demonstrated improvement in patients' erectile function and the ability to have successful sexual intercourse up to 36 hours following dosing. **Contra-indications:** Known hypersensitivity to any ingredient. Patients using any form of organic nitrates. In men with cardiac disease for whom sexual activity is inadvisable. Physicians should consider the potential cardiac risk of sexual activity in patients with pre-existing cardiovascular disease. Patients with myocardial infarction within the last 90 days, patients with unstable angina or angina occurring during sexual intercourse, patients with New York Heart Association class 2 or greater heart failure in the last 6 months, patients with uncontrolled arrhythmias, hypotension (<90/50mmHg), or uncontrolled hypertension, patients with a stroke within the last 6 months. Cialis is contra-indicated in patients who have loss of vision in one eye because of non-arteritic anterior ischaemic optic neuropathy (NAION), regardless of whether this episode was in connection or not with previous PDE5 inhibitor exposure. **Warnings and Special Precautions:** Prior to any treatment for erectile dysfunction, physicians should consider the cardiovascular status of their patients, since there is a degree of cardiac risk associated with sexual activity. Tadalafil has vasodilator properties, resulting in mild and transient decreases in blood pressure. It augments the hypotensive effect of nitrates. *Tadalafil (2.5mg and 5mg)*: In patients receiving concomitant antihypertensive medicines, tadalafil may induce a blood pressure decrease. When initiating daily treatment with tadalafil, appropriate clinical considerations should be given to a possible dose adjustment of the antihypertensive therapy. Serious cardiovascular events were reported either post-marketing and/or in clinical trials. Although most of the patients in whom these events have been observed had pre-existing cardiovascular risk factors, it is not possible to determine whether these events are related directly to these risk factors, to Cialis, to sexual activity, or to a combination of these or other factors. Visual defects and cases of non-arteritic anterior ischaemic optic neuropathy have been reported in connection with the intake of Cialis and other PDE5 inhibitors. In case of sudden visual defect, patients should be advised to stop taking Cialis and consult a physician immediately. There is limited clinical data on the safety of single-dose administration of tadalafil in patients with severe hepatic insufficiency (Child-Pugh class C); if prescribed, a careful individual benefit risk evaluation should be undertaken by the prescribing physician. Use with caution in patients who have conditions that might predispose them to priapism, or in patients with anatomical deformation of the penis. Cialis should not be administered to patients with hereditary problems of galactose intolerance, the Lapp lactase deficiency, or glucose-galactose malabsorption. In patients who are taking alpha$_1$-blockers, such as doxazosin, concomitant administration of Cialis may lead to symptomatic hypotension in some patients. Therefore, the combination of tadalafil and alpha-blockers is not recommended. Caution should be exercised when prescribing Cialis to patients using potent CYP3A4 inhibitors (ritonavir, saquinavir, ketoconazole, itraconazole, and erythromycin) as increased tadalafil exposure (AUC) has been observed if the drugs are combined. The safety and efficacy of combinations of tadalafil and other treatments for erectile dysfunction have not been studied. Therefore, the use of such combinations is not recommended. **Pregnancy and Lactation:** Not indicated for use by women. **Driving, etc:** No studies on the effect on the ability to drive and use machines have been performed. Patients should be aware of how they react to the treatment before driving or operating machinery. **Undesirable Effects:** Very common (≥1/10), common (≥1/100 to <1/10), uncommon (≥1/1,000 to <1/100), rare (≥1/10,000 to <1/1,000), very rare (<1/10,000) and not known (events not reported in registration trials cannot be estimated from post-marketing spontaneous reports). *Very common:* Headache, dyspepsia. *Common:* Dizziness, palpitations, flushing, nasal congestion, abdominal pain, gastro-oesophageal reflux, back pain, myalgia.*Uncommon:* Hypersensitivity reactions, blurred vision, sensations described as eye pain, swelling of eyelids, conjunctival hyperaemia, tachycardia, hypotension (more commonly reported when tadalafil is given to patients who are already taking antihypertensive agents), hypertension, epistaxis, rash, urticaria, hyperhydrosis (sweating), chest pain[1]. *Rare:* Stroke[1], syncope, transient ischaemic attacks[1], migraine, visual field defect, myocardial infarction, prolonged erections, facial oedema. *Not known:* Seizures, transient amnesia, non-arteritic anterior ischaemic optic neuropathy (NAION), retinal vascular occlusion, sudden deafness[2], unstable angina pectoris, ventricular arrhythmia, Stevens-Johnson syndrome, exfoliative dermatitis, priapism, sudden cardiac death[1]. [1]Most of the patients in whom these events have been reported had pre-existing cardiovascular risk factors.[2]Sudden decrease or loss of hearing has been reported in a small number of post-marketing and clinical trial cases with the use of all PDE5 inhibitors, including tadalafil. Adverse events reported with tadalafil were transient, and generally mild or moderate. Adverse event data are limited in patients >75 years. *For full details of these and other side-effects, please see the Summary of Product Characteristics, which is available at http://www.medicines.ie/.* **Legal Category:** POM **Marketing Authorisation Numbers and Holder:** EU/1/02/237/001, EU/1/02/237/002, EU/1/02/237/003, EU/1/02/237/004, EU/1/02/237/005, EU/1/02/237/006, EU/1/02/237/007, EU/1/02/237/008. Eli Lilly Nederland BV, Grootslag 1-5, 3991 RA Houten The Netherlands. **Date of Preparation or Last Review:** August 2008. **Full Prescribing Information is Available From:** Eli Lilly and Company Limited, Lilly House, Priestley Road, Basingstoke, Hampshire, RG24 9NL. **Telephone:** Basingstoke (01256) 315 999 or Eli Lilly and Company (Ireland) Limited, Hyde House, 65 Adelaide Road, Dublin 2, Republic of Ireland. **Telephone:** Dublin (01) 661 4377. *CIALIS (tadalafil) is a trademark of Eli Lilly and Company. **References:** 1. Cialis Summary of Product Characteristics. 2. Dean, J. et al. Psychosocial outcomes and drug attributes affecting treatment choice in men receiving sildenafil citrate and tadalafil for the treatment of erectile dysfunction: Results of a multicenter, randomised, open label, crossover study. J Sex Med, 2006; 3:650-661. IECLS00080. **Date of Preparation:** December 2009.

Lilly

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maura@greencrosspublishing.ie
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EDITOR: Maura Henderson
DESIGN: Barbara Vasic
REPORTER: June Shannon
SUB-EDITOR: Tim Ilsley
PUBLISHER: Graham Cooke
PUBLISHER: Maura Henderson
CONTRIBUTORS: Iain Cahill, Dr Des Corrigan, Garry Finnegan, David Jordan, Julian Judge, Fintan Moore, Terry McGuire, Cormac O'Neill
PHOTOGRAPHY: Audrey Hanley
PRINTERS: Newman Thomson Ltd
LETTERS TO THE EDITOR:
maura@greencrosspublishing.ie
Advertising:
graham@greencrosspublishing.ie
or 0872222221

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National pharmacy coordinator for methadone treatment scheme urgently needed

The IPU has called for the appointment of a National Pharmacy Coordinator to oversee the implementation of the methadone treatment scheme and to support pharmacists who deliver the service "as a matter of urgency" *Irish Pharmacist* has learned.

According to the union's submission to the current review of the Methadone Treatment Protocol (MTP) being carried out by the HSE, the proposed National Pharmacy Coordinator would "provide support to all pharmacists already delivering the methadone treatment scheme, which would in turn encourage other pharmacists to participate in the scheme."

The IPU submission, which was received by *Irish Pharmacist* under the FOI Act, also stated that such an appointment would be "especially beneficial to pharmacists providing the service to patients outside the Eastern Region, as there has been a serious lack of support due to the delayed appointment of local Pharmacy Liaison Officers."

"As the Scheme is already acknowledged to be more cost-effective when provided through pharmacy, this would provide long-term savings to the Exchequer," the IPU added.

The HSE has commissioned Professor Michael Farrell, Professor of Addiction Psychiatry and Director of Postgraduate Medical Education in the Institute of Psychiatry London, together with Professor Joe Barry, Professor of Population Health Medicine at TCD, to carry out a review of the Methadone Treatment Protocol in accordance with Action 35 of the National Drugs Strategy (interim) 2009-2016.

Under the terms of reference of the review Profs Farrell and Barry have been asked to review the MTP with regard to: maximising provision of treatment including detoxification, stabilisation, and rehabilitation; Clinical Governance and audit; effectiveness of referral pathways; the enrolment of GPs, the training of GPs, the criteria for Level 1 and Level 2 GPs, and the GP co-ordinator role; as well as looking at the appropriateness and efficacy of urinalysis testing. Additional terms of reference include engaging with the Department of Justice with regard to the prescribing of methadone in Garda stations; and to review the MTP with regard to data collection, collation and analysis.

The review is expected to be completed some time later this month.

IPU calls for HSE funded nationwide DUMP campaign

THE IPU has called on the PSI to liaise with the Department of Health and the HSE to implement a nationwide DUMP campaign, funded by the HSE, which urges consumers to 'Dispose of Unused Medication Properly' (DUMP).

The pharmacy union made the call in its submission to the PSI on its 'Draft Guidelines on Sourcing, Storage and Disposal of Medicinal Products within a Retail Pharmacy Business.'

According to the IPU "the draft guidelines suggest that patients should be encouraged to return unwanted or expired medicinal products to the pharmacy for disposal. Whilst many pharmacies provide this service as a gesture of goodwill to their patients, it is unfair to expect pharmacies to cover the considerable cost of such disposal. Some HSE areas provide a DUMP scheme through pharmacies in their area but many more do not."

"The PSI should be cognisant of the costs involved in expecting pharmacies to provide such a service and should liaise with the Department of Health & Children and the HSE to ensure that a DUMP scheme, funded by the HSE, is put in place nationally before imposing such a requirement on community pharmacies," the IPU's submission stated.

In its submission the IPU also warns of "a serious risk of" Standard Operating Procedure "(SOP) overload and critical patient care issues losing out to the maintenance of written procedures and practices."

According to the IPU the latest draft guidelines from the PSI "impose requirements for a significant number of SOPs to be put in place". In fact the union noted that the guidelines required a total of 22 separate SOPs to be developed.

While the IPU stated that it accepted "that all pharmacies should meet the appropriate standards in sourcing, storing and disposal of medicinal products," the Union "would expect that the PSI be cognisant of the practicalities from a pharmacist's perspective in relation to the large number of SOPs required to implement these guidelines."

"The PSI should seriously review the level of bureaucracy now being imposed on pharmacists and prioritise what they view as the critical SOPs," the submission concluded.

Jump for Chernobyl

Pinewood Healthcare pharmacy representative, Peadar Flynn (in orange) did a parachute jump for the Chernobyl Orphanage Fund recently. Also pictured are Fergal Murphy, Pinewood Healthcare Sales Director (far left) and Abhishek Jain, Pinewood Healthcare Commercial Business Analyst.

Pharmacists believe they provide additional services without fair compensation

The vast majority of pharmacists – 78 per cent – believe that they are asked to provide additional services, such as advice, without fair and proper compensation a major new international survey has found.

The findings of the survey which were presented at the recent International Pharmaceutical Federation (FIP) Congress in Lisbon, Portugal also revealed that more than 90 per cent of pharmacists believe that they are key to improving patients' health while 73 per cent provide health promotion and management services to their patients.

The survey was commissioned by Pfizer Inc. in collaboration with FIP to better understand the needs, concerns and attitudes of pharmacists. Interviews were held with over 2,000 community, retail and hospital pharmacists in eight countries (Australia, France, Germany, Italy, Portugal, Turkey, the UK and the US) between April and June 2010.

Other results of the survey show the degree to which pharmacists are concerned about counterfeit medicines with 61 per cent stating that the prevalence of counterfeit medication was a serious issue in their country. More than half of respondents or 63 per cent believed that current policies and technology were insufficient to deal with counterfeit medicines and 77 per cent stated that medicine packages should have machine readable bar codes to ensure they are not counterfeit.

Commenting on the results Mr Ton Hoek, Chief Executive Officer of FIP said:

"Pharmacists' roles are changing, and we find ourselves increasingly working with patients and other healthcare professionals to prevent and treat disease. This survey shows that pharmacists welcome this expanded role, as it highlights what they like doing most – helping deliver better patient outcomes – while increasing visibility of pharmacists' expertise. However, we also see an education and income gap that will need to be closed to ensure the pressure on current pharmacists isn't too great, and so that we can continue to attract the best and brightest to the profession in the future'.

IPU Regional Meetings

THE IPU is to host a number of regional meetings for members across the country over the coming weeks.

On the 04th October a meeting will take place in the North West at the Mill Park Hotel in Donegal Town and on the 06th of October the IPU will host a meeting at the Tullamore Court Hotel in Co Offaly. The 07th October will see the IPU at the Carlton Castletroy Park in Limerick and on the 11th there will be a meeting for union members in the South at the Oriel House Hotel, Ballincollig, Co Cork.

The last two regional meetings will be held on the 12th October at Dooley's Hotel in Waterford City and on the 14th October IPU members from the North East will meet at the Ardboyne Hotel in Navan, Co Meath.

All meetings will commence at 8pm.

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Date of Preparation: August 2010. FADHCP-02710.

actavis

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Nearly 1 in 10 doses of prescribed medication missed in hospital

Hospital inpatients are, on average, likely to miss out on almost 10 per cent of their medication doses, new research presented recently at the Royal Pharmaceutical Society of Great Britain (RPSGB) 's annual conference has shown.

The research, which was based on a study carried out at Bradford Teaching Hospitals in the UK, revealed that overall, 9.7 per cent of prescribed medicines were omitted. However, the research found that this could be explained by a variety of reasons, including 'nil by mouth' policies after surgery, specific advice from a health professional to withhold doses and very often, patients themselves refusing to take medication.

Drug non-availability accounted for missed doses in 2.4 per cent of cases. The highest proportion of doses missed through non-availability occurred at the 9am drug round following a patient's admission while drug non-availability at admission was only a problem in patients who had left their supplies of medicines at home.

According to the study not taking medication at the correct time can have serious consequences to health for those with critical conditions or long-term problems such as Parkinson's disease or epilepsy. Omitting doses of potent antibiotics, for instance, can lead to delayed recovery from infection and a prolonged stay in hospital.

Ms Nina Barnett, spokesperson for the RPSGB and a consultant pharmacist for older people said: "This audit is an example of many likely to be taking place in hospitals across the country following a 'rapid response report' from the National Patient Safety Agency in February 2010 on the issue of missed medication.

"There is a real need to raise staff awareness around medicines which must not be delayed or omitted. Pharmacists can play an essential part by developing a 'vital medicines' checklist, which identifies specific drugs and situations where immediate dispensing is required.

Bradford researcher Mr Stan Dobrzanski said: "missed doses of medicines are especially likely to occur immediately after hospital admission. Patients can help reduce the risk of this happening by always bringing their medicines with them when they go to hospital. Initiatives are taking place in many hospitals to promote this."

Study shows cost-effectiveness of self-care in pharmacies

Treating minor ailments such as coughs, colds and indigestion in community pharmacies rather than GP surgeries is a very cost effective use of health service resources according to a new UK study.

The research, which was presented at the Royal Pharmaceutical Society of Great Britain's (RPSGB) annual conference which took place on the 5th and 6th of September last, followed the April 2009 launch of the 'Think Pharmacy First' campaign across a number of pharmacies in the North of England.

The research was commissioned by NHS North of Tyne to evaluate the campaign and it asked patients what they would have done if the minor ailments scheme was not in place.

When asked, 58 per cent said they would have gone to their GP had the scheme not existed, while 39 percent admitted that they would have bought the necessary medicine from their pharmacy.

Around 0.25 per cent responded that they would have gone to see their health visitor and 0.5 per cent said that they would have attended the Emergency Department (ED) at their local hospital.

Using standard GP and ED costs of £36 (€43) and £111 (€132) per consultation respectively, it was estimated the scheme saved over £7,000 (€8,342) per month across NHS North of Tyne.

Mr Neal Patel, spokesperson for the RPSGP said: "Pharmacists and doctors need to work together to make sure patients get access to healthcare in the most appropriate way. Many of the consultations for minor ailments currently taking place in GP surgeries could easily be managed within community pharmacy. We would like to see more minor ailments services commissioned by primary care trusts through community pharmacies. Pharmacists can then support patients to improve their self-care, use their clinical skills to greater effect and free up GPs to focus on more complex cases. It's a win-win situation."

Ms Ann Gunning, community pharmacy contracts manager at NHS North of Tyne, working on behalf of Newcastle and North Tyneside Primary Care Trusts and Northumberland Care Trust, said: "We are delighted with the campaign which brings together our NHS colleagues including pharmacists and GPs to help those patients who qualify for free prescriptions to have greater choice and better access to treatment for minor ailments.

"Think Pharmacy First is using the skills and knowledge of pharmacists to provide the right treatment for patients at the right time, in a place which is convenient to them in the heart of their local community. It does all this as well as making best use of NHS resources for the public purse."

IMB disappointed by small number of applications from herbal products

The number of applications for the new Tradition Herbal Medicinal Products (THMP) registration scheme as of mid-2010 has been "disappointingly small in comparison with the number of products actually on the market," the IMB has said.

According to the IMB Newsletter (May-August 2010) under the provisions of the Medicinal Products (Control of Placing on the Market) Regulations 2007, S.I. 540 of 2007, as amended, "no new herbal medicinal product can be placed on the market after July 2007 without the prior approval of the IMB."

"Products which were on the market at that time can remain on the market provided an application is made for registration under the THMP registration scheme and registration is issued by the IMB by 30 April 2011. After this time, a herbal medicinal product may not remain on the Irish market legally without a marketing authorisation or THMP registration."

According to the most recent IMB newsletter the IMB has published two draft lists of herbal substances on its website "in order to facilitate the registration process and give greater clarity to companies, some of which are continuing to place herbal medicinal products on the market inappropriately as food supplements."

The first list is a list of herbal substances, which are not considered to be suitable for inclusion in food supplements. According to the IMB "these herbal substances are considered to be potentially toxic or have potent pharmacological action which makes them medicinal substances under the terms of the definition given in Article 1 of Directive 2001/83/EC as amended."

The second list of herbal substances consists of those, which are regarded as safe for inclusion in food supplements when the appropriate part of the plant mentioned in the third column is used. Products containing such herbs would take the form of tablets, capsules, other solid and liquid dosage forms and the dried herbs themselves or teas made from these herbs. However, where concentrated extracts or tinctures are used or other parts of the plant, safety for use in food cannot necessarily be guaranteed and potential users are advised to consult the IMB on individual cases.

According to the IMB, in order for herbal substances to be included in a food supplement, no medicinal claim can be made for the product on its packaging or associated literature.

The IMB also noted that the two lists should not be considered exhaustive and would be added to or deleted from as experience is gained. Any queries or comments on the contents or the use of these lists should be addressed to herbalmedicines@imb.ie. The two draft lists can be accessed on the IMB's website at www.imb.ie

The IMB launched a public consultation process on the classification of herbal substances in August and the date for submissions passed on the 30th of September last.

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National Palliative Medicines Information Service Launched at Our Lady's Hospice and Care Services

The National Palliative Medicines Information Service recently launched Palliative Meds Info a free medicines information helpline service at Our Lady's Hospice and Care Services, Harold's Cross.

The new service aims to encourage best practice with medicines in palliative care and to assist health professionals in the community, hospitals and hospices nationwide by providing specialist up-todate, evidence-based information. Palliative Meds Info will be the first structured medicines information service dedicated to patients needs at end of life and it aims to significantly improve quality of care nationally. The service is supported by the Irish Hospice Foundation.

'Getting the dosage right or effectively controlling symptoms can be highly complex when dealing with end of life patients', said Mo Flynn, CEO Our Lady's Hospice and Care Services. 'With the launch of Palliative Meds Info Service, health professionals who previously would not have had ready access to such specialist support, can now just phone or email the service. Our Lady's Hospice and Care Services always strives to be at the forefront in Palliative Care and this service is a way in which we can proactively share our specialised knowledge with those involved in end of life patient care in non specialist settings', she added.

Eimear O'Dwyer, Chief Pharmacist, Our Lady's Hospice and Care Services, Mary Harney, TD, Minister for Health and Children, Mo Flynn, CEO, Our Lady's Hospice and Care Services; Cliona Hayden, Senior Pharmacist.

Palliative Meds Info is an initiative of the pharmacy department working in specialist palliative care at Our Lady's Hospice, under Veronica Treacy, (Superintendant Pharmacist for St James Hospital and Our Lady's Hospice and Care Services) and Eimear O'Dwyer, Supervising Pharmacist, Our Lady's Hospice and Care Services.

The service will operate five days a week and has a dedicated phone line and email address for receiving queries 01-4912578, palliativemedsinfo@olh.ie

It is aimed at any healthcare professional caring for patients with palliative care needs across a range of settings, supporting both the palliative care specialist and the practitioner who may encounter a patient with palliative care needs infrequently, including community pharmacists, GPs, public health nurses, nursing home staff, hospice and hospital-based nurses, doctors and pharmacists.

Palliative Meds Info is to be run as a pilot for the next 18 months. All enquiries will be recorded in a database to facilitate ongoing audit to ensure the service meets the needs of health professionals working in palliative care. An analysis of enquiries received will also help identify areas of practice where further research is required to build on the evidence base in palliative medicine.

Men required for sexual research study

The Centre for Research on Occupational and Life Stress and School of Psychology at NUI Galway are currently recruiting individuals to take part in a study which aims to improve understanding of men's sexual problems within Ireland. Men aged 18 years or over, both heterosexual and homosexual, are asked to participate in the study.

Lorraine McDonagh, a lead researcher on the study, said: "Sexual function is strongly associated with overall well being and therefore sexual dysfunction is an important public health concern. To our knowledge, to date, no research has examined Irish men's understanding and experience of sexual problems. In addition, previous research in this area in other countries has mostly focused on heterosexual men. The findings of this project should help to inform the development of improved health promotion strategies for sexual problems and dysfunctions in men".

Participants need not have personally experienced any problems (although personal experience is welcome), but be willing to discuss this issue as part of a focus group. Those who participate will be entered into a prize draw for a "One4All" gift voucher worth €100.

For details on how to participate in the study, contact the principal investigator Lorraine McDonagh at 091-492820 or l.mcdonagh7@nuigalway.ie or the study supervisor, Dr Ian Stewart at 091-493569 or ian.stewart@nuigalway.ie. or log on to www.nuigalway.ie/crols/participate.html

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*Standard paracetamol tablets.

Abbreviated Product Information for Nurofen 200mg coated tablets

Nurofen 200mg Coated Tablets: Each tablet contains 200mg Ibuprofen. **Indications:** As an anti-inflammatory, analgesic and antipyretic for short-term management of mild to moderate pain such as is associated with headache, dental pain, fever, period pain, muscular strain, backache, and for the management of the symptoms of head colds and influenza. For the symptomatic treatment of osteoarthritis. **Dosage and Administration:** Adults and children over 12 years: Initial dose is 400mg and subsequently if necessary, 200 to 400mg every four hours with a maximum of 1200mg in a 24 hour period. Not suitable for children under 12 years of age. For oral administration. NSAIDs should be used with particular caution in elderly patients who are more prone to adverse events. **Contraindications:** Patients with a history of, or active peptic ulcer or other gastrointestinal disorder. Patients with a history of hypersensitivity reactions (e.g. bronchospasm, rhinitis, urticaria) in response to ibuprofen, aspirin or non-steroidal anti-inflammatory drugs. Use in children under 12 years of age. **Precautions & Warnings:** Undesirable effects may be reduced by using the minimum effective dose for the shortest possible duration. The labelling should state: If symptoms persist for more than 3 days or you experience any other symptoms unrelated to the original condition, discontinue treatment immediately and consult your doctor. In patients with renal, cardiac or hepatic impairment, caution is required since the use of NSAIDs may result in deterioration of renal function. Elderly patients are at increased risk of the consequences of adverse events. Prolonged use of NSAIDs in the elderly is not recommended. As NSAIDs can interfere with platelet function, they should be used with caution in patients with intracranial haemorrhage and bleeding diathesis. If you are pregnant, elderly or have asthma or are receiving regular medical treatment please consult your doctor before taking this medication. Patients with rare, hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take this medicine. **Pregnancy and lactation:** Whilst no teratogenic effects have been demonstrated in animal experiments, the use of **Nurofen** during pregnancy should, if possible, be avoided. The onset of labour may be delayed and duration of labour increased. In limited studies, Ibuprofen appears in the breast milk in very low concentrations and is unlikely to affect the breast fed infant adversely. **Interactions:** It is considered unsafe to take NSAIDs in combination with warfarin or heparin unless under direct medical supervision. Care should be taken in patients treated with any of the following drugs as interactions have been reported: Anti-hypertensive: reduced anti-hypertensive effect. Diuretics: reduced diuretic effect. Diuretics can increase the risk of nephrotoxicity of NSAIDs. Cardiac glycosides: NSAIDs may exacerbate cardiac failure, reduce GFR and increase plasma cardiac glycoside levels. Lithium: decreased elimination of lithium. Methotrexate: decreased elimination of methotrexate. Cyclosporin: increased risk of nephrotoxicity with NSAIDs. Other NSAIDs: avoid concomitant use of two or more NSAIDs, including low dose aspirin. Corticosteroids: increased risk of gastrointestinal bleeding. Aminoglycosides: reduction in renal function in susceptible individuals decreased elimination of aminoglycoside and increased plasma concentrations. Probenecid: reduction in metabolism and elimination of NSAID and metabolites. Oral hypoglycaemic agents: inhibition of metabolism of sulfonylurea drugs, prolonged half-life and increased hypoglycaemia. **Side Effects:** The most likely side effects are dyspepsia, gastrointestinal intolerance and bleeding. Skin rashes, including pruritus, erythema, urticaria, maculopapular rash and other allergic reactions have been reported. Very rarely erythema multiforme has been reported. Thrombocytopenia has also been reported.

Product License Number: PA 979/32/06. **PA Holder:** Reckitt Benckiser Ireland Ltd, Citywest Business Campus, Dublin 24, Ireland. **Legal Category:** Retail Sales through Pharmacy only. **Date of preparation:** May 2009.
For full prescribing information, please consult the SmPC. For product queries please call (01) 630 5429 or Reckitt Benckiser Ireland Ltd., 7 Riverwalk, Citywest Business Campus, Dublin 24.
Date of Preparation: September 2010. **Item Number:** N-IE-26-10. **References:** 1. Noyelle et al. Headache Therapy. The Pharmaceutical Journal, May 2, 1967 p651-567. 2. Schachtel BP et al. Journal of Clinical Pharmacology 1996;36(12):1120-5.

IRISH PHARMACIST
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Unlicenced medicines sourcing service launched

Pharmacists and dispensing doctors across Ireland will now be able to order unusual and difficult-to-source products to help meet specific patient needs following the successful trial of a new service.

Irish-owned unlicensed medicines manufacturer The Specials Laboratory is to roll out its 'Special Obtains' service nationally, which is aimed at assisting pharmacists in sourcing items that are not regular lines and often not stocked by mainline wholesalers.

The service, which was initially introduced in North East England, minimises time spent in the dispensary by pharmacists trying to track down infrequent, low-volume and new products that are not readily available.

Pharmacists can now contact the award-winning company to source items such as gluten free products, colostomy and ostomy lines, homeopathics, dressings, cover creams and dermatology products such as silk vests.

Sharon Griffiths, managing director at The Specials Laboratory, said: "By developing a strong network of supply partners, our new sourcing service takes the hassle out of unusual prescription queries and eliminates wasted time spent by pharmacists on the phone searching for such tricky to obtain items.

"The initial regional trial we carried out has gone well and has been very well received by pharmacists. Sitting alongside our well-established specials manufacturing service, we hope our new…service will be just as successful in helping pharmacies meet one-off patient needs as quickly as possible," added Sharon.

Once a product has been sourced by The Specials Laboratory, the order is only placed once a price is agreed with the pharmacist. Special obtain orders are delivered direct to the pharmacy in 3-5 days and regular supply for repeat prescriptions can also be set up.

The Specials Laboratory is one of the UK's leading makers of unlicensed medicines – known as 'specials' – which are bespoke-made for individual patients and supplied through dispensaries. It looks after thousands of pharmacy and hospital customers across the UK and Ireland, delivering around 95 per cent of specials within 24 hours.

In the last few years, the business has also adapted to the changing economic climate by investing heavily in and launching two NHS-focused services to help increase efficiency, reduce cost and improve patient care in hospitals.

Its over-labelling service involves the supply of medicines pre-labelled with a hospital's own bespoke design, helping hospitals across the UK cut down waiting time for patients in pressurised situations such as out of hours dispensing.

More recently, The Specials Laboratory was granted a license to manufacture and supply non-sterile investigational medicinal products (IMPs) for use in small-scale NHS-based clinical trials. This allows hospitals to outsource their product manufacturing needs to help speed-up clinical studies and ensure medicines are made to the highest possible quality standards.

Owned by United Drug, it employs around 135 staff across its three MHRA-licensed sites, the company was earlier this year crowned North East Manufacturer of the Year and North East Company of the Year across Northumberland & Tyneside. www.specialslab.co.uk

New €26 million investment programme in health research announced

The potential development of a non-antibiotic treatment for rosacea; finding out if we can manage schizophrenia by controlling iron levels in the brain; and the identification of new therapeutic options for patients with chronic lung disease, are just some examples of research projects which have benefitted from a new €26 million investment programme in health research announced last month by the Health Research Board.

An additional €12.6 million was also announced for a new round of funding which researchers will be eligible to compete for before the end of this year.

Announcing the funding at the new Convention Centre in Dublin, Minister for Health Ms Mary Harney said: "I anticipate we will see a great return on this investment. Firstly, this research will generate new treatments and new ways to care for patients. Improving outcomes for patients is our primary goal.

"Many of the projects will also provide clear evidence about changes in healthcare practice that can create efficiencies and help transform the health system. This is a welcome, timely and important focus of HRB funding programmes. Importantly, this funding will also support jobs, create training opportunities or develop career paths for 80 highly skilled people in the health sector. It will add to the international standing of Ireland in health research and increase our attractiveness as a location for research and development in the lifesciences."

According to Enda Connolly, Chief Executive at the HRB: "we ensure that the research we support is of the highest quality. But it must also be capable of being applied in practice for maximum benefit to the patient and healthcare system. This is paramount in determining how we allocate funding today."

New edition of medicines.ie on CD-ROM

The IPHA has announced the release of the medicines.ie CD-ROM Version 2010/2011. The CD-ROM, which is a copy of medicines.ie , is sent annually, free of charge, to over 7,000 GPs, consultants, nurse prescribers, nursing homes, community and hospital pharmacists in Ireland. It is primarily designed for those who do not have ready internet access in their place of work.

Like medicines.ie the CD-ROM provides Irish-specific and reliable, IMB/EMA approved information on over 2,000 medicines currently available in Ireland.

In 2010 medicines.ie was certified with the Health on the Net (HON) Code Standard for Trustworthy Health Information. The HON code is the most widely accepted reference for online health and medical publishers. Other recent developments on medicines.ie include the provision of information to help people know more about medicines and how to manage minor ailments. There is also a link to a comprehensive database listing details of both ongoing and completed clinical trials, globally.

If any healthcare professional has not received a copy of the CD-ROM they may email communications@ipha.ie or call (01) 660 33 50 to order a copy free of charge.

Lady Pharmacists Golf Outing August

Lady captain, Anne Nolan presenting first prize to Marie Donnellan at LPGS outing to Adare on 21st August.

The results of the recent golf outing in Adare Manor were as follows:

1st) Marie Donnellan
2nd) Orla Naughton
3rd) Majella Brady

Category 1) Celeste O'Regan
Category 2) Ann O'Connor
Category 3) Helen Grimes

Front 9) Anne Murphy
Back 9) Catherine Cleary
Longest Drive) Celeste O'Regan
Nearest the Pin) Gerarldine Gahan.

Please note the following are the officers for the 2011 – 2012 season:

Lady President: Peggy Fox; **Lady Captain:** Anne Hillery
Hon. Secretary: Ann O'Connor 087 2326483
Competition Secretary: Doreen O'Donoghue 086 2336896
Hon Treasurer: Marie Walsh

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Nebuliser administration

All nebuliser suspensions and solutions by Breathe Pharmaceuticals can be administered using the same nebuliser as the originator brands

Breathe Pharmaceuticals is a joint venture between Breath Ltd. and Clonmel Healthcare Ltd.

Breath Ltd. are specialists in the anti-asthmatic field, currently successfully marketing a range of nebuliser suspensions and solutions in the UK and distributing their products throughout Europe and the world.

Clonmel Healthcare distribute and market an extensive range of prescription and OTC medicines in Ireland, with a growing expertise in niche therapy areas.

BUDESITAN
0.5mg/2ml, 1mg/2ml Nebuliser Suspension
BUDESONIDE

IPRAVENT
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IPRATROPIUM BROMIDE

COMBINEB
0.5mg/2.5mg per 2.5ml Nebuliser Solution
IPRATROPIUM BROMIDE/SALBUTAMOL

SALBUVENT
2.5mg/2.5ml, 5mg/2.5ml Nebuliser Solution
SALBUTAMOL

Budesitan 0.5mg/2ml, 1mg/2ml Nebuliser Suspension, PA 1518/1/1-2
Combineb 0.5mg/2.5mg per 2.5ml Nebuliser Solution, PA 1518/2/1
Ipravent 250mcg/1ml, 500mcg/2ml Nebuliser Solution, PA 1518/3/1-2
Salbuvent 2.5mg/2.5ml, 5mg/2.5ml Nebuliser Solution, PA 1518/004/001-002

PA Holder: Breathe Pharmaceuticals Ltd., 20A Beckett Way, Park West Business Park, Nangor Road, Dublin 12. Tel: 01 6204000.
Legal category: These products are subject to medical prescription.

Full prescribing information available on request or go to www.clonmel-health.ie

2010/ADV/BRE/048

breathe

IRISH PHARMACIST
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Independent pharmacists launch new health management service

Sheena and Garvan Lynch Founders of Intervene help Gillian O' Sullivan, Fitness Expert(centre), launch Intervene – Ireland's first health management service which is available in independent pharmacies nationwide.

A number of independent pharmacists have come together to launch a new nationwide health management service aimed at providing a full consultation and management of conditions from asthma to Alzheimer's and diabetes to weight-loss it was announced recently.

More than 20 independent pharmacists have joined Intervene and 70 more from around the country are looking to join the group. Intervene is the brainchild of independent pharmacist Garvan Lynch and his co-founder Sheena Lynch. They have been running the service for the past two years out of their pharmacy in the Cork suburb of Douglas and are now rolling out the programme nationally in other independent pharmacies.

"Four out of five people presenting at a GP consultation relate to chronic illness and its complications. Chronic illness can be treated but not cured and the most prevalent of these in Ireland include Alzheimer's, diabetes, hypertension, heart disease and stroke and are a large and growing burden on the health of Irish people and the Irish healthcare system," said Sheena Lynch.

"Independent pharmacists have a huge wealth of knowledge that is not being used to the best benefit of the customer at the moment. Intervene changes all of that and gives an individual who is looking for information, treatment and management of an illness that is based on medical facts access to the tools to do so. This works by attending an Intervene clinic or programme in their local independent pharmacist's private consultation room.

"Take diabetes for example – if you have been diagnosed with diabetes by your GP you can now go to your local independent pharmacy to attend a customised diabetes programme that monitors your condition and advises you on nutrition including diabetic menu plans, lifestyle changes and exercise activities. You will be brought through the explanation of what drugs you are using and how they help and an explanation of what exactly the illness is. You will then be given a login to the 'My Intervene' section of www.intervene.ie with a special password that is specific to information relating to diabetes which you can access anytime and anywhere," she said.

Co-founder of Intervene, Garvan Lynch said: "People need ongoing help in managing their conditions. The difference with an Intervene Independent pharmacy is that you get a total health management service on your doorstep. GPs may diagnose a patient with diabetes and then refer them to Intervene to manage this. Equally, a patient might present themselves at an Intervene pharmacy undiagnosed and the pharmacist will refer them to their local GP for diagnosis.

"This relationship is hugely important as the medical industry working in partnership with independent pharmacies will only strengthen the health management for the patient. The range of clinics Intervene associates will be able to offer will complement GP services. The concept will work both ways – time-poor GPs will have a resource to manage conditions and clinics will lead to referrals to GPs. We successfully run health clinics for men and women ranging from epilepsy to asthma – ante-natal care to medicine use review. "

Only 35 per cent of patients use inhalers correctly

In a recent study of over 1000 patients, carried out by Hickey's Pharmacies, only 35 per cent of patients were found to be using their inhalers correctly. This contrasts with 91 per cent of respondents who believed they were correctly using their inhalers. Following a brief instruction on inhaler technique by their pharmacist, 86 per cent of patients were able to demonstrate correct the correct use of their inhaler.

Tom Concannon, Superintendent Pharmacist with Hickey's Pharmacies and the coordinator of the study commented: "At Hickey's Pharmacies we are always looking for ways to improve the services we provide to our patients. The Inhaler Technique Assessment is a wonderful example of the positive effect pharmacists can have on how patients take their medicines. The drastic improvement we were able to demonstrate, highlights for us the importance of delivering more of these types of services to our patients in the future."

This study was carried out across the 27 branches of Hickey's Pharmacies as part of the annual asthma awareness campaign. Inhaler users of all ages were invited to demonstrate their inhaler technique to a trained member of staff who assessed them using a standard protocol. Patients had the purpose of each of their inhalers explained to them and any patient who had difficulty using their inhaler was given a full demonstration. These demonstrations were very successful as the number of patients who could now use their inhaler correctly increased from 35 per cent to 86 per cent. Patients who were still unable to use their inhalers were referred back to their doctor with a recommendation to switch to a more suitable inhaler. Patients who smoked were also offered advice on smoking cessation.

The fact that 91 per cent of patients thought they were using their inhaler correctly also demonstrates the importance of these types of interventions by healthcare professionals. It is not enough to wait for these patients to ask for advice.

Dr Jean Holohan, CEO of the Asthma Society of Ireland commented on the study "The study is a very valuable piece of research. It highlights a very significant issue in the management of asthma. We are delighted that Hickey's have undertaken this valuable research and we encourage all patients with asthma to avail of the expertise of their local pharmacist to get advice on inhaler technique."

Only 1 in 7 over 65s has received the pneumococcal vaccine

Only one in seven people over the age of 65 has been vaccinated against pneumococcal disease, leaving approximately 400,000 people aged 65 and over at risk of contracting the potentially fatal disease. This research was undertaken to mark the launch of a new website entitled www.oneinseven.ie, which will offer health advice for over 65s and information on pneumococcal disease and vaccination. The website was developed by Sanofi Pasteur MSD in partnership with Age Action.

For further information, visit www.oneinseven.ie

At the launch of oneinseven.ie were Ms Lisa McLaughlin, Senior Product Manager, Sanofi Pasteur MSD, and Irish musician and songwriter Phil Coulter.

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Dioralyte for correction of fluid and electrolyte loss and the management of watery diarrhoea in infants, children and adults[1]

Dioralyte BLACKCURRANT, CITRUS and NATURAL, powder for oral solution

ABBREVIATED PRESCIBING INFORMATION

Presentation: Sachet containing the active ingredients Sodium Chloride 0.47g, Potassium Chloride 0.30g, Glucose 3.56g and Disodium Hydrogen Citrate 0.53g. **Indications**: Oral correction of fluid and electrolyte loss and the management of watery diarrhoea in infants, children and adults. **Dosage and Administration**: Each sachet should be reconstituted in 200ml (approximately 7 fluid ounces) of fresh drinking water. For infants where fresh drinking water is unavailable the water should be freshly boiled and cooled. The solution should be made up immediately before use. If refrigerated, the solution may be stored for up to 24 hours, otherwise any solution remaining an hour after reconstitution should be discarded. The solution must not be boiled after reconstitution. Daily intake may be based on a volume of 150ml/kg body weight for infants and 20-40 mg/kg body weight for adults and children. A reasonable approximation is: Infants – One to one and a half times the usual feed volume. For infants under 12 months, use only under medical advice. Children – One sachet after every loose motion. Adults (including elderly) – One or two sachets after every loose motion. More may be required initially to ensure early and full volume repletion. **Contraindications**: None known. **Warnings and Precautions**: The solution must not be reconstituted except with water at the volume stated. Solutions of greater concentration may result in hypernatraemia. Those of greater dilution may result in inadequate replacement. If there is no improvement within 24-36 hours, consult the physician. If nausea and vomiting are present with the diarrhoea, small but frequent amounts of dioralyte should be drunk at first. No specific precautions are necessary in the elderly. However, caution is required in cases of severe renal or hepatic impairment or other conditions where the normal electrolyte balance may be disturbed. **Pregnancy and Lactation**: Dioralyte is not contra-indicated in pregnancy or lactation. **Interactions and Adverse Effects**: None stated. **Overdose**: In the event of significant overdose, serum electrolytes should be evaluated as soon as possible, correct any abnormalities and monitor levels until return to normal, especially in the very young and in cases of severe hepatic or renal failure. **Precautions for Storage**: Do not store above 25°C. The reconstituted solution should be used immediately but may be stored for up to 24 hours in a refrigerator at 2-8°C. **Marketing Authorisation Holder**: sanofi-aventis Ireland Ltd., Citywest Business Campus, Dublin 24. **Marketing Authorisation No**. PA 540/98/1 (Blackcurrant), PA 540/98/2 (Citrus), PA 540/99/1 (Natural) **Legal Category**: P Further information: Available from sanofi-aventis Ireland Ltd., Citywest Business Campus, Dublin 24 or contact IEmedinfo@sanofi-aventis.com. Please refer to Summary of Product Characteristics which can be found on IPHA @ http://www.medicines.ie/ before prescribing.
Information about adverse events reporting can be found at www.imb.ie. Adverse events should be reported to the sanofi-aventis Drug Safety Department.
Date of Preparation: April 2008

References
1. Dioralyte SPC

IE.D10.10.08.01

IRISH PHARMACIST
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Gary Finnegan,
European Correspondent and Irish winner of the 2009 EU Health Prize for Journalists

Pharmacists help cut A&E spending

Community pharmacists have saved Finland over €500 million by cutting medication errors and reducing the need to consult doctors, according to a new study.

Research by PricewaterhouseCoopers has revealed that a total of 6.2 million visits to GPs and 750,000 A&E visits are avoided every year thanks to services provided by pharmacists.

The findings, presented in Helsinki at the annual conference of the International Pharmaceutical Federation, also show pharmacy expertise reduced the need for prescriptions by 2.6 million per year and saved an estimated 123,000 hospital bed days.

The Association of Finnish Pharmacists (AFP), which helped conduct the study, said there is no shortage of anecdotes on the economic value of community pharmacists but this audit of health spending in Finland adds to the evidence base.

Erkki Kostiainen of the AFP said free professional services save the exchequer money that can be used elsewhere. "We thought that these savings would be substantial, but it is fair to say that we were surprised to find their true extent," he said.

The study drew on the research into prescription errors and a survey of Finnish pharmacists and doctors. Statistics from the Finnish social insurance and health and welfare institutions were also examined to help put a figure on the savings arising from pharmacy services.

The researchers believe their estimates on cost savings, which were calculated by an expert panel including economists and lawyers, are conservative. "These savings add up to a total of €565 million per year, which can be spent on other important priorities in the national healthcare system," Kostiainen said.

"The majority of the saving – about €300 million – comes from fewer visits to GPs. In many cases a pharmacist's guidance in self-care and non-prescription medication can be all that is needed and, if it is not, pharmacists are able to advise when a visit to the doctor is indicated," he added.

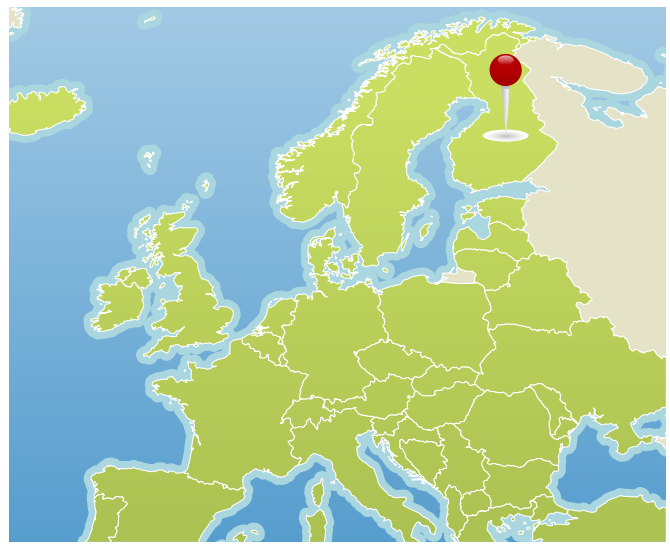
Kostiainen said the findings could be applicable in other countries and will be of considerable interest to governments in search of cost savings. "At a time when there are grave shortages of general practitioners in some European regions, this is not simply an economic but also a social benefit," he said.

The study also showed savings of nearly €70 million in emergency costs, and around €100 million each on prescription costs and nights in hospital.

These total savings are more than Finnish pharmacies' share of all medicine sales, which are around €481 million. "This means that savings for healthcare produced by the use of community pharmacies exceed the costs of outpatient medicine distribution. This is a very significant finding," Kostiainen said.

Ton Hoek, General Secretary and CEO of the FIP said pharmacists' expertise should be used not only for the benefit of patients, physicians and other healthcare professionals, but also to make savings in national healthcare systems. "Now that healthcare is becoming more and more expensive and there is a move towards rationing of certain drugs and treatments, it is really madness that the valuable skills of pharmacists are not being used to the maximum benefit of patients," he said.

The FIP chief said governments should encourage people to consult a pharmacy before seeing a GP.



Patient groups relying on industry funding

Two-thirds of the patient and consumer organisations working with the European Medicines Agency receive funding from the pharmaceutical sector, according to health campaigners.

The regulator's efforts to involve independent patient groups could be undermined by the extent to which they rely on industry funds, says Health Action International.

Based on new data on financial transparency, the NGO said fewer than half of the 23 organisations working with the EMA have complied with the Agency's financial reporting guidelines.

HAI is pointing the finger at the regulator for failing to rigorously enforce its own guidelines at a time when the Agency is working to improve transparency.

The annual average corporate contribution per sponsored organisation rose from €185,500 in 2006, to €282,090 in 2007, to €321,230 in 2008. These amounts correspond to 47%, 51% and 57% of organisational average annual revenue, respectively.

"It is to the credit of the regulatory process in the EU that the EMA has in recent years tried to involve patient and consumer groups in some aspects of drug policy and approval," write Dr Graham Dukes of the University of Oslo and Dr Andrew Herxheimer of the Cochrane Collaboration in the HAI report.

"But the procedures have to be well defined and respected, and the consumer groups involved must be financially independent and truly impartial," say the authors.

Hospital pharmacists want coding standards

The European Association of Hospital Pharmacists (EAHP) has pledged to promote global coding standards for medical products in an effort to advance patient safety.

The Association has signed a memorandum of understanding with a not-for-profit standards organisation GS1.

"In hospitals, personalised treatments are prepared in the pharmacy or ward, and administered by nurses to the patients. A complete and unambiguous identification of the drug, up to the moment of administration, is a key element of a safe dispensing procedure when drugs are dispensed," said Roberto Frontini, President, of the EAHP.

"We encourage the adoption and harmonisation of GS1 Standards in Europe to enable the effective and efficient implementation of bar codes on all packages of drugs," he added.

Frontini said the ultimate goal would be a system using bar-coded medical products, enabled by global standards, which would ultimately make hospital processes more efficient and reduce medication errors.

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Urea 1.0% w/w
Cetrimide 0.5% w/w
Dimeticone 9.0% w/w
Chlorocresol 0.1% w/w

Relieves cold sores and painful dry cracked lips

Cymex Cream has a Triple Action Formula

- Soothes the tingling sensation.
- Relieves painful chapped lips.
- Controls infection.

Supported by upcoming consumer advertising campaign and in-store promotional material

ABBREVIATED PRESCRIBING INFORMATION
Please refer to the Summary of Product Characteristics before dispensing **Cymex Cream.**
Indications: For the topical application to cold sores and cracked lips. **Dosage:** Adults, elderly and children: apply sparingly every hour for the relief of cold sores and cracked lips. **Contraindications:** Hypersensitivity to the active substances or any of the excipients. **Warnings and Precautions:** Keep out of the reach and sight of children. For external use only. If symptoms persist consult your doctor. **Interactions:** None known. **Side effects:** The ingredients of this medicine are considered safe and no long-term side effects have been found and no epidermal and dermal atrophy has been reported. It has however, been reported to causing burning and irritation if applied to inflamed, broken or exudative skin eruptions. Irritant skin reactions can occasionally occur. Rare instances of hypersensitivity, usually developing after repeated administration, have been reported. Contact dermatitis to a preparation containing cetrimide and chlorhexidine has been reported. No data are available to suggest any harmful effects in pregnancy and no special problems are anticipated in the elderly or children. No potentially hazardous interactions are known. **Shelf Life:** 3 years. **Marketing Authorisation Holder:** Actavis Group PTC ehf, Reykjavíkurvegi 76-78, 220 Hafnarfjordur, Iceland. **Marketing Authorisation Number:** PA 1380/12/1. **Legal Category:** Retail sale through pharmacies only. Further Information including the SPC is available on request from Actavis Ireland Limited, Euro House, Little Island, Co. Cork or email: contact@actavis.ie. Information about adverse event reporting can be found on the IMB website (www.imb.ie) or by contacting Actavis Ireland Limited.**Date of Generation of API:** Sept 2009.

Date of Preparation: July 2010. FADHCP-02610.

actavis

IRISH PHARMACIST
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To sleep, perchance to dream

There seems to be an 'epidemic' of insomnia in Ireland – are herbal remedies the answer ponders

Des Corrigan

DR DES CORRIGAN

Dr Des Corrigan is the former Director of the School of Pharmacy at TCD, and won the Lifetime Achievement Award at the 2009 Pharmacist Awards.

He is the Irish representative on the Scientific Committee of the European Monitoring Centre for Drugs and Drug Addiction. He also currently chairs the National Advisory Committee on Drugs as well as the chair of the Traditional Herbal Medicinal Products Subcommittee of the Advisory Committee on Human Medicines at the Irish Medicines Board.

In an earlier column I wrote about my habit, whenever I visit a pharmacy, of looking to see which herbal products, if any, are on sale. I find the fact that a large number of herbal sedatives/tranquillisers feature prominently on pharmacy shelves to be an indication of the high levels of stress, anxiety and insomnia which pervades our lives, seemingly throughout human existence. One website gives an extrapolated figure of 583,000 for those with sleep disorders in Ireland while the 2005 European Working Conditions Survey reported that stress at 22 percent was the second most common work-related health problem across the EU after backache and muscular pain.

Many people respond to these conditions by using one of the vast range of highly effective benodiazepines and related 'Zed' drugs prescribed for the short term relief of anxiety or insomnia which are severe and disabling. According to the General Population Survey on Drug Use in Ireland, conducted by the NACD in 2006/2007, lifetime prevalence (i.e. ever having used) for tranquillisers was 11 percent of adults while 5 percent had used them in the previous year (recent use) and 3 percent in the past month (current use).

SERIOUS SIDE EFFECTS

This widespread treatment of sleep disturbances with synthetic drugs such as benzodiazepines is associated with undesirable effects including dependency, hangover effects and anterograde amnesia according to the European Medicines Agency (EMA) Assessment Report on Valerian Root. There is also considerable mortality associated with the use of synthetic sedatives because the National Drug-Related Deaths Index (NDRDI) prepared by the Health Research Board shows that 37 percent of the 2120 deaths due to poisonings recorded in this country between 1998 and 2007, involved benzodiazepines usually in combination with other CNS depressants such as alcohol and narcotic analgesics.

> "While there are no reported side effects there is a warning about driving after using [passiflora] due to its recognized sedative effects.

Valeriana officianlis

VALERIAN ROOT

The EMA Report goes on to state that there is "obviously a need for better tolerated alternatives to synthetic sedatives to prevent…. chronic insomnia". It then points out that a considerable number of trials underline that Valerian root is such an alternative medication which does not show the typical unwanted effects seen during conventional treatment of sleep and mood disorders.

The evidence base for efficacy is strongest for Valerian but a range of other herbal materials have been subjected to scrutiny by the Herbal Medicinal Products Committee (HMPC) at the EMA. Plants such as Hops, Passiflora and Melissa or Lemon Balm are sometimes formulated on their own or they may be marketed as combinations with Valerian with product names highly suggestive of their use as herbal sleeping, relaxing or calming agents. The Community Monographs published by the EMA following detailed assessment of the preclinical and clinical evidence on Valerian, Hops, Passiflora and Melissa all state that these are *traditional herbal medicinal products for relief of mild symptoms of mental stress and to aid sleep*. Crucially the monograph on Valerian, under the 'Well-established Use' provisions of the basic Medicines Directive, also includes a therapeutic indication as a herbal medicinal product for the relief of mild nervous tension and sleep disorders. The point here is that such a claim must be supported by clinical trial evidence whereas the traditional use claim does not require such evidence but as the monograph makes clear, it is *"exclusively based on long standing use"*.

PASSIFLORA

Passiflora is a popular herbal tranquilliser. The EMA concluded that the pharmacological and clinical data on Passiflora supported the traditional use which is documented back to 1938 in Europe, but that the clinical trial data was not sufficient to designate the herb under 'Well-established use'. While there are no reported side effects there is a warning about driving after using it due to its recognized sedative effects.

MELISSA

In the case of Melissa the assessor noted two clinical studies showing clear evidence of a sedative effect in healthy volunteers but deemed them not acceptable in the context of traditional use because the trials used an extract prepared with methanol instead of the more usual ethanol-based liquid extracts and tinctures. This seems somewhat pernickety to me.

HOPS

Ssometimes labeled as Lupulus on products, Hops has a long tradition of use but there is very little scientific evidence that it is effective as a sedative. Most of the data included in the EMA's assessment Report on Hops actually dealt with its phytoestrogenic properties.

The evidence relating to Valerian is much stronger with sedative effects reported in animal studies as well as receptor binding studies which point to both sedative and anxiolytic effects which appear to be influenced by different chemicals from the plant. The clinical evidence for relief of sleep disorders is based on several randomized placebo-controlled trials (Level 1B evidence) while the indication for relief of nervous tension is based on a lower level (III) of evidence from descriptive or comparative studies.

Pharmacists should not only have no worries that they are recommending any kind of 'quack' medicine when they recommend Valerian to patients, but they may be doing them a favour because valerian does not reduce vigilance the next morning unlike Benzo's and also unlike the former it does not act synergistically with alcohol.

GRADUAL ONSET

It is important to note that because of the gradual onset of improved sleep structure over 2 to 4 weeks Valerian is not suitable for acute episodes of mild nervous tension or sleep disorder, so patients will need to be advised that it will take a while before they notice improvements. But at least colleagues now know that there are natural alternatives available to them with a PA number signifying a product evaluated by the IMB under the well established use route. Failing that they should look for (and demand from suppliers) a product with a TR number indicating registration as a traditional herbal product which has been produced under GMP conditions and whose quality has been rigorously controlled and monitored. With access to such products both you and your patients can now have a good nights sleep!

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IRISH PHARMACIST
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Masters of Pharmacy

PROFESSOR PETER WEEDLE

In the first of a series of articles ***June Shannon*** speaks to a number of pioneering Irish pharmacists who have made a unique contribution to the development of pharmacy in Ireland.

For Professor Peter Weedle, Adjunct Professor of Clinical Pharmacy at the School of Pharmacy, UCC and owner of the Mallow based Weedle Pharmacy Group, pharmacy has always been a family affair.

Weedle Pharmacy has a long and proud tradition of serving the people of Mallow, Co Cork. Peter's maternal grandparents Barty and Eily Sullivan established the original pharmacy in Mallow in the 1930s and it was above this shop that Peter was reared until the age of five.

Despite never knowing his grandfather Barty who died in his 40s, Prof Weedle was no doubt inspired by him. His aunt Eileen Sullivan, who on the death of her father studied pharmacy in Dublin and was put through a traditional apprenticeship, and his mother Nora, a dispensing optician, together with their mother (Peter's grandmother Eily), and their business partner pharmacist Mike Mortell, ran the family business. In the 1970s Nora, the enterprising Corkwoman, opened a second pharmacy in Townview in Mallow.

Today the Mallow based Weedle pharmacies are owned by Prof Weedle and the business remains very much a family affair, his sister and two of her children also work there.

YOUNGEST REGISTRAR

Born in Mallow in 1959 Prof Weedle was the youngest person ever to be appointed Registrar of the PSI in his early 30s and was the founding Head of the School of Pharmacy in UCC. He was also one of the first Professors of Clinical Pharmacy in the country and was instrumental in laying the groundwork for the development of the 2007 Pharmacy Act.

A keen academic and author, Prof Weedle has a Masters in Law and has co authored two books: *The Law relating to Medicines and Pharmacy in Ireland*. 1991. Kenlis. (Weedle and Cahill) and *Pharmacy and Medicines Law in Ireland* which he co-edited with Ms Leonie Clarke will be published early in 2011. He is also the editor of*: Medicines: A guide for everyone. 9th Edition*. 2003. Penguin. (P. Parish).

Prof Weedle has also served on the Council of the PSI as Chair of the Registration Committee, and as a Ministerial appointee.

He also served as a member of the expert committee on veterinary vaccines, with the Irish Medicines Board and is currently a member of the Professional Conduct Committee of the PSI.

Prof Weedle studied pharmacy at the Welsh School of Pharmacy in Cardiff in Wales and after registration in 1982 he stayed on at the Welsh School until 1987. During this time he did a PhD on drug use in residential homes for the elderly and he also worked as a Research Associate under Professor Peter Parish. A medical doctor by profession and the first person to be appointed Professor of Clinical Pharmacy in the UK, Prof Parish proved to be a hugely inspiring mentor to the young Peter Weedle.

MENTOR

The Cork pharmacist described his time as a student in Cardiff as "one of the biggest blessings in my life".

"The School was very forward thinking and had appointed the first professor of clinical pharmacy in the UK the year I started, Professor Peter Parish, who made a significant impact on my thinking. Imbued with his vision for the profession I decided to return to do a Ph.D. under him in clinical practice once I had qualified. So in the early 1980s we started looking at the rational use of medicines for the elderly in nursing homes. Once I completed my doctorate I stayed on at the school as a research associate for a year."

In 1987 Prof Weedle returned to Ireland where he was appointed as assessor pharmacist at the National Drugs Advisory Board (now the Irish Medicines Board). Recalling his time at the NDAB he said it was "an exciting time" during which he was "very privileged to work with some exceptional people" under the direction of the Chief Pharmacist Dr Mike Morris.

Less than a year later the position of Assistant Registrar came up at the PSI and in 1989 the Cork pharmacist was successfully appointed to the post. In 1990 he was to become the youngest person ever to be appointed Registrar of the Society, a position he held for two years.

"They are getting older and wiser now," he smiled.

"Joining the Pharmaceutical Society was another big change for me but looking back it was perhaps one of the most enjoyable times of my career. There was an exceptional vision to do something; to drive the profession forward to deliver pharmaceutical care. The Council members at the time were very dedicated individuals, and while it would be unfair to single out any particular member, I recall being astounded by the dedication and selflessness of the late Tony Quirke, who after a day's work would drive from Clonmel to attend a committee meeting at 8pm in Dublin and often return home well after midnight. He did this week in week out, right through the autumn/winter/spring, sometimes twice a week. I thought, if that is the level of devotion being shown by council members who weren't being paid then the least I could do was my very best, given that it was my job."

According to Prof Weedle Ireland in the late 80s and 90s was a very challenging and at times frustrating period to be a pharmacist. This, he explained, was mainly due to the fact that despite

a number of amendments in 1890, 1908, 1951 and a major revision in1962, pharmacists were still, in essence, operating and registering under the hugely outdated and wholly inadequate Pharmacy Act of 1875.

"Another major change occurred for me when in 1991 Joe Cahill retired as Registrar and Secretary of the Pharmaceutical Society. I must say I was a reluctant candidate for the job as I was very content and challenged in my role as assistant registrar, which I was enjoying immensely, and to try and fill Joe's shoes was a very daunting challenge."

FRUSTRATION

"Looking back I think we achieved a lot in the PSI during that time, but the biggest frustration was not having realised a new Pharmacy Act," he stated.

In 1992 a family illness forced Prof Weedle to return to Mallow to take over the running of the family business, however he continued to take an active interest in the development of the profession, and was later to be appointed Chair of the PSI's newly formed Registration Committee in anticipation of the new Pharmacy Act of 2007.

"The preliminary work done by the committee in the two years prior to the Act, which was difficult and complex due to the EU requirements, allowed for a smooth introduction of the new registration system for pharmacists, pharmacies, EU pharmacists and overseas pharmacists. It is with a great degree of satisfaction that I look back on how effectively that team of people worked and what they achieved," he said.

During his time at the PSI Prof Weedle, together with a group of highly committed pharmacists including the PSI President at the time Ms Anne Frankish, Council members Mr Ronan Quirke and Mr Mattie Lynch and PSI solicitor Mr Dominic Dowling, worked hard to put the ground work in place for the new 2007 Pharmacy Act – arguably one of the most important legislative developments in Irish pharmacy in the past 130 years.

While Prof Weedle and his many PSI colleagues were involved in laying the preparatory groundwork for the 2007 Act he credited the current Registrar of the PSI Dr Ambrose McLoughlin with securing the new Act. According to Prof Weedle Dr McLoughlin's appointment as Registrar of the PSI in 2005 "revolutionised the PSI."

"I know full well that to this day we still would not have a new Act but for Ambrose McLoughlin," Prof Weedle said.

> "While we continue to be appreciated by the general public, we have singularly failed to prove our worth in the corridors of power.

"When Ambrose joined the PSI as registrar he very quickly and incisively identified what deficiencies were within the profession and in particular [he] really knew that unless we had a proper regulatory base …pharmacy as a profession was not going to develop… Ambrose brought a set of skills within the political arena and landed us the pharmacy Act 2007," he added.

CORK GENE

When Prof Weedle returned to community pharmacy in 1992, his Dublin colleagues at the time gave him six months before he returned to the capital. However being Dubs, his colleagues had completely underestimated the strength of the legendary Cork homing gene, as Prof Weedle went on to become the founding Head of Ireland's newest School of Pharmacy in UCC and continues to practise in his native Mallow today.

"I really enjoy community practice, I like the contact with people, being part of the local community, my family have been in the area for hundreds of years so it is truly home for me," he told *Irish Pharmacist.*

In 1995 Prof Weedle was appointed part-time lecturer at the Department of Pharmacology and Therapeutics at the School of Medicine in UCC. From 2002 to 2003 he served as Acting Head of UCC's fledgling School of Pharmacy, and he was also appointed Adjunct Professor of Clinical Pharmacy, a position he still holds today.

"In 1995, I was asked by my old friend Prof Kamal Sabra to meet Prof Michael Murphy, Professor of Pharmacology, School of Medicine, UCC (now the President of UCC) to discuss why there was no School of Pharmacy in Cork… Michael said to me 'Peter you know all the reasons why there is no School so how about helping me to establish a School?' That was 15 years ago and as they say 'if I knew then what I know now, would I do it all over again?' Yes most emphatically I would. It was a long drawn out process and there were many hurdles to overcome and our mantra became 'it is only a matter of time.' When we got accreditation I was presented with a pestle and mortar with that motto engraved on it. I had obviously said it far too often."

"The establishment of the School of Pharmacy at UCC was a unique experience and a truly awesome opportunity. I could never have dreamed of becoming Head of a School of Pharmacy let alone in my home-place of Cork. I was appointed the first Head of School not that it was very onerous in that I had no students, no staff and no building. I know Prof Caitriona O'Driscoll and Prof Anita Maguire have had it far tougher than I ever did," he said.

PHARMACY EDUCATION

"Having three schools of pharmacy and the development of pharmacy education over the past decade in Ireland has been good for the profession. The new graduates are highly educated and capable and are a credit to the Schools and pharmacy. It gives me great pleasure each year to see the new students arrive and the final year students graduate. I try not to miss any of the graduations. I still get a warm sense of pride walking through the main concourse of the building, especially late on a winter's evening when it is dark outside and the building is silent after the activity of the day. If I was ever to come back as a ghost, I think I would wander the corridors there," Prof Weedle added.

> "…the recent initiative in relation to the codeine problem has been seen in certain influential circles as pharmacists stepping up to the mark…

According to Prof Weedle the new School of Pharmacy at UCC is the only building on the historical Cork campus that doesn't face inwards but rather has an entrance onto College Road. This was done deliberately he explained as it was symbolic of the profession looking forward to the future and looking to the public.

The positioning of the new School at UCC and Prof Weedle's deep affinity with it is also reflected in his own interest and dedication to the development of the pharmacy profession into the future.

2020 REPORT

In 2008 he was asked by the PSI to assist in the writing of the landmark Pharmacy 2020 Interim Report, in collaboration with Dr Mark Ledwidge, Professor Julia Kennedy, Dr Stephen Byrne and Dr Laura Sahm from the Clinical Pharmacy Practice Research Group at the UCC School of Pharmacy and Dr Paul Gallagher from the School of Pharmacy at the RCSI.

Published in April 2008 the interim report charts a course for the development of progressive pharmacy practice and services in Ireland.

Entitled 'Advancing Clinical Pharmacy Practice to Deliver Better Patient Care and Added Value Services' the interim report examines a range of measures and options, which through the expanded clinical role of pharmacists have a real potential to deliver cost effective and high quality patient care.

Prof Weedle said he was immensely proud of the report particularly as it was written in just a number of months and that a lot of hard work went into preparing it.

"I still believe that what was outlined in the report, given that it was based on international evidence of what pharmacists around the world were doing, gave a blueprint of what could be achieved by Irish pharmacists. The English White Paper which was published a few days later concurred with a lot of what we said, so we were not alone in our ideas," he stated.

Despite the current economic climate Prof Weedle believes that there is still "a great future" for pharmacy in Ireland.

"But we have to get out and prove our worth to the policy and decision makers. The next few months and years present a golden opportunity for the profession to rise above the economic crisis facing Ireland and prove how we can add extra value in healthcare. I don't think pharmacists are trusted by various departments.

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> "The next few years present a golden opportunity for the profession to rise above the economic crisis facing Ireland and prove how we can add extra value in healthcare.

PATIENTS BEFORE PROFIT

Government or other professions. While we continue to be recognised and appreciated by the general public and the patients we serve, we have singularly failed to prove our worth in the corridors of power; it is no use saying how wonderful we are, we have to prove it, over and over again before we are accepted. I think the recent initiative by the PSI in relation to the codeine problem has been a major service to patients but it has also been seen in certain influential circles as pharmacists stepping up to the mark, acting as professionals and not just as shopkeepers taking a profit. In essence they are truly putting – "patients before profit". I know this may be controversial, but I am sure this will open up more opportunities for us to demonstrate our unique value to Society and will be another defining moment in our profession."

Coupled with his work with UCC, the PSI and running two busy pharmacies Prof Weedle somehow has also found time to develop a new company called Pharmacy Prime with pharmacist colleagues Mr Norman Niven and Dr Mark Ledwidge. Pharmacy Prime provides independent community pharmacists with a suite of services that they can offer to their patients and nursing homes.

" I keep on threatening my wife that I will take it easier, that I will stop getting involved in new projects, that I will take up walking and gardening again, both of which were passions of mine. As soon as a project is completed I declare that is it; I'm not going to get involved again, but she just looks at me knowing full well that it won't be long before I'm off again…we have five children who are our pride and joy, our eldest graduated last year and he is working in Dublin, the next two are both at university and the youngest two are at school, our last Junior certificate is next summer. Our greatest joy is our granddaughter Lauren and we love it when she visits us for a sleep-over."

ADVICE FOR THE YOUNG

Asked what one piece of advice he would give to young people thinking of entering the profession Prof Weedle said it was to think of pharmacy as a vocation rather than a job or a career.

"If you think pharmacy is an easy job with lots of money, it isn't. If it is done right it is hard and demanding, but extremely satisfying in being able to help people. Pharmacists can make a significant contribution to the health and wellbeing of their patients but if they are careless or incompetent that can cause major damage, or death, to patients, so do not enter the profession casually. It is not a job or a career but a vocation."

"Community pharmacists are a vital part of their local communities, I am dismayed by some of the developments in pharmacy in recent decades, in my grandfather's day the community pharmacist was a pivotal focus for healthcare in the community. I think we have lost that, to a degree we have become more product focussed instead of patient focussed. As community pharmacists we forget on a day-to-day basis the impact we have, for good or bad, on patients. What we do is important, we impact on patient's health, and we are a key part of the care of patients. We are privileged to hold a unique position of trust and we must never abuse this for our own gain. We like everyone else in Ireland got caught up in the 'Celtic tiger' era, it is now time for us to re-focus, return to our roots and build from there," he concluded.

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CLONMEL HEALTHCARE

QUESTIONS & ANSWERS

IRISH PHARMACIST
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TOM MURRAY

Tom was born in 1973 in Coventry. His mother is from Galway and his father from Mayo. He was educated at Princethorpe College and later at Manchester University. After his PreReg he did a Masters through Queens University Belfast. His thesis was based on patients' acceptability of extended pharmacists' roles. While in the UK he was a keen member of Local Pharmacy Committee, where contractual issues were decided, etc.

Tom moved home to Ireland and bought his pharmacy in November 2001, opening a second outlet in November 2005. He has been a member of IPU committees, firstly as alternate to his good friend Joe Britton. More recently he was active within PCC and other union subcommittees. He has retired from committees for now due to too many time constraints. He is married for thirteen years and has four children.

What other career might you have chosen?
Not sure, I chose to become a pharmacist at 16 because I had done work experience in a pharmacy and I really believed I could make a difference to people. I also believe a community pharmacist is in the centre of the local community and becomes naturally involved with their patients. I still believe that the pharmacist has the potential to have a huge impact on those they serve. Having said that other careers interest me, I love marine biology and would love to be involved in marine life conservation projects, especially the larger marine mammals.

Which figures in Irish life (living or dead) do you admire and why?
There are many, and my personal political beliefs have been framed by many of Ireland's greats. I admire anyone who acts with integrity and is prepared to act in a manner consistent with his convictions. I don't admire anyone who operates double standards or who professes one thing but acts in an entirely different way. Be true to yourself before you try to convince others.

What is the one thing you would suggest to improve the Irish health service?
I would remove the two tier access to healthcare and make it fair for all. Far too often that we read health statistics about the probability of illness in certain demographics, and yet they are often the very people who cannot get access to treatment because of financial factors. And of course I would radically change the pharmacist's role. I believe the role of diagnosis and prescribing should be separated and that prescribing pharmacists working along with doctors would ensure the maximum benefits for patients as the expertise of both parties would be brought to bear. Radical and probably impossible to achieve.

What is your earliest memory?
I think it was when I was around 3, playing in the garden with my brother and my Dad.

What is your greatest fear?
That anything bad would happen to any of my four kids.

When and where were you happiest?
I am usually pretty happy, and acknowledge how lucky I am to be able to say that. I try to find some happiness every day, but any time I am having fun with my wife Róisín and kids and forgetting about work or any other stresses is hard to beat.

What would your super power be?
Mind control.

What is the worst job you have ever done?
Checking sewerage systems when I worked on the buildings in my late teens.

What is your best trait?
Haven't a clue, you would need to ask others.

What is your most unappealing habit?
Pigheadedness, and a failure to see other people's point of view.

What trait do you most dislike in others?
Dishonesty and sycophantism.

Do you use alternative medicines? What kind?
Yes I shower every day so that takes care of homeopathy, and I drink good Irish whiskey so that naturally brings stress relief.

Cat or dog?
Dog, no question.

What keeps you awake at night?
Everything, I tend to replay the day in my mind at night, and I usually only get a few hours sleep as a result.

Who or what makes you laugh?
Good comedy, my kids, friends, some of the characters I meet each day at work. There is usually at least one funny point in each day.

How do you relax?
I coach hurling, gaelic football and I read and play some music. I also write a bit of poetry and I have started writing a few novels on several occasions but don't have the self discipline to finish, or I realise that if it is boring me, then why the hell would anyone else read it.

What word or phrase do you overuse?
It isn't printable, unfortunately I can be emotive in my expression, let's just leave it at that.

Favourite TV/Radio programme?
Rónán Beo, ar RnaG idir 3 agus 5 gan aon dabht ar bith.

Favourite film and book?
Film: The Field or anything with Morgan Freeman. Books: Nineteen Acres or Rothar Mór an tSaol.

Sporting hero/heroine and why?
DJ Carey, he wasn't huge but he never shirked his responsibility on the field and he also did some amazing trickery that made my hair stand on end.

What is your motto?
Everyone is equal and should be treated that way. And if you are afraid of something then you must do it.

How would you like to be remembered?
In different ways by different people, by my wife and kids as a loving husband/parent, by others as an interesting person who was true to himself and by everyone as a good laugh.

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"Pharmacists should know their place" – doctors react to recent developments at Boots

Dear Madam,

"It is not the strongest species that survive, nor the most intelligent, but the ones who are most responsive to change" Charles Darwin

Health services worldwide face the challenge of meeting ever-increasing demand within finite resources. As well as developing new services, consideration must be given to how existing services will be delivered. Simply maintaining the status quo – doing things the way they always have been done – is not going to be an acceptable strategy for any health service. Change is inevitable.

Likewise, all healthcare professions are also facing change at an unprecedented rate. We need to challenge our own thinking and ensure we are truly meeting our patients' needs. Pharmacists have always been at the heart of the communities they serve. We understand how customers' needs change and the need for constant innovation.

But, it has to be expected that as pharmacists develop their skills to deliver more services to patients, there will be some challenge, both from within and without the profession. This is evident from some of the comments which appeared [in last month's issue (page 8)]. There is always resistance to change, and there is nothing new in doubts being expressed about competence or qualifications when one healthcare profession expands its role into what is seen as the territory of another. Indeed, there can often be internal resistance to broadening of responsibilities from within the profession itself.

To meet this challenge, leaders within the profession must articulate an overarching vision of the future for pharmacy and put in place the tools needed for it to succeed. The pharmacist's role has changed significantly in many countries. The provision of flu vaccinations is a good example of this. What is currently seen as innovative for Boots in Ireland is already the norm in the US and Portugal.

Our vaccination service also shows how we support our pharmacists to develop themselves to take on new roles.

First, we have a robust risk management process in place. All our clinical services are under the professional direction of the superintendent pharmacist, supported by clinical governance processes and standard operating procedures. In addition, the flu service is overseen by the company's medical director. Our clinical services are subject to rigorous internal audit and meet all external regulatory requirements.

Then, for all Boots pharmacists delivering enhanced services, there is extensive additional training. This covers clinical knowledge, practical skills (including administration of the vaccine, resuscitation and managing adverse events), and personal skills, such as change management and counselling skills.

To witness the enthusiasm and professionalism of Boots pharmacists during recent training events was uplifting. They are confident that they are fully trained and competent to deliver the flu vaccination service.

We know, too, that public perceptions of pharmacy are changing. Extensive customer research and focus groups has revealed an overwhelming demand for more services to be provided by pharmacists. Boots is responding to this demand and we will listen closely to our customers as we continue to develop services that meet their needs.

I am heartened by the many conversations I have had with other leaders in pharmacy and healthcare in Ireland recently. I believe that there is a consensus that pharmacy practice must, and will, change to really deliver patient benefits, building on our traditional role as experts in medicines.

I urge pharmacists, and other health care professionals, to look forward not back: see what might be possible, not the hurdles that must be cleared, and engage in real collaboration to deliver better care to patients in a cost-effective way.

We need more leaders and advocates for pharmacy with a vision and passion to deliver – not more naysayers!

Mary Rose Burke, Chief Pharmacist, Boots Ireland.

Letters to the editor:

email: maura@greencrosspublishing.ie

Post:
The Editor
Irish Pharmacist
7 Adelaide Court
Adelaide Road
Dublin 2

Fax:
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I didn't want another rant about the PSI but...

they just keep giving ***David Jordan*** ammunition

DAVID JORDAN

David Jordan has worked in community pharmacy since 1979, qualifying as a pharmacist in 1983. He was chairperson of the Community Employee Committee of the IPU from 1990 to 1998 and treasurer from 1994 to 1996. His main stress relief is riding his motorbike with his friends from www.irishbikerforum.com

Take Ambrose's letter in relation to companies conducting retail pharmacy business. It is a wonderful statement of the regulations and the PSI's interpretation of them but like many of Ambrose's pronouncements it seems disconnected from the real world. It is truly a laudable thing that the regulations state that every pharmacy must have a supervising and superintendent pharmacist. But what happens if our supervising/superintendent pharmacist while jogging/cycling/driving to work in their pharmacy is hit by the proverbial bus and killed. Is that pharmacy supposed to close until the board of the company meets and appoints a new supervising/superintendent pharmacist AND notifies the PSI of the new appointment? Yes according to Ambrose's letter.

All this presumes that the advertising of the position, interview and completion of notice period in a previous employment can all happen in an instant. And woe betide us if all this happens on a weekend or bank holiday. I won't even go into what happens to patients who have left in prescriptions the previous day for later collection or methadone patients calling in for their daily dose. Then I thought about how I would handle this situation and I realized that I would not be dealing with this situation.

ONE MAN BAND

Like many of you reading this I am the superintendent and supervising pharmacist for my own company. I own the company 100% and my current wife and myself are the only directors. I will be the one hit by the proverbial bus. My current wife/future widow will be the one dealing with this. So in the midst of her (hoped for) grief she will have to go searching for a superintendent and supervising pharmacist before she even looks for an undertaker. Do all this before she sticks me in a box and pops me in the oven. It looks like the PSI would be after her for their pound of flesh faster than a banker after a government guarantee.

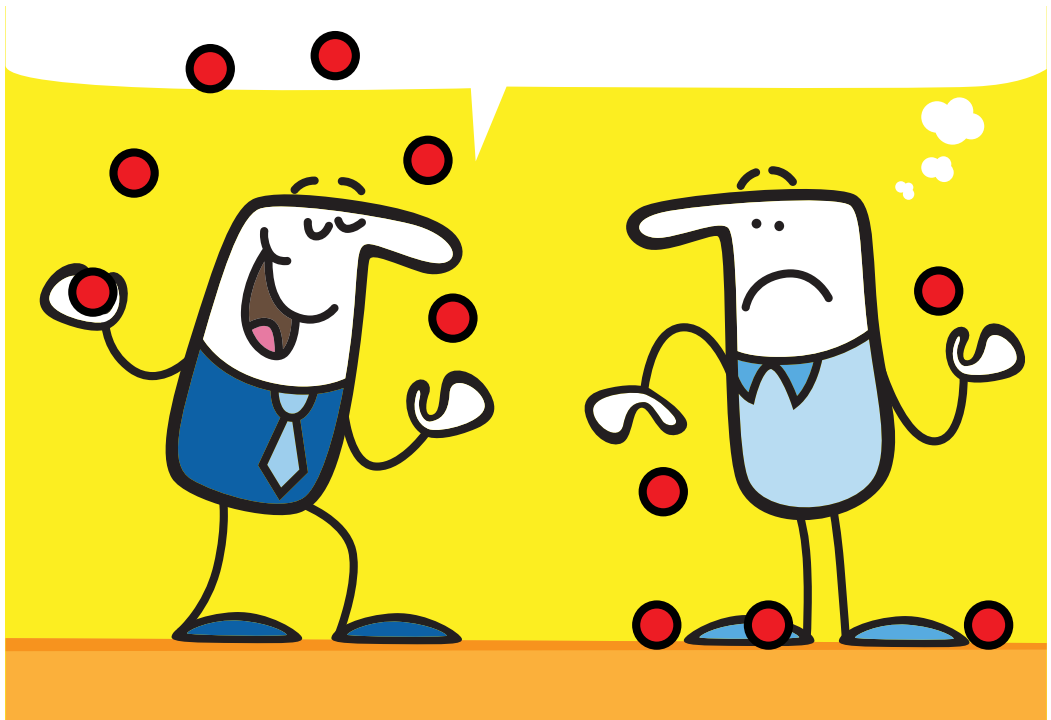
This is classic bully behaviour, huff and puff and threaten but don't actually do anything. I would love to see them try to prosecute a widow(er) in court under these regulations. Not for the sake of the widow(er) but just to see a case hardened judge rip them apart.

It occurred to me that similar situations arise on a regular basis. Last summer in the interests of domestic harmony we had a family holiday. I secured the services of a good locum and we set off. For the next two weeks I was out of contact. Mobile phone reception was patchy at best. (As an aside how did we manage in the days before mobile phones. Yes children there was such a time). So for two weeks my pharmacy was effectively without a superintendent or supervising pharmacist. So from a professional point of view what is the difference between a superintendent pharmacist dead for two weeks and the same superintendent incommunicado for 2 weeks. Either the legislation and regulations were badly drafted by somebody badly advised about the realities of real life pharmacy practice or it was deliberately drafted this way to have a go at pharmacists who would stand up to the Minister and the HSE.

If Ambrose thinks that this is unreasonable and not the intention of the regulations then all it might take is a piece of common sense, (sadly lacking it seems in the PSI) and an explanatory note covering these type of situations. It may be that Ambrose has a S.O.P for this kind of situation and if so why not publish it? Has he approached the Department of Health seeking a change in the law or regulations? Or maybe he plans to allow for the regulations to be ignored on a case by case basis, sitting on high like the Lord of Shrewsbury dispensing his munificence to those he deems worthy. It could be that he sees monsters lurking behind every possible breach or challenge to the regulations. If you grow up in a land of monsters and train as a monster slayer it is not surprising that you treat anybody who disagrees with you as a monster. However, this is not always the case. Some of them may be your allies and only become monsters because of how you treat them. A wonderful self-fulfilling prophecy.

It looks like you are damned if you die, damned if you don't.

> "It looks like the PSI would be after her for their pound of flesh faster than a banker after a government guarantee.



PLAIN ENGLISH PLEA

As a follow up to a previous article I note that the Medical Council has written to Mary Harney to warn that patients are at risk of serious medical mistakes because EU workforce rules mean that doctors from the EU do not need to pass English language exams to work in this country. This is exactly the same situation as the PSI faces with pharmacists from within the EU. Wouldn't it be nice if the PSI were to write to Minister Harney and ask her to deal with this as a matter of urgency that the IMC seems to think that it deserves.

In a previous article I remarked that the *Pharmacy Journal* seems to be getting lighter with every issue. It was subsequently pointed out to me that there no longer seems to be a letters page. Is this because nobody bothers to write or was there an editorial decision taken to exclude them. Either way it has the effect of making the Journal a propaganda piece. And as such it becomes less and less relevant to the practising pharmacist.

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IRISH PHARMACIST
ISSUE 9 VOLUME 12 • OCTOBER 2010

When is a lease a contract?

Cormac O'Neill discusses the implications for lease law after the recent Supreme Court ruling which overturned Mr Justice McGovern's decision in the Linen Supply of Ireland examinership.

During the economic boom we experienced during the last decade many pharmacists expanded their businesses. There are two ways that any business can grow: one method is so-called organic growth whereby a pharmacist identifies a new or existing community where a need for a new pharmacy exists. The would be pharmacist then opens a new shop, usually after signing a lease and borrowing funds from a bank for working capital and other necessities.

The second method is by acquiring an existing successful pharmacy. When a pharmacist invests in a business by buying it they would usually take over the lease on the premises if it was not already owned by the pharmacy business being acquired. This process of growth has resulted in groups of pharmacists owning small and medium size chains of pharmacies most of which have leases to be paid at the end of each month.

EXAMINER CALLING?

As we all know difficulties have arisen in our economy which are affecting all businesses dreadfully and pharmacy is no exception. Many enterprising pharmacists who expanded during our economic boom now find themselves with falling cashflows for a combination of reasons. The cost of the leases does not always fall back in line with the new cashflow levels available to the business. This imbalance creates huge pressure on a business and many chains of retail businesses in all areas of the economy are facing into examinership. This is a process where the arrangements and commitments of a business are examined under Court protection to see if a struggling business can be saved from being put into liquidation. The cost of leases and the pharmacist's legal commitment to them has to be examined due to the fact that proportionally they are so expensive they cannot be ignored in an economic downturn.

REPUDIATION OF LEASES

Recently the Supreme Court overturned Mr Justice McGovern's decision in the Linen Supply of Ireland examinership that the current legislation does not permit the repudiation of leases in an examinership. Before the Supreme Court made this ruling it was understood that the law did not allow commercial tenants to break a lease or significantly adjust the terms. The case has now been remitted back to the High Court to consider whether, in the specific case before it, the leases ought to be repudiated in order for a scheme of arrangement to be formulated. Schemes of arrangement are very useful in addressing the issues and realities which businesses in cashflow difficulties face.

CORMAC O'NEILL

Cormac O'Neill is a barrister practising on the Dublin and South Western circuits. He is also a chartered management accountant with considerable experience in industry and banking. In addition, Cormac lectures on Business and Law in the Institute of Technology in Tralee and can be contacted on 087 657 1124.

WHEN A LEASE IS NOT A CONTRACT

The Supreme Court held that Section 20 of the Companies (Amendment) Act, 1990 should be interpreted in the ordinary meaning and that the word contract must be interpreted to include leases. The court said that leases are, as a matter of law, contracts. There are certain basic elements of a contract. An offer must have been made and an acceptance agreed. A contract must contain what lawyers call consideration, which is a benefit to each party (this is usually money). And finally, the agreement must be one intended to have legal meaning and significance. Therefore, if a lease does not contain one of these elements it cannot be enforced by the law.

> "...if a lease does not contain one of the four elements [of a contract] it cannot be enforced by the law.

In light of the challenges facing the Irish retail market, the importance of this decision cannot be overstated. It is generally acknowledged that examinership is an effective restructuring model for a retail business and this of course includes pharmacists. The ability to repudiate leases of non performing stores is often an important part of the process and key to attracting fresh investment. The recent High Court decision in the O'Brien's Irish Sandwich Bars examinership had cast doubt on the ability to repudiate leases where agreement could not be reached with landlords.

For the landlord community this decision provides little comfort other than some clarity as to their negotiating strength in an examinership. The key message for landlords is clear: find out the financial position of the tenant in examinership (and, in particular, the profitability of that outlet); assess your leverage and be ready to negotiate with the examiner early in the process.

WELCOME DEVELOPMENTS?

While the Linen Supply of Ireland case is back before the High Court to adjudicate on whether the repudiations of leases in this restructuring should be permitted, this Supreme Court decision will be very much welcomed by the restructuring community and any pharmacy businesses which find themselves a victim of the economic downturn.

Communication is important[1-3]

CONVENIENCE & COMPLIANCE[4]

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Abbreviated Prescribing Information:
For full prescribing information refer to the Summary of Product Characteristics. **Name:** Ebixa **Active Substance:** Memantine Hydrochloride. **Indication:** Treatment of patients with moderate to severe Alzheimer's disease. **Dosage & Administration:** Treatment should be initiated and supervised by a physician experienced in the diagnosis and treatment of Alzheimer's dementia. Therapy should only be started if a caregiver is available who will regularly monitor the intake of the medicinal product by the patient. Treatment is orally either as tablets (10 mg) or solution (10 mg/g) taken with or without food at the same time every day. The solution should only be dosed onto a spoon or into a glass of water using the pump. Maintenance dose is 20mg/day, (two tablets or 2ml solution [4 downward strokes] once daily). Treatment starts with 5mg/day (half a tablet or 0.5 ml solution [1 downward stroke] once daily) for the first week; the 2nd week 10mg/day (one tablet or 1 ml solution [2 downward strokes] once daily); the 3rd week 15mg/day (one and a half tablets or 1.5ml solution [3 downward strokes] once daily) and the 4th week 20mg/day (two tablets or 2ml solution [4 downward strokes] once daily). Moderate renal impairment 10mg/day (one tablet or 1 ml solution [2 downward strokes] once daily), if well tolerated after 7 days the dose can be titrated up to 20mg/day (two tablets or 2 ml solution [4 downward strokes] once daily). Severe renal impairment- dose is 10 mg/day (one tablet or 1 ml solution [2 downward strokes] once daily). Mild-moderate hepatic impairment- no dose adjustment. Severe hepatic impairment- no data available. Children & Adolescents: Not recommended. **Contraindications:** Hypersensitivity to the active substance or any of the excipients. **Pregnancy and Lactation:** *Pregnancy:* Memantine should not be used in pregnant women unless clearly necessary. *Lactation:* Memantine should not be used in women who are breastfeeding. **Special Warnings and Precautions for use:** Caution is recommended in patients with epilepsy. Caution is advised in patients with raised urine pH as this may elevate plasma levels. Clinical trial data are limited on patients with recent myocardial infarction, uncompensated congestive heart failure and uncontrolled hypertension and patients with these conditions should be closely supervised. Avoid concomitant use of NMDA antagonists (see also interactions). Patients with sugar intolerance should not take Ebixa. Patients should be warned to take special care if driving and using machines as Ebixa has minor to moderate influence on these tasks. **Interactions:** Effects of L-Dopa, dopaminergic agonists and anticholinergics may be enhanced. Effects of barbiturates and neuroleptics may be reduced. Concomitant administration of Ebixa with antispasmodic agents e.g. dantrolene and baclofen can modify their effects, dose adjustments may be necessary. Plasma levels of cimetidine, ranitidine, procainamide, quinidine, quinine and nicotine may be increased. Co-administration with hydrochlorothiazide (HCT) may lead to a reduced serum level of HCT. Concomitant use of NMDA antagonist- amantadine, ketamine, dextromethorphan or phenytoin should be avoided. Close monitoring of prothrombin time or INR is advisable for patients treated concomitantly with oral anticoagulants. **Adverse reactions:** Common (≥1/100 to <1/10) headache, somnolence, hypertension, constipation, dizziness, dyspnoea and drug hypersensitivity. Uncommon reactions (≥1/1000 to <1/100): cardiac failure, fatigue, fungal infections, confusion, hallucinations (mainly in severe Alzheimer's disease), venous thrombosis/thromboembolism, vomiting, gait abnormal. Very rare (<1/10,000): seizures. Not known: Isolated cases of pancreatitis and psychotic reactions have been reported post-marketing. Alzheimer's disease has been associated with depression, suicidal ideation and suicide. In post-marketing experience these events have been reported in patients treated with memantine. **Overdose:** Symptomatic treatment. **Elimination:** Mainly in unchanged form via the kidneys. **Legal Category:** POM. **Marketing Authorisation Holder:** H.Lundbeck A/S, 9 Ottiliavej, DK-2500, Valby, Denmark. **Marketing Authorisation Numbers:** EU/1/02/219/005 Ebixa 10mg/g Oral drops solution-50g bottle. EU/1/02/219/006 Ebixa 10mg/g Oral drops solution-100g bottle. EU/1/02/219/007 Ebixa Tablets 10mg, 28 pack size. EU/1/02/219/008 Ebixa Tablets 10mg, 56 pack size. Further information may be obtained from: Lundbeck (Ireland) Ltd., 7 Riverwalk, Citywest Business Campus, Citywest, Dublin 24.
Date of Preparation: June 2010

References: 1. Ferris et al. 2009. *Alzheimer's & Dementia* 5;369-374. **2.** Emre et al. 2008. *Journal of Alzheimer's Disease* 14;195-199. **3.** Hofbauer et al. 2009. Presented at the 12th Intl. Conference on *Alzheimer's Disease*. July 11-16. **4.** Claxton et al. 2001. *Clinical Therapeutics*. 23;1296-1310. **5.** Ebixa Summary of Product Characteristics.

Some studies include patients stable on acetylcholinesterase inhibitors.

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CREATIVE WRITING

JULIAN JUDGE

Julian Judge qualified as a pharmacist in 1990. He has recently completed a Masters in Creative Writing at the Department of English at UCD. Contact Julian at email: julianjudge@hotmail.com

Spreading News

In late June 1988 we came to Dublin looking for work. Joe rented a bedsit in Upper Eccles Street. On the outside it was an old Victorian house, run down with the chipped red brick, but on the inside it was like some sort of unwashed web. I saw all the post boxes in the hall and wondered how could you get so many individual bedsits into one place? Well the answer is you could, it just depended on how you wanted to do it.

Number 56, Eccles Street had four floors, 16 bedsits and three toilets that worked. It had a fourth on the top floor but the water pressure was too weak to get up so basically it wouldn't flush. The second floor had two showers. That was an impossible situation if I ever saw one. Everybody wanted a shower but nobody wanted to go first as that meant paying the meter.

Ireland was in a serious recession in those days. There was a family on the first floor. I think they were called the O'Callahgans. Above them and beside us was a trainee guard. He'd shower late, maybe after ten or so before his night shift. Point is that's when you'd hear the O'Callaghans showering. There'd be some heat left over.

For four weeks we walked every street in Dublin's centre but there was no work. The rent was 30 pounds a week and we took turns on the floor. After a month we were down about 180 pounds. It doesn't sound like much and it wasn't but the lack of any employment at all was what worried us. A queue of crushed hope at the street's bottom would form every Thursday morning. It had an unwashed look about it though the people were clean.

'That's going to be us if we're not careful.' Joe rubbed the dust from his hands.

I'd just got a job delivering 'The Dublin News'. It sounds simple but you try carrying a few hundred of those for a few days. There's a temptation to dump them but I didn't. But then I had the first pay check and my first interaction with Mr Whyte.

'So and so never got his so I'm cutting you a day on account of Pearse Street.'

It was bullshit but you couldn't argue. You could forego the day's wage or argue and forego the rest. Four ten pound notes, that's all was it. But it was the stolen ten that burnt the gut. We weren't qualified for anything so there was no point. That night we went to the Stag's Head.

I'd never had a pint before. I mean I'd got drunk a few times with Joe on tins of beer or with stolen gin from the drinks cabinet. Guinness has a sombre look but it's solid and all there. I used to love the adverts for it. The penguin exclaiming

'My Goodness! My Guinness!'

It took me ages to get that. It's one of those drinks that every first sup reminds you of the first time you ever felt the black.

The Dublin News expanded into a few more streets and so got Joe a job there. I made the mistake of telling Whyte he was with me as opposed to just telling Joe to apply straight and see if there was any work? Whyte gave Joe the job he would have given to whomever but made out it was a favour to me and so we both took a reduction.

'I haven't really got the work but seeing as he's a friend I'll do you a favour. I'll have to take some off though. You know how it is.'

So ten pounds became eight but the way he expected us to see it was collectively we got more. It was crap but what could you do?

Over the next few weeks we delivered papers during the day and at night went to the Stags. I got to like the place. The wood was polished from the million elbows that had rested there and hanging over all with its years of seen wisdom lay the Stag's head. We took to getting drunk there a few times. Summer was hot in Dublin that year. You'd come out and the midnight air would just hang there. It would be dusty what with the heat but there was a sense of freedom about it. Joe met a girl there one night. I forget her name but met her the next morning in the bedsit. She was somewhat English and her voice had a clipped but fresh taste about it.

'Cup of tea? Joe told me a bit about you. Good to meet.'

I don't remember much about her except that she had a friend called Shelly and that she'd be going to the Stag's again and would I be there? It was a probably just throwaway on her part but it felt good.

Sure it was sweet but we were eating through our money and Joe was getting restless. One morning Whyte really got to Joe. I can't recall exactly but it was probably just his attitude. He collected a double load and threw them in the Liffey just at the start of the South Dock. They may have been paper but they dropped straight down and didn't float.

'I don't know about you Dude, but I'm getting out of here.' He said.

We went to the Stags that night for the last time.

A new street phone had been put outside the bedsit. It took those new 50 pence coins, the ones with the seven sides. Officially Dublin was a 1000 years old in 1988. It certainly looked and felt every year of it. Joe spent a few hours one evening just ringing friends in the States. Twice I had to go and get more change. They were expensive calls. Joe came out of the phone box and just said it.

'How would you like to be an illegal?'

He said a friend knew some guy called Norman from New Hampshire that had work in his motel. He was based in a beach town called Taunton. We'd booked tickets by the week's end. I had to buy a return to fool immigration.

ADVERTISING FEATURE

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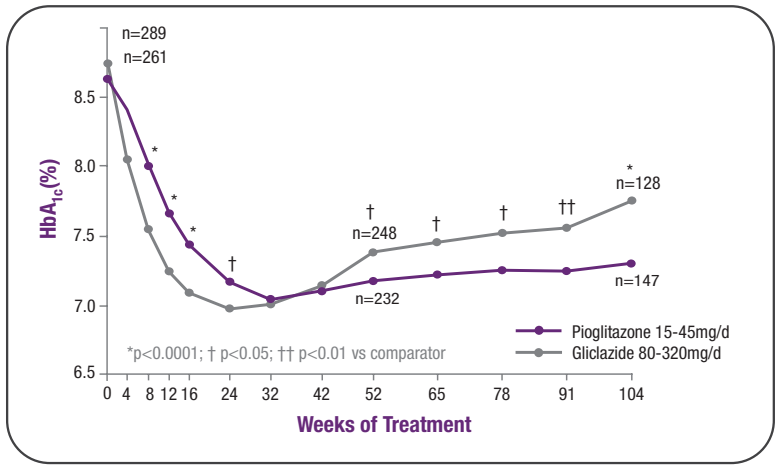
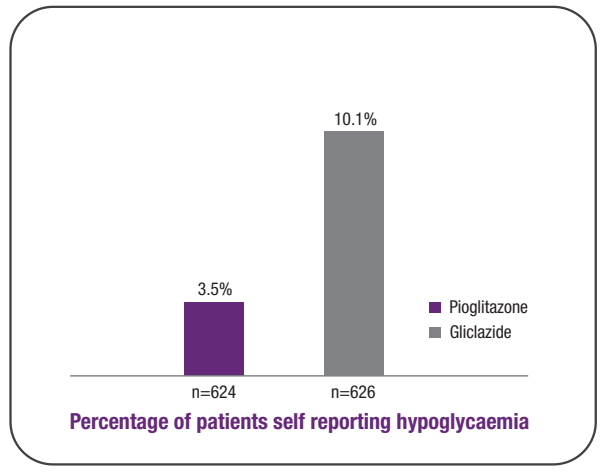
Pioglitazone: the facts

Pioglitazone and durable glycaemic control: the facts

A key clinical aim for patients with Type 2 diabetes (T2D) is to achieve and maintain glycaemic control in order to reduce the risk of important microvascular and macrovascular complications.[1] Insulin resistance is a core defect of T2D and the primary action of the thiazolidinediones (TZDs) is to increase the sensitivity of tissues to insulin, providing durable glycaemic control.[1] In an RCT versus gliclazide, pioglitazone demonstrated long-term glycaemic control over two years whilst gliclazide showed a marked loss of control after initial short-term gains.[2] In addition, pioglitazone therapy was associated with a lower risk of hypoglycaemia than gliclazide.[3]



Adapted from Tan MH *et al, Diab Care* 2005



Adapted from Belcher *et al. Diabetes Res Clin Pract* 2005; **70**: 53-62

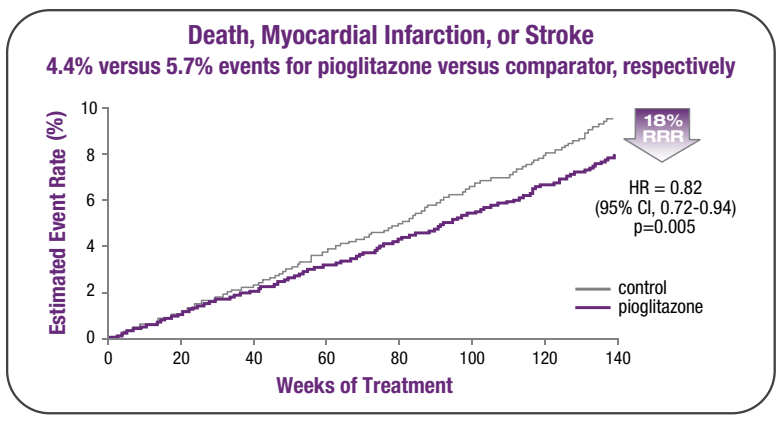
Patients with Type 2 diabetes were randomised to gliclazide (n=297) or Actos (n=270). 127 patients from the gliclazide group and 147 patients from the Actos group completed the study. Primary analysis was the time to failure to maintain glycaemic control (HbA1c <8.0%). A greater proportion of patients failed to achieve HbA1c <8.0% with gliclazide compared to Actos (Log-rank Test: p<0.0001). Baseline HbA1c levels were similar for both groups, ranging from 8.5% to 9%. NE = not evaluated.

Pioglitazone and NICE: the facts

NICE endorses a clear place in therapy for pioglitazone post-metformin and in preference to an SU in patients with a significant risk of hypoglycaemia or its consequences and in preference to a DPP-4 inhibitor where there is marked insulin insensitivity.[4] Since it has been shown that 92% patients with T2D have insulin resistance, a large proportion of T2D patients are suitable for a TZD.[5]

Pioglitazone and CV outcomes evidence: the facts

In a meta-analysis of over 16,000 uncontrolled patients with T2D, pioglitazone showed an 18% RRR compared with control for a composite of ischaemic CV risk of all-cause mortality, MI and stroke.[6] Although there was an increased incidence of heart failure in the study, this was not associated with an increased risk of mortality and the authors stated these findings suggest that *'the net clinical CV benefit with pioglitazone therapy is favorable, with an important reduction in irreversible ischemic events that is not attenuated by the risk of more frequent heart failure complications'*.



TZDs can cause fluid retention – reported in 6-9% of patients treated with pioglitazone for one year in controlled clinical trials – which may exacerbate or precipitate heart failure. Therefore TZDs have always been contraindicated in patients with a history, or at any stage of heart failure (NYHA I to IV).[7] Patients should be observed for signs and symptoms of heart failure, weight gain or oedema particularly those with reduced cardiac reserve and those already on insulin.[7]

Meta-analysis included data from 19 clinical trials, of short and long duration, in patients with uncontrolled Type 2 diabetes (n=16,390). Despite an increased incidence of heart failure in this study, this was not associated with an increased risk of mortality. RRR = Relative Risk Reduction. Control = comparator therapies or placebo.

Lincoff AM *et al. JAMA*, 2007

Pioglitazone is tried and tested: the facts

There are over 12.5 million patient-years experience with pioglitazone since its global launch in 1999.[8] It has been extensively studied with 41 randomised, double-blinded, placebo or active-controlled trials in over 20,000 patients with varying degrees of disease severity.[6]

Prescribing Information and References can be found on adjacent page.

IRISH PHARMACIST
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GPs and us – there is a definite pecking order

TERRY MAGUIRE

Terry Maguire owns two pharmacies in Belfast. He is an honorary senior lecturer at the School of Pharmacy, the Queen's University of Belfast. His research interests include the contribution of community pharmacy to improving public health.

With recent changes in the structure of primary care services in Northern Ireland there is a suggestion that finally the community pharmacist may become an important member of the primary care team. ***Terry Maguire*** is ever so grateful.

There is once again hope, as there always has been, that developing primary care structures will make greater use of pharmacists' skills and in doing so improve patient care. With breakneck speed Primary Care Cooperatives (or are they to be called Primary Care Partnerships) – a new form of GP fund-holding – is emerging in Northern Ireland and promising to make more use of pharmacy. Budgets for primary care will be administered by or through these new bodies who will act as providers of services rather than commissioners, the commissioning role remaining with the Health and Social Care Board and the Local Commissioning Groups. All very promising indeed but I'm not clear where these GP structures came from. They were never discussed or debated at the meetings of the local commissioning groups; we were merely told about them. They offer, as has long been the aspiration of all pharmacists, a more equitable role for pharmacists in the provision of primary care services but the question is will they? Perhaps before we get carried away with ourselves we need to remember who we are and where we are in the bigger scheme of things medical. Community pharmacists need to be clear that compared to GPs, they are and always will be lesser beings and we need to know our place.

Over the years I have foolishly attempted to foster, through equity, better relations with GPs with a view of improving patient care and I have been singularly unsuccessful. On one occasion ringing a GP about his patient whose diabetes was totally out of control I was warned to mind my own business. This was not the only slight. GPs have mostly treated me – properly I now think – with silent contempt or explicit aggression. Other pharmacy colleagues have been more insightful about our position in the primary care hierarchy and have avoided such impertinence and now I am learning to be more careful with this important business relationship. I need to be more grateful for anything I get from general practice.

> "GPs have mostly treated me – properly I now think – with silent contempt or explicit aggression.

TRANSGRESSIONS

For example last Friday I should never have refused that request. OK, it was 5.55 p.m. and I was preparing to go on holiday, in five minutes I smugly thought soon I would be free. The telephone rang "surgery here, I have a prescription to telephone through".

Giving the patient's name and address the receptionist asked that I supply "20 diazepam 5 mg tablets 1 p.r.n." and she finished off her request with "and that's for delivery". Now I should not have taken exception at the statement "and that's for delivery". It was not of any consequence that this problem patient lives in a flat complex that is difficult to access and is some distance from the pharmacy. Yes in refusing to do this delivery I did apologise but I have no right to refuse, I should know my place. So it was only proper that the receptionist snapped back "forget it I'll telephone it through to Boots". That'll teach me.

And then there was my gross incompetence when I failed to send a GP practice a batch of stamped addressed envelopes. Telephoned prescriptions had not been sent for about three months. When I telephoned to ask why I was abruptly told that they had no stamped addressed envelopes left. Had they ask me for stamped addressed envelopes? No one knew but they were not sending out the scripts until they got stamped addressed envelopes! It is of no consequence that I was allowing them to retain on their books a very lucrative ill patient who lives many miles from the practice.

And I should never have refused to telephone the surgery. The family of a 94 year old women arrived in the pharmacy. They had submitted a urine sample to the GP and now that it had been analysed the GP was prescribing an antibiotic but the GP's receptionist would not telephone the medicine through she insisted the pharmacy telephone and request it. And so I should.

"TRADE" ONLY

Talk of equality is fine but in reality there is a need for pharmacists to remember that GPs are atop of the primary care hierarchy. To gain the respect of GPs I must remain a sycophant. In a radio debate some years ago a local GP representative of the British Medical Association referred to me as "a purveyor of hot water-bottles". I did not retaliate; how dare I and we need these timely reminders that in the pecking order we are pretty far down. Talk of a greater role for pharmacy will merely bring us contempt. What we do is we deliver medicines to patient's doors at inconvenient times, we supply stamped addressed envelops and we telephone through when it should be the other way around. For GPs we are not fellow professionals, to them we are trade, we have customers not patients, we focus on the business not on the professional. Since this is the order of things it is highly unlikely that GPs will have much of a role for community pharmacy in their new structures. Having kept us in our proper place they will keep services for themselves.

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Esomeprazole

Nexazole: for the treatment of erosive reflux oesophagitis

Prescribing Information for Nexazole 20 mg & 40 mg gastro – resistant capsules, hard. Qualitative and Quantitative Composition: Each capsule contains 20 mg or 40 mg of esomeprazole (as esomeprazole magnesium dihydrate). **Pharmaceutical Form**: Hard, gastro-resistant capsule: Slightly pink body and cap, containing white to almost white pellets. **Therapeutic Indications:** Treatment of erosive reflux oesophagitis. Prevention of relapse of healed oesophagitis in long-term management of patients. Symptomatic treatment of gastroesophageal reflux disease (GERD). Eradication of *H. pylori* concurrently given with appropriate antibiotic therapy for treatment of *H.pylori*-associated ulcers. Treatment of NSAID-associated gastric and duodenal ulcers in patients requiring continued NSAID-treatment. Prophylaxis of NSAID-associated gastric ulcers and duodenal ulcers in patients at risk requiring continued therapy. Prolonged treatment after i.v. induced prevention of rebleeding of peptic ulcers. Treatment of Zollinger Ellison Syndrome. **Dosage and Method of Administration:** Capsules should be swallowed whole with liquid. The capsules can be opened and the pellets mixed in half a glass of non-carbonated water or if desired this solution administered through a gastric – tube in patients with swallowing difficulties. The capsules and / or contents should not be chewed or crushed. Treatment of erosive reflux oesophagitis: 40 mg once daily for 4 weeks. Long-term management of patients with healed oesophagitis to prevent relapse: 20 mg once daily. Symptomatic treatment of gastroesophageal reflux disease: 20 mg once daily. Eradication of *H. pylori* for treatment of *H.pylori*-associated ulcers: 20 mg with 1 g amoxicillin + 500 mg clarithromycin, all twice daily for 7 days. NSAID associated gastric & duodenal ulcers: 20 mg once daily for 4 – 8 weeks. Prophylaxis treatment: 20 mg once daily. Prolonged treatment after i.v induced prevention of rebleeding of peptic ulcers: 40 mg once daily for 4 weeks. Zollinger Ellison Syndrome: Initial dose is 40 mg once daily. Dosage should be individually adjusted. Daily doses up to 160 mg have been used. If the required daily dose exceeds 80 mg, it should be divided and given twice daily. Severe liver impairment: Patients should not exceed a max. dose of 20 mg. **Contraindications:** Hypersensitivity to esomeprazole or to any of the excipients. Esomeprazole should not be administered with atazanavir. Pregnancy and breast-feeding due to insufficient data. Children under 12 years. **Special warnings and precautions for use:** The possibility of a malignant gastric tumour should be excluded as Nexazole may alleviate symptoms and delay diagnosis. Regularly monitor patients on long-term treatment. Patients on on-demand treatment should contact their physician if symptoms change in character. If esomeprazole is used in combination with antibiotics, then the instructions for the use of these antibiotics should also be followed. Treatment with esomeprazole may lead to slightly increased risk of gastrointestinal infections such as *Salmonella* and *Campylobacter*. Contains sucrose – Patients with rare hereditary problems of fructose intolerance, glucose – galactose malabsorption or sucrase-isomaltase insufficiency should not take this medicine. **Drug Interactions:** Esomeprazole can affect the absorption of ketoconazole and itracanazole. Dose reduction may be required when administered with drugs metabolised by CYP2C19 as esomeprazole may increase their plasma concentration. Monitor patients when given in combination with warfarin or other coumarine derivatives. **Undesirable effects:** Common: Headache, abdominal pain, constipation, diarrhoea, flatulence, nausea/ vomiting. **Shelf Life:** 2 years. **Marketing Authorisation Holder:** Pinewood Laboratories Ltd., Ballymacarbry, Clonmel, Co. Tipperary. **Marketing Authorisation Holder Number(s):** PA 281/146/1-2. This medicine is a prescription only product. Further prescribing information is available on request. **Date of revision of text:** July 2010.

Ireland's No. 1 Generic Healthcare Specialists

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IRISH PHARMACIST
ISSUE 9 VOLUME 12 • OCTOBER 2010

And the good news is....

The omens of recovery are few and far between but **Iain Cahill** remains upbeat.

IAIN CAHILL

Iain Cahill ACCA MBA QFA
Director
Art of Wealth Ltd.
Dunlair House
Old Athlumney
Navan
Co. Meath
Mob: 087 2411371
Tel: 046 9072824

While in a meeting with a client recently, he asked the question about whether a double dip recession was on the cards in the US and the impact that would have on his business here in Ireland. As I don't read the papers or listen to the radio as part of my forced sabbatical from all things bad, I thought I would need to look abroad for some inspiring thoughts before I came back with an answer. Low and behold, good economic news, although hard to come by lately, is alive and well (almost). The essence of what I have endeavored to put together it that although the recovery is tortoise-like in its movement it does appear to be gathering some momentum.

FARMING A RECOVERY

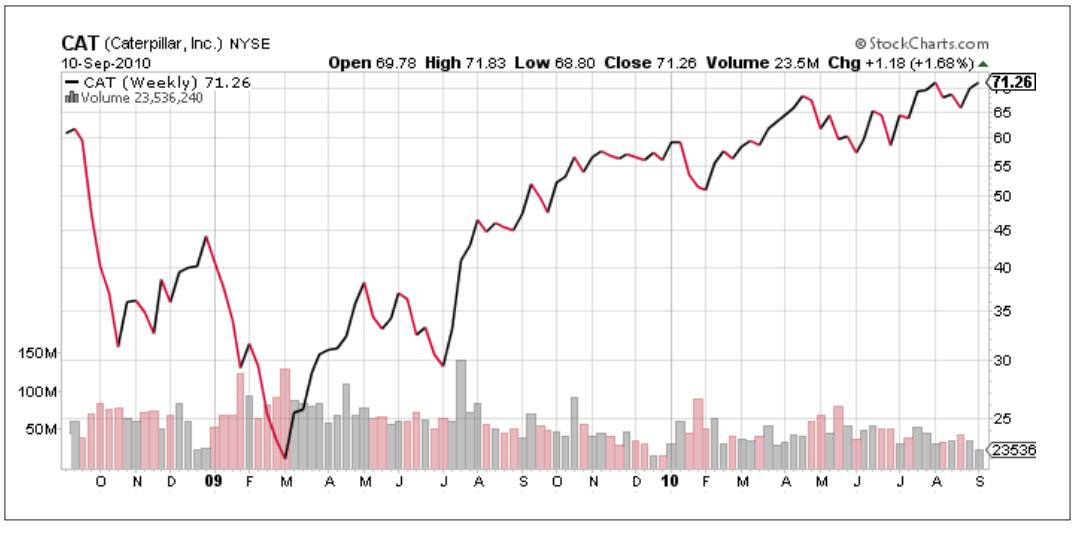
Of all the industries affected by the recession US agriculture remains relatively resilient as prices soar for everything from meat to grains, mostly on demand from markets overseas. American farmers will export $107.5 billion in agricultural products the fiscal year that ended on 30th September – the second highest ever after the 2008 record of $115.3 billion, according to the the New York Times reported, citing federal estimates of farm trade and income. Asia, and especially China, has driven much of US agricultural exports. China is expected to surpass Mexico next year as the second-largest foreign buyer of American farm products after Canada.

If we could translate this into an Irish economic activity then it must heighten our need to refocus on our agricultural activities as part of our own sustainable recovery. I work with a client who specializes in livestock and he says demand for Irish livestock is very strong given our quality and traceability.

COMPANY ACQUISITION ACTIVITY

Last month was the busiest August on record for mergers and acquisitions volume worldwide, and the $286 billion worth of deals announced marked the highest monthly level since July 2008, according to Dealogic. The activity was driven by companies in sectors ranging from technology to agriculture. This included BHP Billiton's (NYSE: BHP – News) unsolicited $43.4 billion bid for Potash (NYSE: POT – News), as well as Intel's (Nasdaq: INTL – News) $7.7 billion bid for McAfee (NYSE: MFE – News). And Sanofi-Aventis's (NYSE: SNY – News) $18.5 billion offer for Genzyme (Nasdaq: GENZ – News) on August 29 raised the total value of global hostile bids to date to $133.8 billion, a 26.6% increase over the previous year. These are staggering numbers when added to the fact that the worldwide level of merger and acquisition activity now stands at $1.8 trillion so far in 2010, up 24% from the previous year during the same time. One of the most interesting aspects about the peaked activity is that the value of deals in Europe and Asia rose this year, but the number of deals in each region was unchanged. With the recent announcement of the sale of the AIB Polish subsidiary for €2.5 billion, we are likely to see further activity in Ireland. A concern within the banking sector will be the rise in unemployment this may cause, but it might also allow the banks to heal and help to stimulate the economy.

> "The amount of foreign direct investment company value held in Ireland was estimated at €195 billion at the end of 2009.



CAR SALES

An incredible statistic in Ireland is that new car sales here are 49.6% up from 2009 to 2010 to date and up 109.65% for the month of August. The car industry has long been a barometer on a nation's economy; booming in the good times and the forefront of a bust when things turn south. Long may we see good news here and indeed, as a friend of mine in the industry commented, there is a shortage of good quality second had cars available at the moment.

It isn't just in Ireland, but if we look at the home of the automobile, Detroit, some interesting numbers are also appearing. Ford churned more money in the first six months of this year than in the previous five years combined. GM, which received a $50 billion taxpayer bailout following its bankruptcy in June 2009, has filed for one of the biggest public stock offerings in US history. And Chrysler is hiring new workers. These are big turnarounds. The worst clearly isn't over yet but these are notable bright spots.

MANUFACTURING GROWTH

While the naysayers were predicting in the manufacturing output by American factories in August, the opposite was true. U.S. manufacturing expanded faster than expected as factories added workers and raised production to restock inventory and respond to demands form markets overseas. The Institute for Supply Management's factory index rose to a three-month high of 56.3 from 55.5 in July. Most economists predicted it would fall to 52.8 or worse. A reading of more than 50 generally signals growth. Caterpillar (NYSE: CAT – News), the Peoria, Ill.-based maker of construction and mining equipment, has announced it may add up to 9,000 workers globally this year. A stock to buy perhaps

Manufacturing, which accounts for about 11% of the U.S. economy, helped pull the nation out of the recession. While Ireland isn't at the forefront of manufacturing, I did come across an interesting piece of information on the CIA website about Ireland which stated what we held 2nd place in the world for consumer price deflation of – 4.5%. Qatar holds top spot with – 4.9% (2009 statistics). So I guess that we can hold our head high in at least one area of economic fact.

In all seriousness, this same website noted that the amount of foreign direct investment company value held in Ireland is estimated at €195.2 billion at the end of 2009. Now that is number worth being aware of in an Irish context.

Hayfever season...

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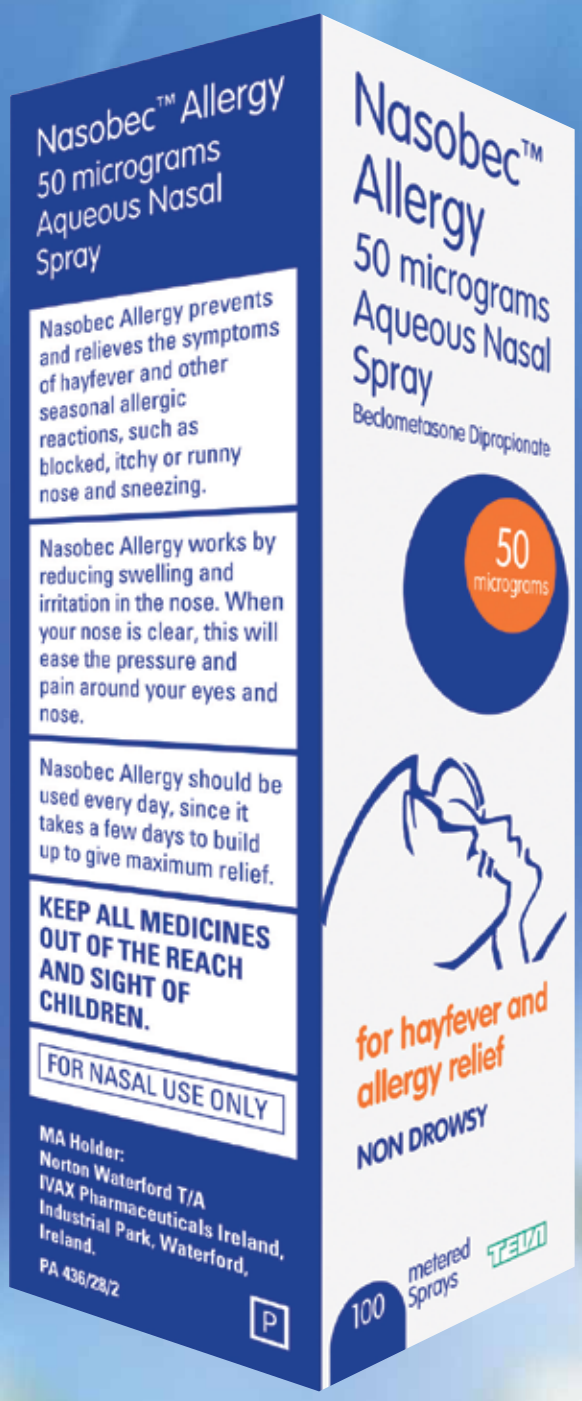
New Nasobec Allergy



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TevIrl P05/02/10
Date of Preparation: February 2010

TEVA PHARMACEUTICALS IRELAND

84%
of allergy sufferers experience congestion[1]

Because congestion can impact your patients with allergic rhinitis any time of year...

Nasonex®

(mometasone furoate aqueous nasal spray)

NASONEX 50 micrograms/actuation Nasal Spray, Suspension
ABBREVIATED PRESCRIBING INFORMATION [Phenylethyl alcohol-free formulation] *Refer to Summary of Product Characteristics before prescribing.* **PRESENTATION:** Nasal spray suspension containing mometasone furoate (as monohydrate) 50 micrograms/actuation, a synthetic topical corticosteroid. **USES:** *Adults and children aged 18 and over:* Treatment of nasal polyps. *Adults and children over the age of 12 years:* For the treatment of the symptoms of seasonal allergic rhinitis or perennial rhinitis. *Children 6 to 11* years of age: For the treatment of the symptoms of seasonal allergic rhinitis or perennial allergic rhinitis. In patients who have a history of moderate to severe symptoms of seasonal allergic rhinitis, prophylactic treatment with Nasonex may be initiated up to four weeks prior to the anticipated start of the pollen season. **DOSAGE:** Nasal Polyposis: *Adults and children aged 18 and over:* The usual recommended starting dose for polyposis is two actuations (50 micrograms/actuation) in each nostril once daily (total daily dose of 200 micrograms). If after 5 to 6 weeks symptoms are inadequately controlled, the dose may be increased to a daily dose of two sprays in each nostril twice daily (total daily dose of 400 micrograms). The dose should be reduced following control of symptoms. If no improvement in symptoms is seen after 5 to 6 weeks of twice daily administration, alternative therapies should be considered. Efficacy and safety studies of Nasonex Nasal Spray for the treatment of nasal polyposis were four months in duration. Seasonal or Perennial Allergic Rhinitis: *Adults and children over the age of 12 years:* Two sprays (50 micrograms/spray) in each nostril once daily (total dose 200 micrograms). Once symptoms are controlled, dose reduction to one spray in each nostril (total dose 100 micrograms) may be effective for maintenance. If symptoms are inadequately controlled, the dose may be increased to a maximum daily dose of four sprays in each nostril (total dose 400 micrograms). Dose reduction is recommended following control of symptoms. *Children 6 to 11 years of age:* One spray (50 micrograms/spray) in each nostril once daily (total dose 100 micrograms). Clinically significant onset of action occurs in some patients within 12 hours after the first dose. Full benefit of treatment may not be achieved in the first 48 hours. Regular use is recommended to achieve full therapeutic benefit. **CONTRAINDICATIONS:** Hypersensitivity to any of the ingredients. Do not use in the presence of untreated localised infection involving the nasal mucosa. Patients who have experienced recent nasal surgery or trauma should not use a nasal corticosteroid until healing has occurred. **PRECAUTIONS AND WARNINGS:** Use with caution, if at all, in patients with active or quiescent tuberculous infections of the respiratory tract, or in untreated fungal, bacterial, systemic viral infections or ocular herpes simplex. There was no evidence of atrophy of the nasal mucosa following 12 months of treatment. Patients using Nasonex over several months or longer should be examined periodically for changes in the nasal mucosa. If localised fungal infection of the nose or pharynx develops, discontinuance of Nasonex therapy or appropriate treatment may be required. Persistence of nasopharyngeal irritation may be an indication for discontinuing Nasonex. The concomitant use of additional therapy may provide additional relief particularly of ocular symptoms. There is no evidence of HPA axis suppression following prolonged treatment with Nasonex. Patients who are transferred from long-term administration of systemically active corticosteroids to Nasonex require careful attention. The safety and efficacy of Nasonex has not been studied for use in the treatment of unilateral polyps, polyps associated with cystic fibrosis, or polyps that completely obstruct the nasal cavities. Unilateral polyps that are unusual or irregular in appearance, especially if ulcerating or bleeding, should be further evaluated. Patients who are potentially immunosuppressed should be warned of the risk of exposure to certain infections. Very rarely, nasal septum perforation or increased intraocular pressure have been reported following the use of intranasal corticosteroids. Nasonex should only be used in pregnant women, nursing mothers or women of child-bearing age if the potential benefit justifies the potential risk to the mother, foetus or infant. Growth retardation has been reported in children receiving nasal corticosteroids at licensed doses. It is recommended that the height of children receiving prolonged treatment with nasal corticosteroids is regularly monitored. If growth is slowed, therapy should be reviewed with the aim of reducing the dose of nasal corticosteroid, if possible, to the lowest dose at which effective control of symptoms is maintained. In addition, consideration should be given to referring patient to a paediatric specialist. Safety and efficacy of Nasonex Nasal Spray for the treatment of nasal polyposis in children and adolescents under 18 years of age have not been studied. Treatment with higher than recommended doses may result in clinically significant adrenal suppression. If there is evidence for higher than recommended doses being used, then additional systemic corticosteroid cover should be considered during periods of stress or elective surgery. In a placebo-controlled clinical trial in which paediatric patients (n=49/group) were administered Nasonex 100 micrograms daily for one year, no reduction in growth velocity was observed. **INTERACTIONS:** A clinical interaction study was conducted with loratadine. No interactions were observed. **SIDE EFFECTS:** Adverse effects commonly reported in clinical trials in adult and adolescent patients include headache, epistaxis, pharyngitis, nasal burning, nasal irritation and nasal ulceration. Other less common and rarely reported side effects are listed in the SPC. **PACKAGE QUANTITIES:** 18g per bottle, supplied with a metered-dose manual spray pump actuator which delivers 50 micrograms per actuation. **Legal Category:** Prescription Only Medicine. **Marketing Authorisation Numbers:** 0201/0216 (UK); 277/77/1 (Ireland). **Marketing Authorisation Holder:** Schering-Plough Ltd, Shire Park, Welwyn Garden City, Herts., AL7 1TW, UK. **Please refer to the full SPC text before prescribing this product. Further information is available on request. Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk (UK) and www.imb.ie (Ireland). Adverse events with this product should also be reported to Schering-Plough Drug Safety Department on +44 (0)1707 363773. Date of Revision of Text: August 2010. Date of Preparation:** August 2010 *Nasonex/API/08-10/7*

Reference: 1. Canonica GW, Bousquet J, Mullol J, Scadding GK, Virchow JC. A survey of the burden of allergic rhinitis in Europe. *Allergy.* 2007;62(Suppl 85):17-25.

MSD Pelham House, South County Business Park, Leopardstown, Dublin 18, Ireland

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IRISH PHARMACIST
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Dusting off your allergy skills

Dr Paul Carson considers the treatment options in a case of allergic rhinitis.

CASE REPORT

Over the last year, a 23-year-old female with a lifelong history of snuffly, runny nose has begun to cough and wheeze, especially with exercise. She tires easily and falls asleep during the day. On direct questioning, she says she snores heavily and wakes each morning with dry mouth, has frequent night arousals (she wakes often, especially with nightmares and jittery limb movements). She also complains of anosmia and poor taste and likes a lot of spicy food, this becoming more noticeable in past year.

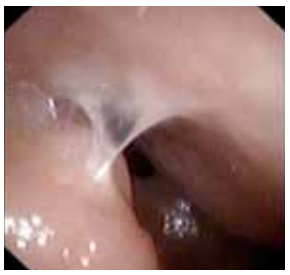

Image shows severe nasal mucosal swelling with oedematous, pre-polypoid changes. Allergy testing showed wheal >16 mms to dust mites, grass pollens and cat hair.

Conclusion: Severe allergic rhinitis, with sleep apnoea and lower airways irritation from untreated rhino-sinusitis.

DISCUSSION

Allergic rhinitis (AR) is more than a trivial irritation of the nose. It is often under-diagnosed and poorly treated, especially in children, leading to impaired quality of life. There are important links between untreated nose and sinus allergy and asthma.

The nasal cavity connects directly with the sinuses, so inflammation within the nose usually extends further and for this reason rhinitis (of whatever origin) is more accurately called rhino-sinusitis. Since the nose and sinuses link directly with the lungs via a number of pathways, it might be wiser to consider the upper and lower respiratory tracts as one functioning unit.

Allergic childhood asthma begins as rhinitis. Early and correct intervention can prevent the evolution of inflammatory changes within the upper respiratory tract spreading to the lungs.

Concomitant AR in asthmatic children is associated with an increased likelihood of asthma-related hospital re-admissions and greater total days spent in hospital.

AR is caused by inhaled airborne allergens such as dust mites, grass pollens or animal danders. When the sufferer is troubled by one allergen only, he/she has a better chance of control on an SOS basis. For example, with a pollen allergy, therapy can be focused within a reasonably short time frame.

Animal allergy can be cured (not a concept used often in medicine) by precise identification and removal of the animal, combined with an aggressive anti-dander cleaning regimen. However dust mite or dust mite plus grass pollen sensitivity usually produces a perennial rhinitis and continuous medication.

Table 1:

- Nasal allergy features can include:
- Snoring.
- Mouth-breathing.
- Impaired sense of smell (and taste in chronic, severe cases).
- Sleep apnoea.

This is not easy for parents to accept when the patient is a young child facing into a drug regimen likely to run for many years. Honesty about this at the beginning may help with non-compliance issues.

House dust mite allergy and other inhalant allergic disorders are strongly associated with co-morbid asthma and AR.

FEATURES

In the early stages the nasal cavity is irritated by continuous or intermittent allergen challenge. This leads to symptoms of sneezing, rhinorrhoea, blockage and the use of lots of tissues.

The most common indicator is a 'nasal salute' where the sufferer repeatedly rubs at the nose to relieve the itch and discomfort.

However, with advanced rhinitis the irritative features may abate to a 'silent but blocked' stage. Here there is chronic upper airways obstruction with mouth breathing, dropped chin, throat clearing from a persisting post-nasal drip and even sleep apnoea.

Close questioning may reveal early symptoms of lower airways irritation such as cough (especially at night), occasional wheeze or exercise-induced cough with wheeze. The patient may complain of undue tiredness and a poor sleep pattern.

Inspection of the nasal cavity is a simple procedure and takes less than a minute. I use an otoscope with the widest fitting and sweep the light source from the immediate nasal opening to the upper recesses. In severe rhinitis, the obstruction may be so established that it is impossible to see anything but engorged mucosa.

When not so totally blocked, check for pallor of the mucosa; sometimes it can even look pale blue. Ask yourself, does the lining look smooth and shiny (and thus normal) or is it 'bubbly' and pitted and ridged from allergen challenge?

It is not uncommon to see pre-polypoid changes or at least oedematous tissue. Ask about loss of taste or smell. In chronic rhinitis there can be impairment of these senses, smell going first. If either or both is diminished then the condition is long standing and problematic.

TREATMENT

Before initiating any treatment, ideally identify the causative allergen. This helps both you and your patient's understanding of the condition, and should allow for better co-operation. It is very frustrating for patients to hear 'it could be anything' or 'you'll just have to find out yourself', two of the usual comments offered. Allergy investigation involves skin prick testing with results within 10 minutes or a RAST blood test (more expensive, results take longer and the range of allergens may be limited).

Whatever you choose, you can then advise your patient on anti-allergen avoidance measures. Therapeutic intervention involves first unblocking the nasal cavity using betamethasone drops taken in the head inverted position. How long the drops need to be used depends on the degree of obstruction but it is imperative your patient continues until the blockage regresses sufficiently to allow a follow-up nasal spray.

The only sprays that work and maintain improvement are topical steroids. Dosage, again, depends on the severity of the condition and length of symptoms.

Table 2:

When managing rhinitis, consider the following:

- Allergic rhinitis may extend into the sinuses (rhino-sinusitis).
- Allergic rhinitis may cause upper airway symptoms only.
- Allergic rhinitis may provoke lower airway symptoms.
- Allergic rhinitis may co-exist with asthma.
- Always look for upper airway pathology when treating lower airways symptoms, as intervention in the nasal cavity may allow for a reduction in anti-asthma drugs.
- Consider anti-leukotriene and anti-inflammatory anti-histamine compounds as steroid-sparing agents.

(A more detailed explanation of the link between upper airways pathology and lower airway symptoms can be found in: Riccio et al. Cytokine pattern in allergic and non-allergic chronic rhino-sinusitis in asthmatic children. *Clin Exp All* 2002; 32: 422-6.)

Maintenance topical steroid sprays are no more likely to harm the nasal mucosa than inhaled steroids damage the bronchial mucosa in asthma.

Do not treat any degree of allergic rhinitis without first unblocking the nose.

Whether treating allergic rhinitis solely or as part of your therapeutic intervention for both upper and lower airway symptoms, there is concern about the total steroid load. If, say, one puff twice daily of your chosen nasal spray does not give adequate control, then it is tempting to double the dose.

Equally, correct management of upper airway pathology in combined rhinitis and asthma does allow for less medication directed towards the lungs. Adding in an anti-leukotriene agent offers extra protection. This combined therapy keeps total steroid load to a minimum.

A combination of both nasal steroid spray and oral antihistamine medication have even better outcomes in rhinitis and consequent asthma control.

In allergic rhinitis, the step-by-step approach might be as follows:

- Unblock nasal cavity using betamethasone drops.
- Stabilise nasal mucosa with your preferred topical steroid.
- If there is not total control, or repeated breakthrough symptoms occur, consider using Singulair or Accolate.

Now you have a much better chance of achieving symptom control without increased steroid dosage.

This approach is just as effective in asthma as rhinitis.

Dr Paul Carson is a member of the British Society for Allergy & Clinical Immunology and the European Academy of Allergy and Clinical Immunology. He is on the board of the Irish Lung Foundation.

Dr Paul Carson, Slievemore Clinic, Stillorgan, Co Dublin

IRISH PHARMACIST
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JUNE SHANNON

Planet of the apps

From a new comprehensive online forum on migraine for health professionals to a new iPhone App for hay fever, ***June Shannon*** reports on a number of new developments for the technophiles among you.

Online migraine/ headache forum for health professionals

The Migraine Association of Ireland (MAI) has launched a new online migraine/headache forum for all healthcare professionals.

Available at www.migraine.ie under 'Health Professionals' the online forum contains the very latest in news, events and research on migraine/headache from around the world. It is also a valuable source of information on the diagnosis and treatment the condition.

Commenting on the launch, the CEO of MAI Mr Patrick Little, said that the Migraine Association has always been a reputable source of information for health professionals nationwide.

"However, the new forum is more than just information – it is an interactive, frequently updated space that we hope to expand to include online training and telemedicine."

Podcasts and videos will be added to the site over the coming weeks, as well as powerpoint presentations from training seminars, all of which will be available to download.

The forum will be overseen by a Medical Editorial Board, which includes: Dr Eddie O'Sullivan, Director of the Cork Headache/Migraine Clinic and Ms Esther Tomkins, Specialist Nurse at the Beaumont Headache/ Migraine Clinic.

The Board will also take questions for those who have a query on any aspect of migraine/headache – from diagnosis to medication to referral pathways.

"We encourage all health professionals to log on and have a look," said Mr Little, "If they think something is missing or would like to see some extra features, we welcome any suggestions and feedback."

It is estimated that between 12 and 15 per cent of Irish people suffer from migraine and the MAI is a registered charity, which provides information, support and reassurance to migraine sufferers and those with other headache disorders. Information is also on offer to the families and friends of migraineurs and to medical professionals.

The MAI also raises awareness of migraine throughout Irish society in general, as well as in the health professional sector. The Association supports research into the condition and aims to seek out improved treatments for people with migraine. The new online forum is developed and updated by the MAI for Health Professionals throughout Ireland.

The association encourages health professionals with an interest in migraine and other headache to contribute to the forum. To do so, please email: donnawalsh@migraine.ie

New iPhone App for hay fever

Sanofi aventis together with the Asthma Society of Ireland have come together to announce the availability of a new, free iPhone application called *Pollen Alert*, which provides a daily, provincial assessment of pollen levels in Ireland. Hay fever is estimated to affect more than 420,000 Irish people, and 60-80 per cent of people with asthma also suffer from hay fever.

The new iPhone app *Pollen Alert* grades pollen levels as low, moderate, high, or very high and its information is based on the work of the University of Worcester in the UK, which also monitors pollen in Ireland. The HSE will use the same data for a daily pollen update on the HSE website. *Pollen Alert* can be downloaded for free from the App Store, or by visiting www.asthmasociety.ie

The 2010 summer was particularly bad for pollen in Ireland, Dr Jean Holohan, CEO of the Asthma Society of Ireland, explained.

"The cold snap in January delayed the spring bloom. Subsequent rain… created the 'perfect storm' in terms of pollen and hay fever – these are boom conditions for pollen production. Uncontrolled hay fever or allergic rhinitis is a common asthma trigger."

In Ireland, the biggest cause of hay fever is an allergy to the pollen created by grass and up to 90 per cent of Irish people with hay fever are allergic to this type of pollen.

"The highest levels of pollen are in rural areas," said Dr Holohan, "but grass pollen still makes its way into towns and cities every day. Most pollen is released in the morning and rises skywards with the heat of the day. It then gets swept overland by winds and breezes and then it sinks back to earth late afternoon or early evening as the temperature starts to drop. That is why the peak time for pollen is mid-morning and between 4pm and 7pm and this is when people are hardest hit."

Hey fever, which has no cure but can be effectively managed, is a relatively recent condition that was unknown before 1800. The first medically described case was in 1819, but it was not until 1873 that the allergic cause of the illness was identified.Hay fever rose steadily through the 19th century.

IPHA launches the 2010/2011 edition of medicines.ie on CD-ROM

The Irish Pharmaceutical Healthcare Association (IPHA) has recently announced the release of the medicines.ie CD-ROM Version 2010/2011.

The CD-ROM, which is a copy of medicines.ie, is sent annually, free of charge, to over 7,000 GPs, consultants, nurse prescribers, nursing homes, community and hospital pharmacists in Ireland. It is primarily designed for those who do not have ready internet access in their place of work. Like medicines.ie the CD-ROM provides Irish-specific and reliable, IMB/EMA approved information on over 2,000 medicines currently available in Ireland.

In 2010 medicines.ie was certified with the "Health on the Net" (HON) Code Standard for Trustworthy Health Information.

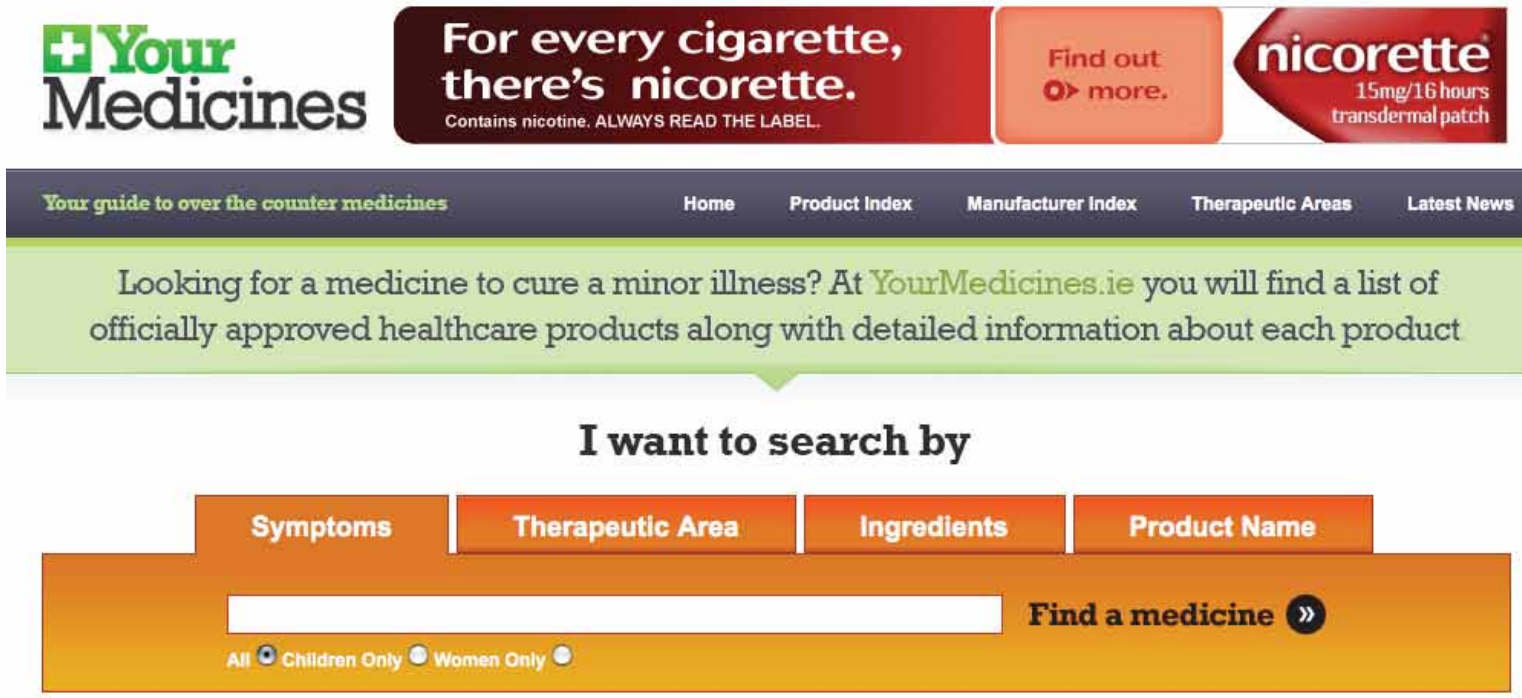
The HON code is the most widely accepted reference for online health and medical publishers. Other recent developments on medicines.ie include the provision of information to help people know more about medicines and how to manage minor ailments. There is also a link to a comprehensive database listing details of both ongoing and completed clinical trials, globally.

For your free copy of the CD-ROMplease email: communications@ipha.ie or call Tel: (01) 660 33 50 .

First Irish online reference site devoted to promoting self care

www.yourmedicines.ie

New site lists all leading Irish non-prescription medicines



Site also contains information about illnesses and the proper use of OTC medicines available for their treatment.

Edited by Dr Martin Henman, the new site not only acts as a reference guide for pharmacists and other healthcare professionals, it also aims to encourage the public in the correct approach to self-medication.

www.yourmedicines.ie will be supported by an online advertising campaign along with promotion in mainstream media.

GREEN CROSS PUBLISHING

IRISH PHARMACIST
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Actavis launches Ibuprofen OTC

Actavis Ireland has launched Buplex on the Irish Market. Buplex is an Ibuprofen OTC treatment which will offer consumers up to a 20% saving and is available in pharmacies around the country as from 1st October. Actavis will support the launch of Buplex with significant investment in in-store support material as well as a targeted consumer advertising campaign beginning in early 2011.

Buplex provides effective pain relief for mild to moderate pain such as headache, migraine headache, dental pain, period pain and fever. Buplex is available in striking and compact packs of 200mg tablets x 12 (€1.70), 24 (€2.82) and 50 (€4.88) Film-coated Tablets.

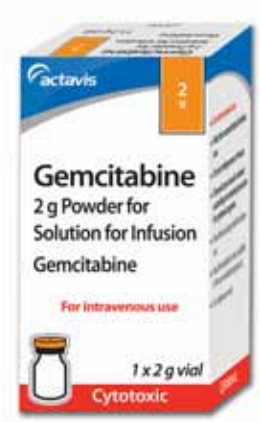
Tony Hynds, MD of Actavis Ireland said, "Actavis is delighted to introduce Buplex to the Irish market and its launch is an important addition to our growing OTC range. We believe Buplex will provide more choice and value for Irish consumers."

Actavis adds Piperacillin/Tazobactam and Gemcitabine 2g to its hospital portfolio

Actavis Ireland recently announced the launch of Piperacillin/Tazobactam and Gemcitabine 2g to its growing portfolio of hospital products.

Antibiotic Piperacillin/Tazobactam 2g/0.25g and 4g/0.5g powder for solution for injection or infusionis an important addition to Actavis' portfolio and demonstrates the company's commitment to providing an even broader selection of products. The packaging is designed with safety in mind, including colour differentiated flip-off tops on the vial, total strength shown on the carton, and a warning bar that it contains penicillin on the external packaging.

Gemcitabine 2g is an important addition to the existing Actavis Gemcitabine range. Available with Vialshield, this provides protection for healthcare professionals working with cytotoxics by reducing the chance of breakage and spillage, thereby minimising occupational exposure to cytotoxics.



Tony Hynds, Managing Director at Actavis, said: "The addition of these two hospital products, is a further extension to our growing portfolio and builds on the strong recent launches of other hospital products including the existing Gemcitabine range and Irinotecan."

Actavis has one of the strongest development pipelines and robust supply chains in the industry. Additional product launches are expected over the coming months, strengthening Actavis' expanding position in Ireland.

Actavis introduces new packaging for Floxapen Syrup 125mg/5ml & 250mg/5ml powder for oral suspension

Actavis Ireland has announced the introduction of the newly packaged Floxapen Syrup range which is now packaged in cartons. The new look packaging, which was acquired by Actavis from GSK in 2007, isavailable as from mid September. The introduction of the newly packaged Floxapen range is the latest addition to Actavis' growing portfolio of products introduced to the Irish market this year.

Floxapen Syrup is indicated for the treatment of infections due to penicillinase producing straphylococci and other gram positive organisms susceptible to this anti-infective.

Floxapen Syrup 125 mg/5 ml & 250 mg/5 ml Powder for Oral Suspension is distributed on behalf of Actavis Ireland by Allphar.

New ESC/EACTS guidelines recommend Efient as first-line antiplatelet therapy for patients with severe heart attacks managed with percutaneous coronary intervention

The *Guidelines on Myocardial Revascularization* were presented at the European Society for Cardiology Congress in Stockholm in August and published in the *European Heart Journal.*

The guidelines, from the Clinical Guidelines Committee of the European Society for Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS), also recommend prasugrel for use in patients with less severe heart attacks.

Prasugrel received the highest level recommendation (Class I) for use in patients with STEMI (ST-elevated myocardial infarction) undergoing PCI, irrespective of the patient's genetic status as the presence of the CYP2C19 allele did not influence the action of prasugrel on platelet function, and regardless of concomitant proton pump inhibitor (PPI) use.

The Guidelines Committee also recommend prasugrel, for its "usefulness and efficacy" in patients with non-ST elevated myocardial infarction (NSTEMI) (Class II recommendation). In diabetic patients presenting with ACS, the guidelines state prasugrel offers "a significant advantage over clopidogrel without increased bleeding". The guidelines also state that "prasugrel should be used in patients who present with stent thrombosis whilst taking clopidogrel".

"These guidelines provide clear recommendations for how prasugrel should be incorporated into medical practice to help reduce the risk of cardiovascular events such as heart attacks and blood clots forming around stents," said Dr Joerg Rustige, Leader Cardiovascular Medical ACE, Eli Lilly and Company.

Novartis gains FDA approval for Gilenya, an oral first-line MS treatment

The FDA has approved the oral multiple sclerosis (MS) treatment Gilenya (fingolimod) 0.5 mg daily, Novartis has announced. A first-line treatment for relapsing forms of multiple sclerosis – the most common forms of the disease – Gilenya the first FDA approved oral treatment indicated for relapsing forms of MS available in the US.

Gilenya reduces the frequency of MS relapses (flare-ups) and helps slow the build-up of some of the physical problems caused by MS. Gilenya 0.5 mg reduced relapses by 52% ($P<0.001$) at one year compared with interferon beta-1a IM (Avonex®), one of the most commonly prescribed treatments for MS. In clinical trials, Gilenya had a well-studied safety and tolerability profile, which has been characterized in over 2,600 clinical trial patients, some of whom are in their seventh year of treatment, with more than 4,500 patient years of experience.

The Gilenya approval was based on the largest clinical trial program ever submitted to date to the FDA for a new MS drug. It combined data from clinical studies showing significant efficacy in reducing relapses, the risk of disability progression, and the number of brain lesions detected by magnetic resonance imaging (MRI), a measure of disease activity, in people with relapsing forms of MS.

Commenting on the FDA approval, Professor Michael Hutchinson, Principal Investigator of the Freedoms Trail at St Vincent's Hospital, added: "The future for treatment of multiple sclerosis with this new powerful oral therapy looks good'.

Gilenya was submitted to the European Medicines Agency (EMA) and to the US Food and Drug Administration for review in December 2009. The EMA regulatory review and other filings worldwide are ongoing.

Erectile dysfunction website – Man Matters – relaunched

Eli Lilly has relaunched its popular www.manmatters.ie website. The new look website offers information on erectile dysfunction (ED) including common symptoms of the condition and the treatment options available. The website is a core component of a nationwide health education initiative to highlight the condition amongst men and their partners.

The easy-to-navigate website provides clear and concise information on ED and aims to assist men in discussing the condition with their healthcare professional.

Mary O'Conor, Psychosexual Therapist, advises men to seek professional help early: "There may be an embarrassment associated with ED, but don't let that get in your way. Many Irish men don't realise just how common the condition is and that most cases are treatable. Manmatters.ie will help Irish men to take the first step in tackling the condition with their healthcare professional."

The website also contains an online self-test questionnaire to help men identify the presence of erection problems and encourage them to approach their doctor about it.

Manmatters.ie also provides the details of a number of organisations such as Marriage and Relationship Counselling Services (MRCS), the Catholic Marriage Counselling Service (ACCORD) and The Diabetes Federation of Ireland, who may be able to provide additional help and advice. It also offers PDF versions of all of the Manmatters patient information booklets for download.

The website is part of the Man Matters campaign, sponsored by Lilly Ireland, which challenges men to Get Informed; Get Checked; Act and see their doctor as the first step to getting help for any health concerns.

Effaclar Pharmacy Promotion for oily to acne prone skin

La Roche-Posay is offering complimentary travel size Effaclar Purifying Foaming Gel (worth €3.38) within the Effaclar Moisturiser Value Sets. Choose the Effaclar Moisturiser Value Set suitable to your type of oily sensitive skin, which costs the same price as your regular full size Effaclar moisturiser, and receive a complimentary travel size cleansing Gel *(while stocks last)*.

Effaclar Moisturiser Value Sets:

- Effaclar K 30ml Transform the skin's texture with this daily renewal fluid.
- Effaclar M 40ml Oil-free emulsion neutralises shine at source for a lastingly matte, clear and balanced skin.
- Effaclar Duo 30ml Corrective and unblocking anti-imperfection moisturizer for mixed acne.

Cleanse and purify:

Effaclar Purifying Foaming Gel (200ml RRP€13.50) is a daily purifying foaming gel for the face & body. The formula, which contains optimised concentration of cleansing agents, is soap-free, colorant-free, alcohol-free and paraben-free. It gently cleanses the skin thanks to its high-tolerance washing base while purifying the epidermis & eliminating excess sebum.

Atrial fibrillation registry reveals poor AF control and high rates of CV hospitalisation

Sanofi-aventis announced recently that results from the *RealiseAF* (Real-life global survey evaluating patients with Atrial Fibrillation) registry show that control of atrial fibrillation (AF) (defined by the 2006 ACC/AHA/ESC AF guidelines as either sinus rhythm or AF with heart rate at rest ≤ 80 bpm)1 was not achieved in more than 40 percent of the AF patients included in this 10,000 patient cross-sectional registry, as presented during the European Society of Cardiology Congress in Stockholm, Sweden. In addition, the registry revealed that a majority of patients complain of symptoms, even when AF is controlled 2 (55.7 percent).

Importantly, cardiovascular (CV) events were very frequent in this population, with a high rate of concomitant CV risk factors (72.2% of patients were hypertensive and 46.3% of patients had dyslipidemia) 28.7 percent of AF patients suffered from CV events such as acute coronary syndrome (ACS) acute heart failure or stroke, leading to an unplanned hospitalisation during the last 12 months and 12.4 percent of patients requiring major CV interventions such as percutaneous coronary intervention (PCI), coronary artery bypass graft (CABG) or valvular surgery.

Management of AF in a real-life setting shows that today, AF is not treated according to the 2006 ACC/AHA/ESC AF guidelines:

20 percent of AF patients with structural heart disease received Class Ic AADs, despite its contraindication in this patient population. 49.9 percent of evaluated paroxysmal and persistent AF patients without congestive heart failure (CHF) or hypertension with significant left ventricular hypertrophy received amiodarone as a first-line treatment, despite guidelines recommendations that it be used as a second line agent.

In addition, patients with a CHADS2 who should receive anti-coagulants agents only received these agents in 52 percent of cases.

The *RealiseAF* registry has a number of Irish sites. Commenting on the results Dr Jim O'Neill, Consultant Cardiologist at Connolly and the Mater Hospitals who was on the international steering committee for the study, stated "There was a strong representation from Irish centres in this study, indicating that we can perform meaningful clinical research in this country. The data accrued indicate that, on a worldwide basis, our management of atrial fibrillation remains sub-optimal and that intensive efforts are required to lower the morbidity and mortality which is associated with this commonly encountered clinical conundrum."

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Oral single dose drug Rivaroxaban successfully meets primary efficacy outcome and demonstrates similar safety to standard therapy

Results of the Phase III EINSTEIN-DVT clinical trial of the oral anticoagulant Rivaroxaban demonstrated non-inferiority compared to the standard of care for the prevention of recurrent venous thromboembolism (VTE) in patients with acute symptomatic deep vein thrombosis (DVT), with a comparable safety profile. The data were presented today during a Hot Line session at the European Society of Cardiology (ESC) Congress.

"Results from EINSTEIN-DVT could transform the way physicians treat deep vein thrombosis," said lead investigator Dr Harry R Büller, Academic Medical Center in Amsterdam, Netherlands, who presented the results. "While the current standard of care is effective when well-controlled, it is often associated with significant drawbacks for patients and physicians. A novel single-drug approach such as oral Rivaroxaban could potentially provide an effective and well-tolerated, simple, fixed-dose regimen for the treatment of deep vein thrombosis as a replacement for current standard therapy."

In the study, oral rivaroxaban demonstrated non-inferiority for the primary efficacy outcome, defined as the cumulative incidence of symptomatic recurrent DVT and non-fatal or fatal PE, in patients with acute symptomatic DVT. This regime was compared with the current standard of care of enoxaparin followed by a vitamin K antagonist (VKA) [2.1% vs. 3.0%, respectively ($p < 0.0001$ for non-inferiority)]. Rivaroxaban demonstrated similar results compared to the standard of care for the principal safety outcome measuring a composite of major and non-major clinically relevant bleeding events [8.1% in both treatment groups, ($p=0.77$)]. Monthly liver function tests did not reveal a signal for impaired liver safety.

Net clinical benefit, a pre-specified secondary outcome defined as the composite of the primary efficacy outcome plus major bleeding, demonstrated an improvement for Rivaroxaban compared to standard therapy (2.9% vs. 4.2%, respectively; HR of 0.67, CI: 0.47 – 0.95). Other presented secondary outcomes, including all-cause mortality (2.2% vs. 2.9%, respectively; HR of 0.67, CI: 0.44 – 1.02) and cardiovascular events (0.7% vs. 0.8%, respectively; HR of 0.85, CI: 0.39 – 1.85) were not statistically significantly different.

EINSTEIN-DVT is the sixth Phase III trial in the ongoing rivaroxaban global development programme that demonstrated either non-inferiority (EINSTEIN-DVT) or superiority (RECORD 1-4 and EINSTEIN-EXTENSION) compared to current anticoagulant therapies.

New Carmex Strawberry lipbalm

New Carmex Strawberry combines all of Carmex award winning moisturising and protecting ingredients with a subtle hint of strawberry, reminiscent of ice cold strawberry milkshakes and gets to work fast, tending to chapped, sore and dry lips, leaving them soft and smooth.

Carmex Strawberry also protects lips from UV damage with the added benefits of SPF 15. Not only is it a great sunscreen, you can wear it long after summer as an undercoat to lipstick or on its own to give your lips a natural healthy shine.

A plump and pretty pout makes your entire face look younger and Carmex Strawberry lip balm's combination of rich emollients including menthol, camphor and beeswax lock in moisture and banish dryness after only one application leaving a gorgeous tingling effect on the lips, encouraging a healthy appearance.

Carmex award-winning formula was created in 1937 by Alfred Woelbing, whose family still run the business today. Carmex also comes in Original and Cherry flavour.

Eczema awareness

Eczema Awareness Week takes place from 19-25th September aims to raise awareness about eczema and its impact on sufferers of the condition. It is organized by the Irish Eczema Society and is supported by La Roche-Posay. For further information see www.eczemaireland.org or your local pharmacy.

In support of Eczema Awareness Week, La Roche-Posay is running a Dry Skin Promotion in pharmacies nationwide this autumn while stocks last. Buy a 400ml pump from the Lipikar range and **Save 33%**

RRP with the 33% Saving:

- Lipikar Balm AP RRP €12.39 (Saving €6.11)
- Lipikar Milk RRP €10.38 (Saving €5.12)
- Lipikar Surgras RRP €9.04 (Saving €4.46)
- Lipikar Syndet RRP €9.04 (Saving €4.46)

Each Lipikar Baume AP 400ml will also have a leaflet attached, providing tips and information on how to manage eczema on a daily basis.

Lipikar Baume AP is a lipid replenishing body balm with a 24hr anti-scratch efficacy for severely dry to eczema-prone skin in children and adults. **Lipikar Baume AP** offers an anti-scratch efficacy thanks to a high concentration of **Niacinamide 4%.** This ingredient inhibits histamine, a precursor of inflammation. This allows a break in the "itch-scratch cycle", providing an opportunity for the cutaneous barrier to be healed thanks to the repairing active ingredients within Lipikar Baume AP and the skin's own natural defences. Niacinamide is an active ingredient that also helps restore the cutaneous barrier by boosting lipid production.

Lipikar Baume AP contains 20% shea butter, a reference dermatological active ingredient to restore skin comfort, 10% hydrating glycerin, 5% canola oil proven to be naturally resistant to oxidation and 1% soothing glycine. Lipikar Baume AP also contains La Roche-Posay Thermal Spring water which has been dermatologically proven to be anti-free radical, anti-irritant and soothing.

Lipikar Baume AP has a unique ultra-penetrating texture, which has been designed to be a "quick dress texture" to encourage compliance. It is both fragrance-free and paraben-free.

Level of bacteria on lift buttons three times higher than on public toilet seat

The number of bacteria present on a lift button is more than three times higher than on a public toilet seat, according to new findings.

Research carried out in hotels, restaurants, banks, offices and airports, showed that the level of bacteria on lift buttons averaged 2,200 colony forming units per square centimetre, compared to 8 on the average public toilet seat.

Among the common bacteria likely to be found are E-coli, Staph-aureus and MRSA.

Dr Nicholas Moon Ph.D, Director of Technical and Regulatory Affairs at Microban Europe, for which the research was carried out, explained: "In a busy building, a lift button can be touched by dozens of different people who will have come into contact with all kinds of bacteria every hour. Even if the buttons are cleaned regularly, the potential for the build up of bacteria is high.

Microban antibacterial protection is designed to be incorporated into products such as plastic life buttons at the point of production, providing durable antibacterial and antifungal protection that lasts the useful life of the product.

The company uses a wide range of technologies to suit each specific application but predominantly makes use of third generation silver. On untreated products, bacteria can potentially double in number in 20 minutes but Microban disrupts their functioning, usually causing them to die within 24 hours.

A dedicated certification programme ensures that quality testing is regularly carried out on all products carrying the Microban branding and that antibacterial claims are technically supported. This allows manufacturers utilising Microban to use robust claims about their efficacy – for example, "preventing 99.9% of bacteria."

Further information: http://www.cisionwire.com

LA ROCHE-POSAY
LABORATOIRE PHARMACEUTIQUE

MAJOR BREAKTHROUGH TESTED ON ACNE-PRONE SKIN

Young Skin Innovation

EFFACLAR DUO

Severe imperfections and
sebum-blocked pores:
one care, dual action.

Clinically proven efficacy

Results after only 1 month,
1 application per day

-31% reduction of inflammatory acne

-16% reduction of retentional acne

Protocol:
42 patients aged 20 to 43 with oily acne-prone skin with at least 5 inflammatory lesions and 10 retentional lesions. 4 weeks of use. 1 application per day. Clinical score by counting lesions at T0 and T4 weeks by dermatologist.

LA ROCHE-POSAY. COMMITTED TO DERMATOLOGY.
www.laroche-posay.ie

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Prolia (denosumab): unique new treatment for post-menopausal osteoporosis

Amgen Ireland and GlaxoSmithKline (Ireland) Ltd (GSK) recently announced that denosumab has become available in Ireland to treat osteoporosis in post-menopausal women at increased risk of fracture and will be reimbursed under the GMS and DPS as of 1st October.

With proven efficacy and a six-monthly injection, denosumab offers women with osteoporosis a new alternative to current treatments.

Denosumab works in a different way from other osteoporosis treatments. It is the first and only approved therapy that specifically targets RANK ligand, an essential regulator of osteoclasts (the cells that break down bone). Denosumab helps stop the process that causes bone loss throughout the skeleton, resulting in greater bone density, stronger bones, and reduced risk for fractures at the spine, hip and other non-vertebral sites.

The reimbursement for denosumab follows a review of the therapy's cost-effectiveness by the (NCPE for the prevention of osteoporotic fractures in postmenopausal women.

Dr Gillian Darling, GP Specialist in Women's Health in Leopardstown and the Dublin Well Woman Centres commented: As most osteoporosis patients are treated in primary care it is an advantage to have a treatment that can be administered in the GP surgery as well as the hospital clinic setting.

Roger & Gallet – the perfect gift for Christmas

Roger & Gallet creates **Huile Sublime dry oil** within the Bois d'orange fragrance offering which also includes soap, body lotion and fragrant water.

Roger & Gallet, whose perfumes promote well-being through the powers of Aromachology, recently launched in pharmacies in Ireland. Concentrated in rare natural essences and essential oils, these fragrant ranges offer a complete sensory experience: perfumed waters, as well as round and liquid soaps, shower gels and body milks to provide a unique moment of pleasure every day.

Roger & Gallet Huile Sublime is a perfumed **dry oil** that can be used on the face, body and hair. It delicately envelops the skin in its heavenly scent, leaving a sun-kissed satin sheen that is both nourishing and protective.

Huile Sublime Bois d'orange moisturises and softens skin, helping to protect its vigor. This sublime oil is composed of a unique combination of six active vegetable oils:

- Argan Oil prevents skin from drying out,
- Almond Oil softens the skin,
- Camelia Oil helps restore suppleness and elasticity,
- Macadamia Oil nourishes the epidermis,
- Evening primrose Oil helps protect the skin,
- Sesame Oil is a emollient.

The formula is also enriched with Vitamin E, recognised for its anti-oxidant properties and invigorating orange essential oil.

Tested under dermatological supervision, silicon-free and non-comedogenic; Bois d'orange dry oil is suitable for dry and sensitive skin.

A sense of well-being

This harmony of wooded and zesty notes is made up of the essential oils of Mediterranean citrus fruits (mandarin, orange and bitter orange), combined with the fruity sweetness of orange blossom, the feminine scents of jasmine and the woodland sensuality of Atlas cedar.

Electro-stimulation from RoC – for the first time in a cream!

Harnessing the power of bioelectricity, Johnson & Johnson introduce the next revolution in anti-ageing RoC Sublime Energy with unique, patented E-PULSE Skin Electro-Stimulation Technology. Using a unique 2-step process designed to mimic the body's own bioelectricity, the range combines energised particles of zinc and copper, which act as 'miniaturised batteries' that help to jumpstart the skin. When the activating moisturiser is then applied to the skin, the product mimics the body's own bioelectricity to accelerate the skin's repair and rejuvenating process**. This is the first technology that delivers biological levels of electric signals similar to the skin's natural bioelectricity in a topical treatment – new RoC® Sublime Energy™. It is clinically proven to increase elastin and collagen production and clinical tests show visible results in just 3 hours*** – the effect has been likened to sending an e-mail to the skin instead of a letter!

E-PULSE Electro Stimulation Technology™ can only be found in new RoC® Sublime Energy™. Clinical tests show visible results in just 3 hours***

Superior anti-ageing action – appearance of fine lines, dark circles, eye folds, under eye bags and upper eyelids puffiness is reduced

Immediate Results – clinical tests show visible results in just 3 hours

Tolerance – Self-assessment of 1,000 women proved 100% tolerance. Clinical tests found it is mild enough for use even in the delicate eye area and did not cause sensitivity or irritation.

The range

RoC® Sublime Energy Eye
RoC® Sublime Energy Day SPF 20
RoC® Sublime Energy Night

Trust Flexitol Heel Balm

Flexitol Heel Balm is specially formulated for the treatment of rough, dry and cracked feet. It's the number 1 foot treatment in Australia and UK and now Irish people can benefit from its unique formulation.

Flexitol Heel Balm contains:

- 25% Urea for removal of dead skin cells
- emollients to penetrate and smooth hard skin
- occlusive properties creating a barrier function
- moisturisers to keep skin supple

Apply Flexitol Heel Balm should be applied twice daily, morning and night to rough, dry and thickened skin on feet. Once the skin is restored continued use is advised to maintain condition and keep feet in tip-top condition all year long..

Changes to COZAAR Comp packaging

MSD has announced that they will gradually be introducing new packaging across all three presentations of COZAAR Comp in Ireland. This will affect the appearance of the outer cartons, blister foils and patient information leaflets of all COZAAR Comp presentations: COZAAR Comp 50mg/12.5mg, COZAAR Comp 100mg/12.5mg and COZAAR Comp 100mg/25mg

In summary these changes are as follows:

- Standardisation of the colour schemes of the outer cartons across the presentations.
- To distinguish between the ranges, the colour of the product name has been adjusted.
- To distinguish between the doses, colour coding across the various strengths has been used.

No changes are being made to the appearance of the tablets themselves.

Please note that existing stocks are not being withdrawn and should be depleted as normal until replenished with the new packaging from your supplier.

Further information: Margaret Walsh at margaret_walshe@merck.com

New formulation of Stelara provides greater convenience for patients with moderate to severe plaque psoriasis

Janssen-Cilag have announced that a pre-filled syringe formulation of Stelara (ustekinumab) is now available in Ireland for the treatment of moderate to severe plaque psoriasis following recent approval by the European Commission. The pre-filled syringe provides convenience, making it easier for patients to self-administer their treatment. It will be available in both 45mg and 90 mg doses.

Stelara, a first in class biologic, has demonstrated significant improvements in patients' psoriasis and quality of life in three Phase III studies which included a total of more than 2,800 patients. These improvements were sustained with as few as four injections a year (every 12 weeks) following two starter doses at weeks 0 and 4.

"The pre-filled syringe should make the administration of Stelara far quicker and easier for patients." says Dr Brian Kirby, Consultant Dermatologist at St Vincent's, University Hospital. "This new development will give patients with moderate to severe psoriasis a greater sense of control of their disease. As Stelara is only administered 4 times per year this allows patients to live normal lives rather than spend time managing their disease."

In patients weighing more than 100 kg, where a 90 mg dose is recommended, patients now have an additional convenience of a single injection with the 90 mg prefilled syringe.

Support Breast Cancer Research and launch limited edition – NeoVadiol Gf

In support of the Breast Cancer Awareness month in October, Vichy are launching Limited Edition NeoVadiol Gf Day & Night Sets ffering a saving of 33%. Sets are available in pharmacies nationwide from October while stocks last. For Breast Cancer Awareness month, Vichy have partnered with National Breast Cancer Research Institute (NBCRI) and make a contribution to NBCRI for every value set purchased.

Menopausal Skin Insights: The change in hormonal activity during the menopause often affects three key areas of the face: cheekbones lose definition, facial contours are less sharp and the neck tends to thicken.

New generation formula to re-inforce the skin's support tissues: NeoVadiol Gf Intensive Densifying Care targets the signs of menopausal skin ageing. It contains the exclusive combination of Pro-Xylane & Proteic Gf, two ingredients of natural origin, to stimulate the production of Growth Factors. Growth Factors are proteins naturally present in the skin and play a fundamental role in preserving skin density.

In-vitro tests: For the firsttime, Vichy Laboratoires transfer the techniques of in-vitro tissue support in a unique skincare, NeoVadiol Gf. In-vitro tests demonstrate that within 10 days Proteic Gf stimulates the production of Growth Factors and Pro-Xylane™ restores the extra-cellular matrix, the pool of growth factors. Skin density is improved and layers are more structured.

Results: The proven efficacy of NeoVadiol Gf was demonstrated in a multi-centric clinical study carried out on a panel of 220 women in 4 countries. The results: cheekbones are re-modeled. The neck is more toned. The jawline is re-defined.

Clonmel Healthcare price decreases

Clonmel Healthcare has significantly reduced the prices of its generic prescription branded medicines in line with the HSE Agreement and will continue to offer savings to healthcare professionals and patients alike. This price reduction is effective as from 1st October 2010

Clonmel would like to highlight that only 30% of their product range is affected by this price decrease with the average price drop being approx 29%.

If you require any further information, please do not hesitate to contact us on 01-620-4000.

Simponi – first once-monthly subcutaneous anti-TNF for RA, PsA and AS with novel SmartJect prefilled pen

MSD has announced the launch of SIMPONI (GOLIMUMAB) the first once-monthly, subcutaneous therapy for the treatment of moderately-to-severely, active rheumatoid arthritis (RA) in combination with methotrexate, active and progressive psoriatic arthritis (PsA) and severe, active ankylosing spondylitis (AS).

Simponi is approved as a 50mg subcutaneous injection once a month and is indicated:

- In combination with methotrexate, for the treatment of moderate-to-severe, active RA in adult patients when the response to disease-modifying anti-rheumatic drug (DMARD) therapy, including methotrexate, has been inadequate. Simponi has also been shown to improve physical function in this patient population.
- Alone or in combination with methotrexate, for the treatment of active and progressive PsA in adult patients when the response to previous DMARD therapy has been inadequate. Simponi has also been shown to improve physical function in this patient population.
- For the treatment of severe, active AS in adult patients who have responded inadequately to conventional therapy. 1

Dr Colm Galligan, Medical Director, MSD commented; "Simponi expands upon MSD's leading immunology franchise in providing treatment options that meet the needs of both the patient and healthcare professional. In SIMPONI we can now offer rheumatologists and their patients an effective once-monthly subcutaneous dosing option to go towards improving the lives of patients most affected by RA, PsA and AS."

The efficacy and safety of SIMPONI has been studied in a comprehensive Phase III development programme in over 2300 rheumatology patients living with moderately to severely active RA, Active PsA and Active AS. In Phase III rheumatoid arthritis trials, Simponi was shown to be effective regardless of prior treatment experience, which included patients inadequately responding to methotrexate and patients previously treated with anti-TNF agents.

Simponi is available as a state-of-the-art Smartject prefilled pen which has been developed with rheumatoid arthritis patients in mind and includes many patient-focused features. These features include: a large side button, auto-retract needle for added safety, a large observation window so it is easy to see when the full dose has been administered, a security seal for extra protection and an easy-twist cap.

Ativan (lorazepam) 4mg/ml Solution for Injection (PA 22/1/3)

Pfizer Healthcare Ireland have made the following announcement regarding the current availability of Ativan (lorazepam) 4mg/ml solution for injection.

A limited amount of stock was received in Ireland recently, and is currently available via Cahill May Roberts. Further batches are due to be delivered at the beginning of October and in November of this year. It is likely that there may be a period during September where Pfizer will be out of stock at wholesale level. Pfizer expects that the stock of Ativan 4mg/ml solution for injection will be back to normal levels by the end of 2010. This estimate is based on current information and may be subject to change.

PHI regrets any interruption caused by this disruption in supply.

Please contact the Medical Information department (1800-633363) should you require any further information.

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DATES FOR YOUR DIARY

OCTOBER

Wednesday, 20 October

Meningitis Trust's conference, Dublin

The Meningitis Trust is holding an all-Ireland 'After-effects' conference aimed specifically at health professionals at Chartered Accountants House in Dublin.

The free conference, titled 'Aftercare and After-effects', aims to consider the impact and the wide range of outcomes of the disease and highlight the importance of specialist support in helping those affected to rebuild their lives.

Speakers at the conference will include Dr Bill Casey, Consultant Anaesthetist from Our Lady1s Children's Hospital in Crumlin, Ms Nuala Harmey, Bereavement Co-ordinator at the Children's University Hospital, Mr Gavin Campbell, Prosthetics and Orthotics at Musgrave Hospital in Belfast, and Dr Suzanne Cotter, Public Health Specialist, Health Protection Surveillance Centre in Dublin.

For information about the event and to register, please email Ms Moira Shaw at moiras@meningitis-trust.ie

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Thursday, 21 October

Irish Society of Community and Public Health Medicine's Annual Education Day and AGM, Dublin

The venue for the ISCPHM's annual meeting is the Westbury Hotel, Dublin 2, and registration will take place from 9.30am to 10.00am.

Topics discussed on the day will include: 'Motivation and Leadership in the Workplace', 'HPV Vaccine', 'Emerging Infectious Diseases – a Global Perspective' and ' Epidemiology of Type 1 Diabetes'. The chairperson for the event will be Dr Cathy Higgins, President of the ISCPHM.

The cost to attend the educational day is €100 for the full day (€30 membership included in price). Please note that CME is available.

For more information, please email: info@iscphm.com

Friday, 29 October

Breastfeeding and depression conference, Dublin

This conference will take place at the Alexander Hotel in Dublin 2 and is supported by the HSE.

The international speaker is Dr Kathleen Kendell Tackett.

Room rate of €95 (B&B) for conference delegates.

Cost: €40 (to include lunch).

To book, please contact Denise via email: denisegarde@gmail.com or Tel. 086 811 0129

For more information, please visit: www.cuidiu-ict.ie

NOVEMBER

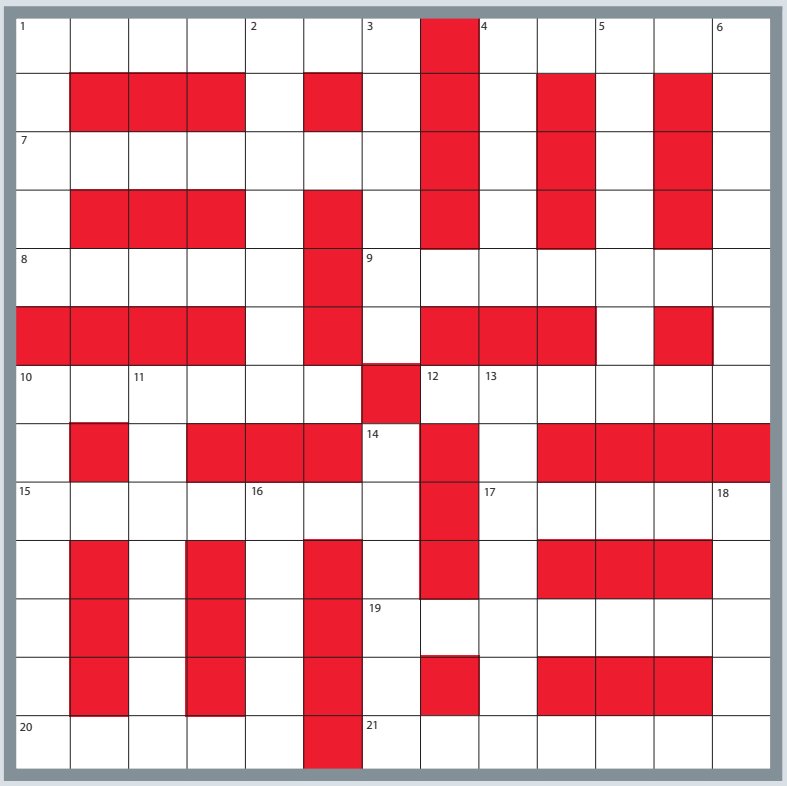
Tuesday, 2 November

OLCHC's Caring for the Child with a Life-Limiting Condition Programme, Dublin

The Centre of Children's Nurse Education in Our Lady's Children's Hospital, Crumlin (OLCHC) is hosting a one-day awareness programme at the Red Cow Moran Hotel, Dublin, on Caring for the Child with a Life-Limiting Condition (Level A). Funded by the Irish Hospice Foundation, this awareness programme is for nursing and medical personnel, palliative care specialists, psychologists, social workers and other personnel from various voluntary and statutory organisations who are occasionally required to provide care for children with life-limiting conditions and their families. Topics addressed include healthcare provision for these children, supporting social and psychological needs, pain and symptom assessment and management, and ethical perspectives.

Please note that there is no fee for this programme. For further details and bookings, contact Fiona Woods, Programme Co-ordinator on Tel. (01) 409 6605 or 087 745 5952 or email: admin.cllc@olchc.ie

ip Crossword No.179



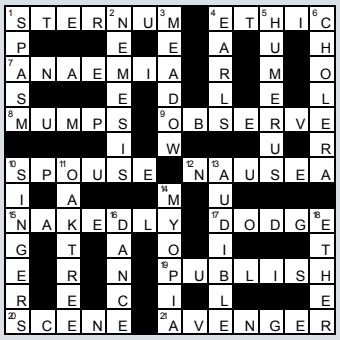
Across

1 Tim and Ivan produce riboflavin, for instance (7)
4 Spiritual leader found when bunny loses its tail! (5)
7 Extreme politician getting to the root of things, perhaps (7)
8 Use a washboard for brushwood! (5)
9 Spinster is game! (3,4)
10 Such car parts may be sparse (6)
12 Of the back, in cod or salmon (6)
15 Twist a rope in the great outdoors (4,3)
17 Men do represent the devil! (5)
19 I car-ski erratically and get motion sickness (7)
20 Type of Dane, bear or balls of fire! (5)
21 Hi! Do try unnatural enlargement causing goitre! (7)

Down

1 Bug in a computer programme? (5)
2 Cab found in mare. How gruesome! (7)
3 He used to keep one eye on O'Connell Street. (6)
4 Circular game of golf? (5)
5 Gib's act tamed lions and tigers (3,4)
6 In Mr. Castro you'll find an unbeliever! (7)
10 Sound asleep? (7)
11 A solvent for toe acne? (7)
13 A methodical hospital attendant! (7)
14 Turn at twisted absentee (6)
16 Ration that's a change to all (5)
18 Knead massaged in the nude (5)

ANSWERS TO LAST MONTH'S CROSSWORD



Name: _____

Address: _____

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E-mail: _____

Congratulations to the winner of last month's crossword:
Mary Evans, Roche's Pharmacy, Main Street, Dunlavin, Co Wicklow.
For a chance to win €70, please send completed entries to:
the Editor, *Irish Pharmacist*, GreenCross Publishing,
7 Adelaide Court, Adelaide Rd, Dublin 2 or
fax to (01) 478 9779 by 23 October 2010.
Please note the winner's cheque will be issued 45 days after publication.

last chance to get your calendars closing date 15 October

Support your Benevolent Fund and Reward your Customers this Christmas

Later this year, *Irish Pharmacist* will produce a 2011 calendar celebrating the history of Irish pharmacy, which will benefit the Benevolent Fund.

For every calendar bought by you to distribute to your customers Irish Pharmacist will donate 1 euro to the Benevolent Fund.

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THE LAW OF UNINTENDED CONSEQUENCES

FINTAN MOORE

It is a fact of life that well-intentioned actions can often have results that create new problems, or even be counter-productive in terms of how they affect the original problem. For instance the introduction of bin charges in Dublin led to a trebling of the number of admissions to St James's Hospital for burns victims injured while burning household rubbish in their back gardens. The positive intended effect of the bin charges was that people were incentivised to recycle to save money, yet the benefits to the environment of this increased recycling are undermined by illegal dumping, and by DIY incineration leading to air pollution.

It will be interesting to see what the consequences will be of the 50 cent prescription tax on medical card prescriptions. I have in the past written that I thought a tax of this sort would be a good thing; I may be the only pharmacist in the country to hold this opinion. However, I had always envisaged a token payment of maybe 10 cent an item, just to let patients realise that medication has a cost, and should be respected, not taken for granted. It is clear, despite what they have said publicly, that the HSE bean-counters have gone for 50 cent an item in order to raise revenue. Maybe I'm splitting hairs, but in my humble opinion a 10 cent charge should be enough to make someone think twice before wasting medication, but should not deter anyone from taking what they do need. When the tax is set higher, then it is no longer symbolic, and can be expected to create problems which could negate the income collected by the HSE.

Countries which have had a prescription tax have found that there is a sub-section of patients who will stop taking medication when it is not free, especially drugs that prevent problems getting worse, such as drugs for high cholesterol, asthma and blood pressure. The result is that some of these people deteriorate to the point that they need highly expensive hospital treatment, wiping out the financial saving the state made from the unused medication. Less dramatic costs will probably also occur as people try to 'get their money's worth'. For example, if a GP has written a pain-killer to be taken 'as required' without stating a specific quantity, then why would a patient just take enough for a few days when a month's supply costs him the same? As GPs get their arms twisted by patients we can expect to see two Ventolins, etc. instead of one on a lot of GMS prescriptions. Time will tell.

CODEINE WITHDRAWAL HEADACHE

The new guidelines on the sale of codeine-containing products have not yet been in place for long enough to assess them. The unfortunate people who are already addicted to codeine now have to work much harder to get their fix. Hopefully, the wasted time and effort involved will encourage some of them to face up to the facts of their situation and seek help. Others will probably get more resourceful and buy CCPs online or take daytrips to Northern Ireland. This was to be expected, and nothing can be done to stop it. The real measure of success for the guidelines will be whether or not they reduce the number of future codeine addicts, although quantifying this reduction may be impossible.

Any such reduction will have come at a cost. These guidelines have increased the workload for pharmacists considerably as they attempt to cope with both their dispensary and expanded OTC responsibilities. It is inevitable that there will be less time spent in the preparation and dispensing of prescriptions as pharmacists spend time at the counter selling (or refusing to sell) CCPs. It is impossible for a pharmacy to always have enough pharmacists and support staff on duty for every busy spell because it is impossible to predict every busy spell – patients do not make appointments to bring in prescriptions, or to buy CCPs. Typically in any workplace more pressure leads to more errors – let's hope not any serious ones.

The other casualty of these guidelines is the relationship between us and the public. Painkillers containing codeine are popular because they are effective, and if people need them they don't appreciate getting a lecture instead. For example, a family friend of mine who is a decent, upstanding, articulate, intelligent lady in her thirties was recently in considerable pain from her wisdom teeth. She went to a local pharmacy to buy Nurofen Plus, and the pharmacist refused to sell her any. She left the pharmacy annoyed and in her words 'feeling like a criminal'. She will never set foot in that pharmacy again. This kind of story has happened all over the country and considerable damage is being done to our reputation as healthcare professionals who are approachable and helpful. This reputation has always served us well, and in turn enabled us to serve the public well. As we stand at the counter trying to sort the sheep from the goats, let's remember that.