

Comprehensive lipid management now possible

A new combination therapy is available for the treatment of dyslipidaemia. Tredaptive is a combination of nicotinic acid and laropirant (an anti-flushing agent) which is indicated for use with a statin when statin monotherapy has not sufficiently lowered low-density lipoprotein cholesterol levels, or as monotherapy when statins are not appropriate or are not tolerated (about 10–15% of patients).

The beneficial effects of nicotinic acid on levels of low-density lipoprotein cholesterol, high-density lipoprotein cholesterol and triglycerides have long been known, but the side effect of flushing and a complicated dosing regimen have caused many patients to discontinue the treatment, between 30 and 40% of patients in the experience of Professor Ian Young, Professor of Medicine, Queen's University, Belfast.

In a trial of 781 patients, significantly lower percentages of patients reported moderate or greater flushing (31% *vs* 56%), and severe or greater flushing (14% *vs* 33%) when taking Tredaptive than those taking extended-release nicotinic acid ($P < 0.001$).

'Many patients do not achieve sufficient low-density lipoprotein cholesterol lowering on a statin alone and a significant cardiovascular disease residual risk remains in some patients,' commented Dr Marc Evans, Consultant Diabetologist, Llandough Hospital.

'Furthermore, low high-density lipoprotein cholesterol and high triglyceride levels also contribute to cardiovascular risk and are particularly prevalent in certain patient groups such as those with diabetes and people of South Asian origin.'

He added: 'Tredaptive can lower low-density lipoprotein

cholesterol and triglyceride levels and increase high-density lipoprotein cholesterol levels by roughly 20%, "a rule of 20s". Having a new treatment option that can address the wider lipid profile is welcomed and will be particularly useful for secondary prevention patients and those patients with dyslipidaemia at "high risk".'

**Dr Marc Evans, Consultant
Diabetologist, Llandough Hospital**



Oral vasopressin antagonist for hyponatraemia

The European Commission has approved the marketing authorization application for the oral once-daily medication Samsca (tolvaptan), a selective V2-vasopressin receptor antagonist, for the treatment of hyponatraemia secondary to syndrome of inappropriate antidiuretic hormone secretion in adults. Tolvaptan is the first oral vasopressin receptor antagonist available in Europe.

The Study of Ascending Levels of Tolvaptan in Hyponatraemia -1 and -2 (Schrier et al, 2006) found once-daily oral tolvaptan was effective in increasing serum sodium concentrations in patients with syndrome of inappropriate antidiuretic hormone secretion.

'Hyponatraemic patients are vulnerable to a vast array of symptoms and complications and the treatments available for hyponatraemia have had limited efficacy or significant tolerability issues', said Professor Chris Thompson, Professor of Endocrinology at Beaumont Hospital, Dublin.

'Clinicians will be aware of the excellent safety record and efficacy of tolvaptan in published trial data and will welcome the availability of a therapeutic agent which specifically treats the underlying cause of hyponatraemia.'

Schrier RW, Gross P, Gheorghide M et al (2006) Tolvaptan, a selective oral vasopressin V2-receptor antagonist, for hyponatremia. *N Engl J Med* 355(20): 2099–112

One third of cancer patients in 'intolerable' pain

Cancer pain and the side effects associated with its treatment are having a significant impact on the quality of life of many cancer patients across Europe and Israel, according to findings published in the *Annals of Oncology* (Breivik et al, 2009).

Results from the European Pain in Cancer survey (EPIC), which included 5084 patients, reveal the emotional and physical impact of cancer pain, with over a third of patients (36%) describing their pain as intolerable ($n=573$) and over two thirds (69%) experiencing difficulties in performing normal activities in daily life as a result of their pain.

The survey highlights the extent to which cancer pain affects the everyday lives of

patients, but also its impact on their relationships with family, friends and work colleagues.

Almost a third of patients (30%) are in too much pain to care sufficiently for themselves or others and four in ten (43%) feel that their pain makes them an increased burden to others ($n=573$). Half (51%) say their pain stops them concentrating or thinking ($n=573$) and of those still in employment, half (52%) report that their pain impacts on their work performance ($n=136$).

Many patients are not receiving optimal treatment for their pain, with almost two thirds of patients (63%) on prescribed medication reporting breakthrough pain or inadequate pain relief ($n=441$). However, of those who are

prescribed opioid medication for their pain ($n=266$), nearly three quarters (74%) experience side effects, of which constipation is the most commonly reported (37%).

'These findings demonstrate a need for improved communication between patients and their clinicians,' said Dr Beverly Collett, Past President of the British Pain Society. 'Patients need to make clinicians more aware of the impact of their pain and clinicians need to be better prepared to assess, discuss and understand cancer pain and its impact on their patients.'

Breivik H, Cherny N, Collett B et al (2009) Cancer-related pain: a pan-European survey of prevalence, treatment and patient attitudes. *Ann Oncol* 20: 1420–33

Acute medicine recognized as a new specialty

The importance of providing the best clinical care for people with acute medical illnesses is reflected in acute internal medicine being recognized as a full medical specialty in legislation that came into force on 28 August.

Acute medical emergencies are now the commonest reason for admission to an acute hospital and acute medicine is already the fastest growing specialty in medicine. Doctors working in acute medicine care for patients with acute medical illness caused by a wide range of medical conditions including respiratory diseases, heart conditions or diabetes.

‘Having full specialty status will help doctors working in acute medicine to provide clinical leadership for local services and monitor standards of care. This leadership is

essential to drive the development of services and inspire others to follow,’ said Dr Mike Jones, Consultant in Acute Medicine at the Royal Infirmary of Edinburgh, and immediate past president of the Society for Acute Medicine.

He added that having full specialty status would also

Dr Mike Jones, Consultant in Acute Medicine, Royal Infirmary of Edinburgh, Edinburgh



make acute internal medicine even more attractive to trainees. A new curriculum has been developed to guide the training and experience required for trainees in acute internal medicine and has been presented to the Postgraduate Medical Educational and Training Board for approval.

Research presented at the Society for Acute Medicine’s annual conference last year warned that one third of acute trusts in England and Wales have no acute medicine physicians. A total of 26 out of 27 trusts that responded to a survey, which was carried out between April 2007 to March 2008, reported that they had an acute medical unit. However, only 18 of these had acute physicians, with an average of 2.3 per trust.

Increased risk of active tuberculosis in smokers

Smoking is a risk factor for active tuberculosis disease, according to results of a new study on tuberculosis incidence in Taiwan, published in the *American Journal of Respiratory and Critical Care Medicine*. The research analysed data from nearly 17 000 individuals as part of Taiwan’s 2001 National Health Interview Survey.

While past studies have reported increased mortality among tuberculosis patients who smoke, none have been able to specifically examine the direct effect of smoking on active tuberculosis incidence using a longitudinal design in a general population.

‘In this prospective cohort study we found a two-fold increase in the risk of active tuberculosis in current smokers compared with never-smokers,’ said lead author, Hsien-Ho

Lin, postdoctoral research fellow from Brigham and Women’s Hospital, Boston.

Dr Lin and collaborators retrieved information from individual National Health Interview Survey records on smoking data and exposure to second-hand smoke at home. They also identified potential confounders, including sex, age, living in a crowded home, household income, marital status, alcohol use and employment. They then identified all incident cases of tuberculosis occurring between 2001 and 2004 by using the National Health Insurance database.

When they compared the likelihood of active tuberculosis among ever-, never-, and current smokers, ever-smokers had 2.69 times the risk of developing active tuberculosis than never-smokers; current smokers

had 2.73 times the risk. After adjusting for potential confounders, the increased risk remained significant for current smokers, who had twice the risk of developing active tuberculosis than never-smokers.

Interestingly, younger smokers were more likely than smokers older than 65 years to develop active tuberculosis relative to their non-smoking counterparts.

‘The small number of tuberculosis cases in this study prevented us from examining the age-gradient of smoking-tuberculosis association at a finer age scale, and more studies are needed to confirm these findings,’ Dr Lin said.

Lin H-H, Ezzati M, Hsing-Yi Chang H-Y, Murray M (2009) Association between tobacco smoking and active tuberculosis in Taiwan. Prospective cohort study. *Am J Respir Crit Care Med* 180: 475–80

Depressed teenagers have greater risk of later mental health problems

Teenagers who experience minor depression are at greater risk of serious depression, anxiety and eating disorders as adults, according to American research published in the *British Journal of Psychiatry*.

Exposure to low-dose ionizing radiation from medical imaging

A study of over 650 000 patients in the USA, published in the *New England Journal of Medicine*, has found that imaging procedures are an important source of exposure to ionizing radiation in the United States and can result in high cumulative effective doses of radiation.

Meta-analysis shows bariatric surgery resolves type 2 diabetes in most patients

The largest meta-analysis conducted to date examined the impact of bariatric surgery on type 2 diabetes. The analysis of over 135 000 patients demonstrated that clinical and laboratory signs of diabetes are resolved or improved in the great majority of patients following bariatric surgery.

Treating severe persistent allergic asthma in 6–11-year-olds

The European Commission has approved omalizumab (Xolair) as add-on therapy for severe persistent allergic asthma in children aged 6–11 years. Omalizumab is the only anti-immunoglobulin E (IgE) therapy approved for the treatment of severe persistent allergic asthma and is already approved for use in patients aged 12 years and older.

Asthma is estimated to affect 10% of children in Europe. It is also the most common cause of school absenteeism and often leads to the need for oral corticosteroid use in children. Despite conventional therapy, severe asthma remains uncontrolled in more than 50% of children with this condition.

‘The majority of patients can be very well managed with conventional treatments including inhaled steroids and

β 2-agonists, but there is a small group of patients with disease at the severe end of the spectrum in whom it is currently difficult to achieve satisfactory control. Many of these more severely affected patients require long-term treatment with systemic corticosteroids,’ said Dr David Spencer, Consultant in Respiratory Paediatrics, Newcastle.

Dr David Spencer, Consultant in Respiratory Paediatrics, Newcastle



‘The introduction of specific therapy targeted against IgE-mediated airway inflammation has great potential for improving disease control in this group of patients,’ he continued.

European Commission approval was partially based on a study by Kulus et al (2009) presented at the British Society for Allergy and Clinical Immunology annual meeting. This study included 235 patients who were using inhaled corticosteroids (fluticasone propionate or equivalent) and a long-acting β 2-agonist, with or without other controller medications.

The severe modified intent-to-treat population consisted of 159 omalizumab-treated patients and 76 placebo-treated patients. Omalizumab reduced asthma attacks by 34% compared to placebo after 24 weeks of treatment

and provided an overall reduction of 50% at 1 year in patients aged 6–11 years.

Omalizumab also demonstrated a good overall safety and tolerability profile, consistent with that observed in adults and adolescents.

Omalizumab is a humanized monoclonal antibody which blocks the action of IgE, an antibody involved in the underlying mechanism of allergic asthma. By targeting IgE, omalizumab can prevent the onset of debilitating symptoms, such as shortness of breath and wheezing, in severely affected patients.

Kulus M, Hebert J, Garcia E, et al (2009) Omalizumab therapy reduces asthma exacerbations and is rated as effective by physicians in children with severe allergic (IgE-mediated) asthma. Poster presentation. British Society for Allergy & Clinical Immunology Annual Meeting, Nottingham, UK: 29 June–1 July

Increasing progression-free survival in non-small cell lung cancer

Data from the phase III randomized first-line treatment setting, IRESSA Pan-ASia Study (IPASS), published in the *New England Journal of Medicine*, demonstrate superior progression-free survival for the oral anti-cancer drug gefitinib (Iressa), compared with carboplatin/paclitaxel chemotherapy (hazard ratio 0.74, 95% confidence interval 0.65–0.85, $P < 0.0001$). This study took place in clinically selected patients with advanced non-small cell lung cancer in Asia.

IPASS was an open label, randomized, parallel-group study that assessed the efficacy, safety and tolerability of gefitinib vs carboplatin/paclitaxel as first-line treatment in a clinically selected population of patients from Asia. The primary end point of IPASS was pro-

gression-free survival, with the aim of showing that gefitinib was non-inferior to carboplatin/paclitaxel doublet chemotherapy.

The study enrolled 1217 patients in Asia with advanced non-small cell lung cancer who had not received prior chemotherapy for advanced disease, whose tumours were of adenocarcinoma histology and who had either never smoked or were former light smokers.

EGFR (epidermal growth factor receptor) mutation status of a patient’s tumour was a strong predictor of benefit with gefitinib. Pre-planned subgroup analyses showed that progression-free survival was significantly longer for gefitinib than chemotherapy in patients with EGFR mutation-positive

tumours (hazard ratio 0.48, 95% confidence interval 0.36–0.64, $P < 0.0001$).

Gefitinib also demonstrated a more favourable tolerability profile and superior quality of life improvement rates for patients than chemotherapy.

Dr Michael D Peake, Consultant and Senior Lecturer in Respiratory Medicine,

Dr Michael D Peake, Consultant and Senior Lecturer in Respiratory Medicine, Glenfield Hospital, Leicester



Photo courtesy of NHS Choices

Glenfield Hospital, Leicester and National Clinical Lead, NHS Cancer Improvement, said: ‘The results of the IPASS study are both exciting and in many ways surprising. IPASS has clearly shown that there is a sub-group of patients who will do better with gefitinib than they would have done with conventional combination chemotherapy.’

He continued: ‘It is the first study to show the benefit, versus conventional chemotherapy, of any of the new generation of “targeted” agents alone, in the first line treatment of advanced lung cancer’.

Mok TS, Wu Y-L, Thongprasert S et al (2009) Gefitinib or carboplatin-paclitaxel in pulmonary adenocarcinoma. *N Engl J Med* 361: August 19 (epub ahead of print)

11TH NATIONAL PARKINSON'S DISEASE CONFERENCE LONDON, 25 AUGUST

Community hospital care for patients with Parkinson's disease

The Edgware Parkinson Disease Unit is part of Edgware Community Hospital. Dr Sally Mathew, Associate Specialist, told delegates that it aims to offer patients: 'Person-centred integrated multidisciplinary care for patients with Parkinson's disease and related disorders throughout the patient journey from a single point of access.'

The unit is staffed by doctors, Parkinson's disease nurse specialists, physiotherapists, occupational therapists, speech and language therapists and dietitians.

It offers full-day assessments which allows observation of fluctuations in the patient's condition during the day. There is also a telephone help line during working hours.

The unit accepts referrals from other primary care trusts, as long as the patients are will-

ing and able to travel to the unit for treatment.

Evaluation was undertaken from November 2008 to May 2009 to assess the impact of integrated multidisciplinary care for people with Parkinson's disease delivered from a single point of access, looking at 41 patients. Patients at all stages of the disease benefited, but the largest benefit was seen by patients with Hoehn & Yahr stage 3 disease.

The multidisciplinary nature of treatment was reflected by 92% of users having had physiotherapy, 43% occupational therapy, 21% speech and language therapy and 19% dietary advice.

The unit has decreased the time from referral to treatment (currently 8–10 weeks), and reduced the cost of care. Medication review is an important part of the service provid-

ed by the unit, and medication compliance is improved by the use of personal medication cards and telephone support.

The focus on the patient is highlighted by many aspects,

including the disease-specific expert patient programme, provision of an information and support group for carers and monthly speech maintenance group.

What patients say about this service

As part of the service evaluation, patient satisfaction questionnaires were given to 100 consecutive patients who attended the unit between 6 January and 20 February 2009. All questionnaires were returned, and the results were presented as a poster at the conference.

All respondents felt that the medical care they received was excellent (58%) or good (42%). A total of 78% of respondents considered that the care and support which the unit provided had helped to reduce their carers' strain in

full or in part, and 93% felt that the clinic had met their expectations fully or partly.

In total, 88% felt that the care provided had helped to improve their quality of life.

Comments from patients included:

'Extremely fortunate to be a patient in such a caring, professional, friendly and unique clinic, catering for all aspects of Parkinson's.'

'More units like this should be opened around the country. I feel very lucky to be able to come to this unit as I live out of the area.'

Auditing the NSF for long-term neurological conditions

The Quality Neurology project came about as a result of a collaboration between a number of charities and other groups with an interest in patients with long-term neurological conditions. Alun Davies, Project Manager for Quality Neurology, gave delegates an overview of the project and its aims for the future.

The project aims to develop and evaluate an audit methodology for the long-term conditions National Service Framework (NSF) which has service users at the centre of the assessment process. Project partners are Ataxia UK, the Motor Neurone Disease Association, the Multiple

Sclerosis Society, the Parkinson's Disease Society, the Department of Health and the Social Policy Research Unit at York University.

The project involves all NHS and social care services treating and/or supporting people with long-term neurological conditions. The tool was designed by breaking down the evidence-based markers within the National Service Framework into auditable components, and also by asking service users from the various partners what questions they would ask of service providers to demonstrate compliance with the National Service Framework.

The tool was initially developed as an interactive Excel spreadsheet, although it is now being turned into a web-based tool.

Once the audit had been completed, the intention was to run focus groups asking service users about their perceptions of service provision and match this to the audit findings, allowing analysis of any gaps between intended and actual service provision. This took place in some cases but proved logistically difficult in others, so the project is currently investigating the possible use of a validated questionnaire to assess these gaps in future instead.

These findings allow the team to work on bringing service user priorities and what is politically, financially and practically expedient together to form a consensus of the way forward to improve and develop services.

Peer review of the tool is an important component, and this is done by other pilot sites to see whether, given the profile of the primary care trust, the audit findings and the outcomes of the focus groups, they would have come to a similar action plan.

Evaluation of the audit tool and methodology is underway, and revisions of the tool have already taken place.