

Raltegravir combination therapy effective in untreated adults with HIV

New exploratory pre-specified analyses from the ongoing STARTMRK phase III study have compared the integrase inhibitor raltegravir (Isentress) tablets in combination therapy to efavirenz in combination therapy in previously untreated (treatment-naïve) adult HIV-1-infected patients.

The regimen containing raltegravir demonstrated better efficacy compared to the regimen containing efavirenz at 192 weeks of treatment, as measured by the percentage of patients maintaining undetectable virus levels (less than 50 copies/ml) (76.2% ($n=214/281$) *vs* 67.0% ($n=189/282$); 95% confidence interval 1.6–16.4).

The regimen containing raltegravir also showed a greater immunological effect as measured by mean increase from baseline in CD4 cell count at week 192 (361 *vs* 301 cells/mm³; confidence interval 24–95) *vs* the efavirenz regimen.

‘These results offer further insight into the virologic and immunologic response seen

with raltegravir in combination therapy when compared to efavirenz at 192 weeks in treatment-naïve adult patients with HIV-1,’ said Dr Jürgen Rockstroh, University of Bonn, Bonn-Venusberg, Germany, who presented the data at the 13th European AIDS Conference in Belgrade, Serbia.

Additionally, based on analyses of pre-specified demographics (age, gender, region, race and hepatitis co-infection) and baseline prognostic factors (viral load, CD4 cell count and HIV-1 subtypes), raltegravir in combination therapy demonstrated consistent virological and immunological efficacy

relative to efavirenz in combination therapy at week 192.

Data also showed that using raltegravir in combination therapy resulted in fewer reported drug-related clinical adverse events than combination therapy with efavirenz (50.2% *vs* 80.1% respectively; $P<0.001$).

Anti-dementia drugs may delay care home admission

Prescribing anti-dementia drugs to patients could help delay their admission to care homes, according to a new study (Salib and Thompson, 2011).

A total of 339 people with dementia were studied, who were referred to psychiatric services in Peasley Cross Hospital in St Helens in 2006.

Of these, 127 (24%) had been prescribed cholinesterase inhibitors, which can help slow the progression of the disease by preventing acetylcholinesterase from breaking down acetylcholine in the brain.

Of the patients who were prescribed cholinesterase inhibitors, almost three-quarters (74%) were given donepezil (Aricept). A further 14% were given galantamine (Reminyl), 8% rivastigmine (Exelon), and 4% memantine (Ebixa). The remaining 212 patients in the study were not prescribed cholinesterase inhibitors.

After 4 years, the researchers followed up all 339 patients to see if they had been placed in care or remained in their own home.

The researchers found that, on average, patients who did

not take anti-dementia drugs moved to care homes sooner than patients who did. There was a delay in admission to care homes by a median of 12 months for patients who took anti-dementia drugs, compared to those who did not, but after 3 years, an equal proportion of patients from both treatment groups had been admitted to care homes, indicating that the delay in admission was relatively short-lived.

Salib E, Thompson J (2011) Use of anti-dementia drugs and delayed care home placement: an observational study. *The Psychiatrist* 35: 384–8

NHS Technology Adoption Centre key to increasing use of innovations

The NHS Technology Adoption Centre has relaunched. As part of this process NHS Technology Adoption Centre underwent a comprehensive review and has launched a new set of services to speed up the diffusion of proven technologies across the



NHS. These services are based on the considerable expertise and knowledge which has been built up over the last 4 years and are better aligned with the changing NHS and the current medical technology landscape.

Led by CEO Sally Chisholm the NHS Technology Adoption Centre is building on this base of knowledge and experience with a new team of purposely selected individuals who have the skill and expertise to bring life-changing technologies to NHS

patients. NHS Technology Adoption Centre is the only organization solely dedicated to the diffusion of proven innovation across the NHS.

NHS Technology Adoption Centre has worked on a number of projects which have enabled medically proven technologies be adopted by the NHS, thus ensuring patients are able to benefit from these innovations.

NHS Technology Adoption Centre believes that examples of innovation are not an issue in the UK but the lack of a ‘pull’ culture within the NHS

often prevents these benefits from being realized.

The National Institute for Health and Clinical Excellence is recognized as the organization with the expertise to review the evidence linked to individual technologies but experience shows that NHS organizations also benefit from receiving practical support at the front line of care delivery to enable rapid uptake of this technology. The NHS Technology Adoption Centre is intended to encourage prompt use of appropriate technology to benefit patients.