Why pharmacists must keep up with evidence to help patients make informed decisions

In recent years, as we have accumulated evidence and experience, a number of high profile medicines have come under the spotlight. Some commonly used medicines and products have been shown to be causing harm, more harm than previously thought, or not to be as effective as we previously thought.

This week (22–27 July) for instance, the European Medicines Agency has recommended that Acomplia (rimonabant) must not be used by patients with major depression or those being treated with antidepressants, because of the risk of psychiatric side-effects.[1] The BBC reported the findings of a meta- analysis of glitazones.[2] Heart failure developed even in patients taking low doses of the drugs and 25% of cases occurred in people aged less than 60 years — even in those without a history of cardiovascular disease.[2] The meta-analysis estimated that for every 100 people treated over a 26-month period two would require hospital admission because of heart failure. Now, compare this with beta-blockers, which are considered to be highly effective in the treatment of heart failure; for every 100 people treated with a beta-blocker four hospital admissions and three deaths could be avoided in the first year of treatment. [3]

There can be strong reasons to actively restrict prescribing

Two papers in this month's *Pharmacy in Practice* consider aspects of medicine use where we should actively be restricting prescribing. The first, by Alldred and Standage (p183) considers medicine use in elderly care home residents. The elderly, and especially care home residents, have multiple morbidity and are less able to handle medicines because of age-related physiological changes. Much of clinical pharmacists' activities in reviewing elderly patients are aimed at reducing risk by ensuring that unnecessary medicines are discontinued, that monitoring is occurring and that patients are able to take their treatments correctly. In the elderly care home population psychotropic medicines (antipsychotics, antidepressants and benzodiazepines) are an area of concern and the article looks at ways at managing symptoms of dementia and depression. Alldred and Standage also consider other

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therapeutic issues that, in their experience, most need interventions in this setting.

Peter Burrill (p180) reviews two recent papers for treating and monitoring hyperglycaemia in people with type 2 diabetes. More than £100 million is spent by the NHS on self-monitoring of blood glucose (SMBG) yet previous studies have been inconclusive about the benefit of this — showing either no benefit on HbA1c or modest improvements of 0.3% for patients with type 2 diabetes not using insulin.[4]

The first paper reviewed by Burrill adds to the evidence that SMBG is not effective in improving HbA1c control. As Burrill

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reports, the authors of this paper concluded that: 'the cost, effort, and time involved in the procedures may be better directed to supporting other health-related behaviours.' In light of this evidence Diabetes UK need to review their position-statement on home monitoring of blood glucose levels. Similarly, the National Institute for Health and Clinical Excellence ought to review SMBG as a technology appraisal and review their guidelines on the management of blood glucose in patients with type 2 diabetes.

The second paper reviewed by Burrill, focussed on the cardiovascular risk of rosiglitazone. The authors found a small, but statistically significant, increase in the incidence of myocardial infarction.

Because the aim of treatment of type 2 diabetes is to *reduce* cardiovascular disease the fact that glitazones at best do not improve cardiovascular outcomes, but instead appear to increase heart failure risk means their place in therapy now needs reviewing. The European Medicines Agency and the Medicines and Healthcare Products Regulatory Agency are due to report their findings on cardiovascular outcomes later this year. In the meantime pharmacists need to be discussing with patients the latest evidence on the benefits and risks of glitazones and SMBG so that they can make informed decisions about their treatments.

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References

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