

## Complementary medicine knowledge gap

Nick O'Donoghue

COMPLEMENTARY medicines are a billion dollar industry, but many pharmacists are largely uninformed about how consumers can get the best out of them, according to an academic.

The comments come in the wake of a study showing consumers choose to report adverse reactions to complementary medicines to their GP rather than their pharmacist as reported in *Pharmacy eNews*.

Lecturer in complementary medicines at Griffith University's school of pharmacy, Greg Mapp, said there was a knowledge gap in pharmacy between over the counter (OTC) products and alternative therapies.

Mr Mapp has set up a two-day course for pharmacists to learn about complementary medicines, which is a first of its kind in



**KNOWLEDGE:** Pharmacists need to learn more about complementary medicines.

Australasia.

"My take on the whole situation in pharmacy is that pharmacists know pretty well everything about their OTC drug lines and they consider it's necessary to learn that, but they're also selling lots of complementary medicines.

"I think they need to make sure they're keeping up to date in that area just as much as the OTC drug lines.

"They should consider it as part

of their professional duty to know the information about both sides," he said.

With more than 60 per cent of Australians using complementary medicines, Mr Mapp said the course would help pharmacists "discern the difference between products that really work and ones that are just placebos".

"People expect a pharmacist to know about complementary medicines and how they're going to interact with their ordinary medicines.

"We're going to teach them how to treat conditions with complementary medicine, but also integrate them into Western medicine.

"Everything we're going to teach in this course is going to be evidence based. We'll have clinical evidence about everything we're going to teach about," he said.

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## Flu notifications hit seasonal high

Nick O'Donoghue

CASES of both seasonal and swine flu have reached record levels for 2010, a new report has shown.

The latest figures from the National Notifiable Diseases Surveillance System (NNDSS) revealed there have been just under 500 laboratory confirmed cases of influenza across the country this season.

The fortnightly report from the NNDSS showed cases of both seasonal and swine flu have been identified this year, with the viruses reaching their highest levels in several states in the two weeks to 13 August.

"Notifications of laboratory

confirmed influenza continue to increase, indicating the start of the influenza season with the highest rates seen in Western Australia, South Australia, Queensland and the ACT.

"Nationally, there were 491 cases of laboratory confirmed influenza (both seasonal strains and pandemic (H1N1) 2009) notified this reporting period.

"In 2010, two deaths that were associated with the pandemic (H1N1) 2009 virus have been reported, both occurring in Western Australia.

"The deaths occurred in late May and July and both cases were reported as having underlying risk factors," the report said.

While cases are on the rise, chair of the Influenza Specialist Group (ISG) Dr Alan Hampson said there is still time for at-risk groups to get vaccinated.

"Many at-risk people, including those under the age of 65, still don't appreciate the risk that influenza poses for them, or are not aware that a simple vaccination can help protect them against this potentially serious infection.

"If you are eligible for the free vaccine then I suggest you take up the offer without delay, even if you have previously had the special pandemic vaccine," he said.

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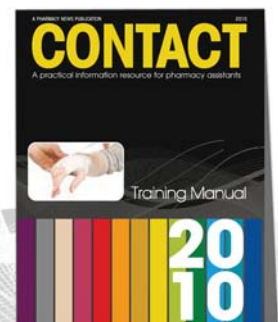
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## Dispensing data holds research promise

Jennifer Joseph

FUTURE research into medicines use could benefit from linking pharmacy databases to other health datasets such as hospitalisations and accident insurance claims, a study has found.

Research, published in the *Journal of Biomedical Informatics*, described the methods, performance and challenges associated with using pharmacy databases, which provide a comprehensive source of data on medicines use, free from many of the biases inherent in administrative databases.

Data on 619,264 dispensings were collected from nine pharmacy dispensing databases in an isolated New Zealand town

for the period October 2005 to September 2006.

Probabilistic record matching was used to link individuals across pharmacies, while patient addresses from the pharmacy data were geo-located to small areas so an area measure of socioeconomic deprivation could be assigned.

Overall, 93 per cent of dispensing records had complete demographic and drug information, with ATC codes assigned to 99 per cent of the dispensings, and DDDs assigned to 91 per cent.

Researchers said the methods generated a rich dataset for medicines use research, and while initially resource-intensive, can to a great extent be automated and applied to other locations, in order



**DISPENSING:** Databases could provide answers for improved medication use.

to help researchers facing similar challenges with using pharmacy databases.

"With the improvement in NHI coverage as a result of the record matching process, the dataset also holds potential for future pharmacoepidemiological research through linkage to other

health datasets," said the study's authors.

However, researchers noted that standardising the recording process of patient information comes at the cost of hindering pharmacist workflow.

"Anecdotal evidence from dispensing software manufacturers suggests that pharmacists often turn off features designed to improve data entry (such as checks to ensure that an entered NHI is in a valid format) because they are seen as annoying interruptions.

"At a minimum, improving NHI coverage and quality would significantly reduce the effort needed to use pharmacy databases for research," said researchers.

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## Consumer goods go under the microscope

Nick O'Donoghue

AUSTRALIAN pharmacies are being urged to get ready for the new consumer product safety reporting requirement that comes into effect on 1 January.

While the draft [guidelines](#) for the Australian Competition and Consumer Commission (ACCC) have said it is "anticipated that incidents related to therapeutic goods are likely to be exempted from this process", other goods sold through pharmacies will be included.

A statement from the ACCC said the mandatory reporting system will come into effect from 1 January, 2011.

"At this stage therapeutic goods and pharmaceuticals would not be anticipated to be



**ACCC:** New guidelines for product safety reporting.

covered, because they have their own separate regulations.

"So it's mainly consumer goods that our announcement relates to. Bath aids, kids' toys, car-jacks and all types of different things," a

spokesman told *Pharmacy eNews*.

Although the reporting requirements will not include medicines, other products sold through pharmacies will come under the regulations and ACCC deputy chair Peter Kell said all businesses, including pharmacy, will be required to notify the ACCC when they become aware a product they have supplied has caused "serious injury, illness or death".

"The mandatory reporting requirement means businesses need processes to track and take action on consumer complaints promptly.

"The reporting requirement was introduced to enable potential product safety hazards to be identified more readily, enabling a more rapid and

targeted response to emerging safety issues," he said.

Suppliers will have to notify the ACCC within two days of learning of a good or product they supplied that has caused or may cause serious injury, illness or death.

"To help suppliers prepare, the ACCC has today issued draft guidelines on the new requirement, for comment. In addition, the ACCC will engage directly with suppliers and supplier intermediaries at a number of forums to be held later in the year," Mr Kell said.

For more information about the new mandatory report requirements visit, [www.productsafety.gov.au/mandatoryreporting](http://www.productsafety.gov.au/mandatoryreporting).

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