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New arrival for osteoporosis treatment

Jennifer Joseph

A TWICE-YEARLY osteoporosis treatment that has been shown to significantly reduce the risk of spinal fractures and improve compliance has received Therapeutic Goods Administration (TGA) registration.

Prolia (denosumab), which has also received approval by the FDA in the US and EMEA in Europe, is being marketed as the only therapy that targets RANK ligand, an essential regulator of osteoclasts – the cells that break down bone.

In a study of 7,808 women with postmenopausal osteoporosis, women receiving six-monthly subcutaneous injection of Prolia experienced a 68 per cent reduction in the relative risk of suffering a new-vertebral fracture compared to those receiving placebo, as well as a 40 per cent reduction in the relative risk of suffering a hip fracture and a 20



TGA REGISTRATION: Prolia gets approval.

per cent reduction in the relative risk of suffering a non-vertebral fracture at 36 months.

Senior medical advisor at Amgen Australia, Dr Cae Tolman, said that through highly specific inhibition of RANK ligand, Prolia decreases bone resorption and improves bone density at all measured skeletal sites.

"The approval of Prolia, which stops osteoclasts forming, is a significant new advance in the treatment of postmenopausal osteoporosis in Australia," said Dr Tolman, adding that the disease costs the nation \$7.4 billion per year.

With 510,000 Australian women affected by osteoporosis, the twice-yearly injection is also expected to improve long-term compliance, a known obstacle of commonly used osteoporosis treatments such as bisphosphonates that inhibit the digestion of bone by osteoclasts.

Dr Tolman said bisphosphonates have to be taken on an empty stomach and followed by a period of remaining upright – factors that impact and reduce the drugs' effectiveness.

A spokesperson for Amgen Australia said Prolia will be priced competitively in comparison to other osteoporosis treatments on the market.

The company is "confident" that Prolia will be listed on the PBS and is currently awaiting results of a submission to the Pharmaceutical Benefits Advisory Committee (PBAC).

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CPD changes bring increased competition

Simone Roberts

CONTINUING Professional Development (CPD) provision is becoming increasingly competitive as compulsory CPD for all pharmacists looms closer.

Under the new National Registration and Accreditation Scheme commencing in three weeks, all registered pharmacists will be required to complete CPD which is relevant to their scope of practice.

The initial requirement for CPD credits will be 20 credits for the period ending 30 September 2011, increasing 12-monthly to 40 credits for the period ending 30

September 2013.

In light of the changes, more pharmacy organisations are expected to offer continuing education including banner groups and individual pharmacists.

The Pharmaceutical Society of Australia announced yesterday that it will open its CPD points recording system to all pharmacists to assist them in complying with the CPD requirements.

The Society of Hospital Pharmacists of Australia has also announced a new CPD online recording system available to members, joining the Australian College of Pharmacy and other

organisations now offering to maintain CPD records for pharmacists, while last week four Australian schools of pharmacy – Monash University, the University of Queensland, University of South Australia and the University of Sydney – formed the National Alliance for Pharmacy Education (NAPE) to "provide leadership in both undergraduate and postgraduate pharmacy education".

The Australian Pharmacy Council said it was currently assessing two organisations to join PSA as the only group authorised to accredit CPD.

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Antidepressant prescribing mismatch

Nick O'Donoghue

NEW RESEARCH in the *Australian and New Zealand Journal of Psychiatry* raises concerns over a significant mismatch in the prescribing of antidepressant medication and people suffering depression.

The study noted prescribing of pharmacological treatments for affective and anxiety disorders was highest in patients in their late 50s and early 90s, despite the prevalence and treatment of these disorders being most frequent in the population under 50, with both declining significantly after that.

Researchers said the findings did not necessarily imply patients younger than 50 were receiving suboptimal pharmacotherapy, but expressed concerns that there could be an over-prescribing of antidepressants for elderly Australians.

"This study suggests a significant mismatch between the population being treated for affective and anxiety disorders and the populations being prescribed the pharmacological

treatments for these disorders.

"The very high use of antidepressants in elderly people (≥ 80 years) warrants further exploration especially given the information that pharmacotherapy, generally, in this population is excessive," researchers said.

The study described the high levels of prescribing in patients over 80 as a "concern".

"It could be that high rates of depression and/or anxiety symptoms accompany the physical illness and dementia found in this age group and that this drives the prescribing," the study said.

An alternative explanation for the high rate of antidepressant use in the elderly population proposed by the study was that doctors may be prescribing them for reasons other than depression, with researchers saying "off label prescribing is not uncommon".

The study also noted the use of antidepressants was higher among women of all age groups, with use increasing with age for both men and women.

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BRIEFS

BILINGUAL INSTRUCTIONS

Bilingual information leaflets for medications are now being provided for elderly Australians from non-English speaking backgrounds.

The move to provide product instructions in English and 20 other languages aims to improve medication adherence among Australia's population over 65.

Managing director of Webstercare, Gerard Stevens, noted one-in-four people over 65, who take more than four medicines, had difficulties understanding how to take their medications correctly due to language barriers.

SMOKE-FREE IMPACTS ALREADY FELT

Research shows a workplace smoking ban in England has already had a positive impact on the number of hospital admissions for patients who had suffered a heart attack.

The study published in the *British Medical Journal (BMJ)* found a small but significant decline in the number of emergency admissions for myocardial infarction since the

legislation was introduced in July 2007.

Data from the research revealed that 1200 fewer patients were admitted to hospitals around England as a result of a heart attack in the first year after the law was enacted.

Researchers noted a significant drop in admissions for men of all ages, while there was a 3.8 per cent decline in the number of women over 60 who were admitted as a result of a myocardial infarction.

HEIGHT A HEART DISEASE RISK

Short people have an increased risk of heart disease a new study published in the *European Heart Journal* revealed today.

The research found women under 153cm and men under 165cm were significantly more prone to cardiovascular or coronary heart problems than women and men taller than 166cm and 173cm respectively.

Researchers dismissed suggestions shorter people have smaller arteries, which get clogged earlier in life, saying the reason was more likely to be genetic.

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