

New approach for kids' pain

Mark Gertsakis

TREATMENT of chronic pain in children must involve psychological and environmental considerations and steer clear of opioids, a prominent pain expert has cautioned.

Speaking on the eve of a National Pain Summit being held in Canberra on Thursday, the chairman of the summit's steering committee, Professor Michael Cousins, called for a "radical new approach" in managing chronic paediatric pain.

"If kids have chronic pain or recurrent pain, the whole approach to their treatment should not be medication alone because that is not going to solve the problem,"

Prof Cousins told *Pharmacy eNews*.

He said pharmacists must be on the lookout for children being prescribed strong pain killers for chronic pain such as migraines and recurrent abdominal pain.

"The main thing for pharmacists is if they have a child coming along with their parents with a prescription for opioids, for example, and they have chronic non-cancer pain," Prof Cousins said.

"That's a bit of a concern. In fact it's a big concern because we know that chronic non-cancer pain in children has very strong factors operating in the psychological and environmental areas. It should be very rare that a child with non-cancer pain should need opioids.

So that ought to be a big red flag for them. And if that does occur, it illustrates the problem where a lot of health professionals are not aware about the factors that are operating in chronic non-cancer pain in children."

Prof Cousins backed the upscheduling of codeine containing analgesics.

"I see no advantage in prescribing codeine if you think you need an opioid," he said.

"I suspect that virtually every pain management specialist takes the same approach. There is this funny old attitude that it is not as bad as morphine because it's only codeine. Well, it is as bad."

To comment [click here](#).

New Type 2 diabetes drug Galvus gets TGA approval

A NEW treatment for type 2 diabetes has been approved by the Therapeutic Goods Administration.

Galvus (vildagliptin) has been designed to work in combination with metformin, a sulfonylurea or pioglitazone to lower HbA1c blood glucose levels.



Unlike sulfonylureas, the drug's maker Novartis said, Galvus worked only when blood glucose was elevated, significantly reducing the risk of hypoglycaemia.

In one study, Novartis said, there were 10 times fewer reports of hypoglycaemia in patients taking Galvus and metformin compared to those taking the sulfonylurea glibenclamide and metformin.

To comment [click here](#).

Role for pharmacists in general practices

PHARMACISTS should be introduced to general practice settings to focus on medication safety, an article in *Australian Family Physician* suggests.

Writing in this month's *issue*, the authors – two GPs and a pharmacist – propose that a general practice pharmacist could develop and manage systems to detect and prevent adverse drug events.

"The proposed role for a pharmacist within a general practice is to provide multiple risk management strategies to improve medication safety," the authors write.

"This strategy focuses on interventions to high risk patient groups and disease states, to use practice information technology systems to manage quality medication systems and services."

The role would include conducting medicines reviews, monitoring patients using drugs

where the adverse event risk is significant – for example, immunosuppressive medications and narcotic therapy – and detecting suboptimal prescribing by the doctor.

The authors highlight the important role pharmacists could play in ensuring patients receive medication reconciliation on discharge from hospital, citing reviews showing high adverse drug event rates soon after patients leave hospital.

"Specifically, this role contains no dispensing or prescribing duties," the authors write.

"It requires planning, focus and rational debate to facilitate the integration of a pharmacist into the general practice team. Delineating an appropriate role is a start."

Further research to evaluate the proposal's potential benefits and sustainability is needed, they say.

To comment [click here](#).

Advertisement removed

Roche drops new RA drug

A LATE-STAGE trial for a new rheumatoid arthritis and lupus drug was suspended by drug maker Roche this week after several patients died from infections.

Roche and development partner Biogen Idec announced their decision to suspend the treatment of rheumatoid arthritis (RA) patients with ocrelizumab following the recommendations of an independent data and safety monitoring board.

The board, which analysed a number of studies on the drug, concluded that the safety risk posed by ocrelizumab outweighed its benefits.

A statement from Roche said the board's review detected an "infection-related safety signal which included serious and opportunistic infections, some of which were fatal".

"Patient safety is of the utmost importance in all of our drug development programs," Roche chief medical officer and executive vice president Dr Hal Barron said.

"In light of the [board's] recommendations, we have decided to suspend ocrelizumab



ON HOLD: Development of rheumatoid arthritis drug ocrelizumab suspended.

treatment in the RA clinical development program."

Roche spokesman Alexander Klauser said a final decision on whether to end the trials was yet to be made.

He said details on how many patients died, as well as when and where, would be published once the trial data had been fully analysed.

The company said it was still testing ocrelizumab for patients with relapsing remitting multiple sclerosis.

To comment [click here](#).

COMMENTS

PHARMACY STUDENTS TRAINING TO IMMUNISE ([LINK](#))

What a joke. Yes, this is what our profession really needs. Vaccination in a pharmacy setting!

Are we covered with our professional indemnity insurance? Are we getting paid to do that or is it a free service, Dr Ball?

How about we concentrate on teaching our pharmacists how to talk to patients and counsel them on important issues regarding their health and wellbeing.

This is as ridiculous as it gets.

Ashraf Edwards

It makes sense to do this in pharmacies, as we have the facilities to keep the product under cold chain and we are used to dealing with people.

Charlie Tomeo

RUDD'S REFORMS ([LINK](#))

I found myself wondering if Kos Sclavos is aware of transitional care teams, ComPacks, CACPs, dementia monitoring teams, palliative care teams, community rehab teams, liaison pharmacy

services from the community arms of a few NSW and Victorian (and possibly other states) hospitals. All these teams have been in place for some time and are involved with the transition of care from hospital to home. Mr Rudd's reforms appear to be more about hospitals and acute care.

What we really need is far more focus on community care. We need to keep those patients with chronic disease states out of hospital. There is a great need for more focus on preventative care.

Helen Croft

IODINE SUPPLEMENTATION ([LINK](#))

As a retail pharmacist, I often mention iodine supplementation to young women and most have no knowledge of the risks associated with iodine deficiency. Frankly, it is scary.

Lauren Vallance

To comment or
have your say please
[CLICK HERE](#)

Advertisement
removed