

## Acute care cannot keep pace with demand on clinical services, warns RCP report

The demand on clinical services is increasing to the point where acute care cannot keep pace in its current form says a new report from the Royal College of Physicians (RCP) (2012). The report highlights that there are a third fewer general and acute beds now than there were 25 years ago, yet the last decade alone has seen a 37% increase in emergency admissions.

This is coupled with a change in patients' needs. Nearly two thirds (65%) of people admitted to hospital are over 65 years old, and an increasing number are frail or have a diagnosis of dementia. However, all too

often hospital buildings, services and staff are not equipped to deal with those with multiple, complex needs. RCP members have reported a lack of continuity of care as their biggest concern about the current health service.

The RCP is calling for: all health professionals to promote patient-centred care and to treat all patients with dignity at all times, the redesign of services to better meet patients' needs, the reorganization of hospital care so that patients can access expert services 7 days a week, and access to primary care to be improved so patients can see

their GP out of hours, relieving pressure on emergency services.

Professor Tim Evans, lead fellow of the RCP's Future Hospital Operational Group, says: 'This evidence is very distressing... it is increasingly clear that our hospitals are struggling to cope with the challenge of an ageing population who increasingly present to our hospitals with multiple, complex diseases. We must act now to make the drastic changes required to provide the care they deserve.'

Royal College of Physicians (2012)  
*Hospitals on the edge? The time for action.* Royal College of Physicians, London

### New treatment for partial epilepsy

Perampanel (Fycompa) has been launched as the first in a new class of treatment for uncontrolled partial epilepsy. It is indicated as an adjunctive treatment for partial-onset seizures, with or without secondarily generalized seizures, in people with epilepsy aged 12 years and older.

### Schoolgirls protected against more HPV types

Gardasil, the quadrivalent human papilloma virus (HPV) vaccine, is now being used for routine HPV immunization of girls aged 12–13 years in the UK to help prevent cervical cancer, and protect against HPV-related diseases such as genital warts and vulval and vaginal pre-cancers.

### Combination inhaler for maintenance treatment of asthma

A new inhaled combination medicine for asthma patients, fluticasone/formoterol combination inhaler (Flutiform), is available to be prescribed to appropriate asthma patients, with the two lower doses available for adults and adolescents aged 12 years and older and the highest dose for adults aged 18 years and older.



**Dr Steven Wiersma, Tanzania Field Study, Centers for Disease Control**

The burden of hepatitis C is increasing in both developed and developing countries. There is an urgent need to improve the detection of people infected with the virus and to improve access to effective treatment to prevent chronic infection, warned experts at a special European Association for the Study of the Liver and American Association for the Study of Liver Diseases conference on hepatitis C therapy in Prague, Czech Republic.

'Hepatitis C virus is a major global health issue and the worldwide prevalence is increasing,' said Dr Steven Wiersma, from the Tanzania Field Study, Centers for Disease Control. He reported

## Hepatitis C virus: prevalence and drug interactions

on a systematic review and model-based meta-analysis of all studies reporting prevalence of antibodies to hepatitis C. The number of people testing positive for hepatitis C virus antibody increased from 2.3% (more than 122 million) in 1990 to 2.8% (more than 195 million) in 2005. High prevalence was seen in North Africa and the Middle East, where rates were over 3.5%.

He cautioned that the true prevalence is likely to be even higher. Previous World Health Organization figures based the burden only on acute hepatitis C virus infection. 'But the major burden is the sequelae of chronic infection, including cirrhosis and premature deaths,' Dr Wiersma said.

Drug–drug interactions are emerging as a major issue with new agents being developed to treat hepatitis C virus.

The introduction of direct-acting antiviral agents has greatly increased the problem. Telaprevir and boceprevir are both metabolized by CYP3A4, which increases exposure to a range of widely used drugs, including midazolam and atorvastatin, also metabolized by the cytochrome. They interact with transport proteins, and can also be the victims of drug interactions, with some HIV drugs reducing levels of telaprevir and boceprevir.

Professor David Back, Professor of Pharmacology, University of Liverpool suggested that clinicians need data on key drug interactions for hepatitis C virus patients, inviting people to add data to a website he has developed ([www.hep-druginteractions.org](http://www.hep-druginteractions.org)) to share information on this.

**Susan Mayor**