

## Inhaled insulin improves glycaemic control

**Nick O'Donoghue**

A COMBINATION treatment of inhaled insulin and basal insulin provides patients with type 2 diabetes improved glycaemic control compared with traditional treatments a new study revealed.

Published in *The Lancet*, the study found patients who used the combination therapy had a significantly lower weight gain, fewer mild to moderate and severe hypoglycaemic events than when using biphasic insulin.

Patients who had poor glycaemic control despite insulin treatment were recruited from 10 countries for the 52 week trial.

Patients were randomly allocated to receive treatment with either prandial Technosphere inhaled insulin powder and

bedtime insulin glargine or twice daily premixed biphasic insulin.

"Our findings show that inhaled insulin plus insulin glargine, alone or in combination with an oral antidiabetic drug, is an effective alternative to conventional insulin therapy in uncontrolled type 2 diabetes.

"Compared with subcutaneously administered rapid-acting insulin analogues, the pharmacokinetics of Technosphere inhaled insulin more closely mimic early phase insulin release.

"We believe that use of Technosphere inhaled insulin, an ultrarapid prandial insulin, along with a basal insulin, could provide improved glycaemic control with lower weight gain and rates of hypoglycaemia in many individuals with type 2 diabetes,"

researchers said.

The study found both treatments had a similar safety and tolerability profile, however the group using the inhaled insulin treatment reported an increased occurrence of cough and change in pulmonary function.

"The occurrence of cough rarely led to study discontinuation. The pattern and characteristics of cough in the group receiving inhaled insulin plus insulin glargine was probably due to stimulation of the cough reflex by inhalation of a dry powder formulation, which abated with continued use.

"Changes in pulmonary function tests were small, asymptomatic, and not judged to be clinically significant by investigators," the researchers noted.

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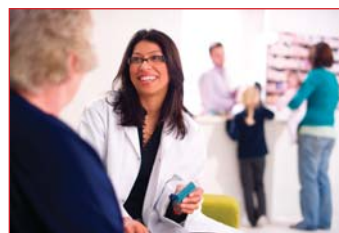
## Interns improve professional practice: study

**Simone Roberts**

Community pharmacies can improve their professional practice by employing an intern pharmacist, a new study has shown.

The study, published online in *The Annals of Pharmacotherapy*, explored the potential of intern pharmacists to improve the professional practice of community pharmacy staff in the provision of non-prescription salbutamol (albuterol).

To test the theory, the researchers got 157 intern pharmacists to deliver an asthma intervention in 136 West Australian pharmacies consisting of an educational activity to pharmacy staff and a health promotion campaign to consumers.



**INTERNS:** Delivering asthma intervention.

Following this, mystery shoppers visited 100 of the pharmacies involved in the study plus 100 random pharmacies acting as a control with a request for salbutamol.

A doubling in the rate of medical referral for poor asthma control was seen in the intervention group versus the control group and a reduction in salbutamol supplied without patient assessment was noted, with an increase in the quantity of both assessment and counselling.

Correction of poor inhaler technique, however, was poor in both groups, with no significant difference found.

"Lack of improvement in the identification and correction of poor inhaler technique suggests that while intern pharmacists were able to improve current practice behavior (assessment of asthma control), they were unable to establish new practice behavior in community pharmacies," the authors wrote.

"Overall, our study demonstrated that intern pharmacists can act as change agents to improve pharmacy practice. The use of new entrants to a profession to influence professional practice behavior has a promising future."

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## Healthcare Identifier Act passed

**Nick O'Donoghue**

ON A busy final day to the parliamentary term the Senate passed legislation that will enable the introduction of individual health identifiers.

All patients will get individual healthcare identifiers (IHIs) under the Healthcare Identifiers Act, which aims to improve safety, while cutting waste and duplication.

The introduction of IHIs is designed to improve patient management and communication of health information to provide better patient outcomes.

Unique healthcare identifiers will now be allocated by the Healthcare Identifiers Service (HIS), operated by Medicare Australia.

This national approach recognises that identifiers are part of the core infrastructure needed for secure electronic communications across Australia's health system, according to the Department of Health.

“Healthcare identifiers are a key building block of the Government's plans to invest \$466.7 million over the next two years to revolutionise healthcare delivery through

the introduction of personally-controlled electronic health records.

“The decision to establish a personally-controlled electronic health record will be a personal one and will require individual consent,” a statement from the department said.

Patients will not need to know their IHI number to gain access to services.

The IHI will be separate to an electronic health record and it will only hold enough information to clearly identify a person.

Unauthorised use of healthcare identifiers will be subject to offence and penalty provisions.

Healthcare professionals will be able to retrieve a patient's IHI using their current Medicare card or DVA treatment card or via a demographic search.

Legislation to establish the HIS was introduced to Federal Parliament on 10 February.

Following the passage of the legislation, regulations to support the operation of the HIS will be considered by the Federal Executive Council.

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## COMMENTS

### CAMS AND CHRONIC DISEASE (LINK)

There is no doubt that complementary medicines play an important role in the support of those patients with chronic disease. That's just by their very nature of gentle and secure restoration of their health condition to as close to normal as possible. What an opportunity for the pharmacist. The challenging part is that this local research shows that our patients expect it from somewhere, but are we in the right frame of mind to recognise the opportunity, become informed and more importantly, satisfy our patient expectations.

*Gerald Quigley*

### COGNITIVE SERVICES (LINK)

I agree with Mr Riddout. Shame the MMR Program finishes this week, pharmacists will need help to implement services.

*Carlene Smith*

### WORKFORCE PLANNING (LINK)

Well I and many others noticed there was an oversupply several years ago. What took the Guild so long to realise this? Oh, I know -

it wasn't until ordinary employee pharmacists and students started to kick up a bigger and bigger fuss that they actually listened! Now by that data there will be almost 4000 unemployed pharmacists in Australia by 2025 at best. At worst who knows? They better attend to the situation ASAP by stemming the tide of new students coming through the ranks. Pharmacy students: my advice is to change your course before it's too late...a degree is only worth the paper it's on without a job to go to!

*Axelf*

### PHARMACISTS' WAGES (LINK)

The Guild has admitted that by 2013 there will be an excess of 2009 pharmacists. If pharmacists are getting paid \$25/hour now, wait till there's a true excess. Then pharmacists will be officially paid less than a waiter in a restaurant. With more and more pharmacies going into the discount models, wage to sale ratio becomes even more crucial in cutting pharmacist wages to survive.

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