

ESCP

The bi-monthly newsletter
of the European Society
of Clinical Pharmacy

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News

Independent Pharmacist Prescribing

Hemant Patel, President of the Royal Pharmaceutical Society of Great Britain (RPSGB) shares his feelings about the evolution and challenges within the pharmacy profession in the United Kingdom.

2005 saw the introduction of a new community pharmacy contract in England and Wales, the Spring launch of the Department of Health's report 'Choosing Health through Pharmacy' which highlighted the continued expansion of pharmacists' roles in public health and, later on in the year, proposals to change supervision requirements. And at the end of the year, the announcement that pharmacists would be allowed to prescribe independently. All in all – it was quite a year for pharmacy in the United Kingdom!

Scotland is expecting the new pharmacy contract in April 2006, and has already made some significant advancements with its extended services, such as minor ailment schemes and Electronic Transfer of Prescriptions (ETP). But perhaps the biggest achievement of all last year was the opportunity for pharmacists to take up an independent prescribing role.

Resistance of other health professionals

Pharmacists were given the ability to become supplementary prescribers

a couple of years ago. This allowed them to work closely with a doctor and adjust a patient's medication in accordance with an agreed protocol. While successful, supplementary prescribing does limit the input that pharmacists can have and we wanted pharmacists to be able to prescribe without restrictions. This took time to achieve but as we all know, changing behaviour, overcoming misconceptions and even resistance from other health professionals, takes time. And even now, we noted that the British Medical Association was slightly less than enthusiastic about the announcement! They were concerned that pharmacists were to be given the ability to prescribe from the whole British National Formulary and would have preferred a more restricted formulary. But their main concern is with patient safety. A concern that – of course - is also paramount in our minds.

Collaboration in prescribing

As a community pharmacist I believe that it is absolutely imperative that we work with doctors, and I am confident that as a profession we will reassure them that we can carry out prescribing responsibly for the benefit of everyone. Training will be an essential pre-requisite to this independent prescribing, to ensure that prescribing is carried out safely and appropriately - plus it will be important to work alongside other independent prescribers, such as nurses.

But however successful this service, it is a great professional opportunity



"As a community pharmacist I believe that it is absolutely imperative that we work with doctors, and I am confident that as a profession we will reassure them that we can carry out prescribing responsibly for the benefit of everyone."

for community pharmacists to grab with both hands. To have – at last – the opportunity to provide patients with an all-encompassing, fully-integrated pharmaceutical service, is a huge step in the right direction.

Of course, only time will tell how successful this service will be, but I foresee that 2006 will be an interesting, challenging and professionally rewarding time for all health professionals working in the National Health Service in the United Kingdom, and one in which all our skills will be used to the limit. ●

Hemant Patel
RPSGB President
United Kingdom

A Few Words

Say Cheese! A “Photograph” of ESCP

2005 was a year of consolidation for ESCP’s leadership structure. Before the Society embarks on a new year of exciting initiatives within clinical pharmacy, *ESCP News* felt the need to clarify the Society’s organisational structure.

The organisation charts illustrate the composition of the ESCP General Committee (GC) and the Executive Committee (EC), and the Research, Education, SIGs and Publications Committees (RESP) (situation in December 2005).

ESCP GC and EC

The Society is governed by a General Committee consisting of 12 members. General Committee members are elected by the Society’s membership. 9 members represent the 9 countries with the highest membership, and 3 members represent the smaller countries*. The General Committee elects the Executive Committee,

which implements the resolutions passed by the General Committee and by the General Assembly.

RESP Committees

The RESP is responsible for the co-ordination and oversight of the Society’s scientific activities and programmes. The RESP is made up of three distinct committees each dedicated to its area of expertise: Research, Education and Publications. These committees design and ensure the quality of ESCP’s research activities, educational programmes and publications. The RESP also serves as the umbrella liaison of the Special Interest Groups (SIGs).

General Committee

Hannelore Kreckel
Germany 47 members

Mara Guerreiro
Portugal 47 members

Luis Maria Mendarte
Spain 60 members

Maria Skouroliakou
Smaller Countries*

Executive Committee

Jiri Vicek, President
Smaller Countries*

Erik Gerbrands, Treasurer
The Netherlands
59 members

Gert Laekeman, Vice President
Belgium
52 members

Francesca Venturini, RESP Chair
Italy
77 members

Frank Jorgensen
Norway 26 members

Marie-Caroline Husson
France 117 members

Pat Murray
Smaller Countries*

Johnny Beney
Switzerland 54 members

Where do the ESCP members come from?

Situation: December 2005

Albania	2
Argentina	1
Australia	5
Austria	10
Belgium	52
Bulgaria	1
Canada	7
Croatia	9
Cyprus	2
Czech Republic	39
Denmark	23
Egypt	2
Estonia	2
Finland	16
France	117
Georgia	1
Germany	47
Ghana	1
Greece	19
Hong Kong	1
Hungary	10
Iceland	5
India	1
Indonesia	1
Iran	1
Ireland	2
Israel	5
Italy	77
Kuwait	3
Lebanon	3
Lithuania	2
Luxembourg	5
Malaysia	5
Malta	6
Monaco	1
Nigeria	2
Norway	26
Oman	2
Poland	3
Portugal	47
Qatar	1
Romania	86
Saudi Arabia	13
Serbia and Montenegro	4
Singapore	1
Slovakia	14
Slovenia	11
South Africa	1
Spain	60
Sweden	57
Switzerland	54
Taiwan	1
Thailand	2
The Netherlands	59
Turkey	5
UAE	2
United Arab Emirates	5
United Kingdom	48
USA	18
Yemen	1
Grand Total	1007

*Smaller countries are those countries with over 10 ESCP members at the time of election.

Who's Who

Chiara Alberti (Italy)

Chiara Alberti has been a member of the ESCP Publications Committee since 2003.

She is a hospital pharmacist, graduated with a Doctorate in Chemistry and Pharmaceutical Technology from Parma University, Italy in 1998. She specialised in Hospital Pharmacy at Padova University, Italy in 2001. Between 1998 and 2001 she was a post-Doctoral Fellow at the Hospital Pharmacy of the Policlinico hospital in Verona, Italy. Her main tasks were related to the scientific secretariat office of the Ethics Committee. During that period she also worked on the Italian National Society of Hospital Pharmacists' research project "Italian clinical trial registry on local ethical committees for the National Society of Hospital Pharmacists in Italy (SIFO)". She also collaborated on the editorial



board of the *Pharmacy Service Drug Information Bulletin*. Between 2002 and 2003 she was responsible for the Scientific Secretariat Office of the Drug & Therapeutics Committee (D&T) of the Policlinico of Verona.

Chiara is currently working at the Regional Drug Efficacy Information Centre for the Veneto Region which was set up at the University Hospital in Verona in 2001 and which supports the Regional Drug and Therapeutic Committee's activities as well as the Regional Drug Committee which is responsible for the nursing homes drug formulary.

She is responsible for reviewing new drug publications and writing critical appraisal reports for the two Committees. She also writes and edits the quarterly *Regional Drug Information Bulletin* which is sent to all the hospital departments in Veneto. The bulletin contains information about new drugs, clinical trial legislation as well as an observatory report update and the latest news on medical technology. She is a consultant for the drug information Centre at the same Hospital.

She is a member of the Italian Society of Hospital Pharmacists (SIFO), and the ESCP. Chiara has participated in the abstract review process of two ESCP events: the 2nd ACCP-ESCP International Congress on Clinical Pharmacy held in Paris in 2004 and the 5th ESCP Spring Conference on Clinical Pharmacy in Stockholm in 2005.

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RESP

Tony Nunn
SIG Council Chair
UK

Francesca Venturini
RESP Chair
Italy

Tone Westergren
Leader SIG Medicine Information
Norway

Angelo Paci
Leader SIG Cancer Care
France

Louise Mallet
Leader SIG Geriatrics
Canada

Maira Kinnear
Leader SIG Education & Training
UK

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Portugal

Sabrina Trippoli
Italy

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UK

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Gert Laekeman
Belgium

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France

Hanne Stenberg Nilsen
Norway

Annalisa Campomori
Italy

Hannelore Kreckel
Germany

Maira Kinnear
UK

Luis Maria Mendarte
Spain

Frank Jorgensen
Norway

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Leader SIG Infectious Diseases
Austria

Benoit Allenet
Leader SIG Pharmacoeconomics
France

Foppe van Mil, Chair The Netherlands

Erik Gerbrands
The Netherlands

Lilian Azzopardi
Malta

Jacqueline Grassin
France

Marie-Caroline Husson
France

Chiara Alberti
Italy

Louise Mallet
Canada

Johnny Beney
Switzerland

Sara Arenas-Lopez
Leader SIG Paediatrics
UK

Dolores Soy
Leader SIG Pharmacokinetics
Spain

Susanna Maltoni
Leader SIG Pharmacoepidemiology
Italy

Maria Skouroliaou
Leader SIG Nutritional Support
Greece

Pat Murray
Leader SIG Integrated Primary Care
UK

Chronic Disease Management in the Baltic

This forthcoming Spring Conference has what it takes to become an unforgettable experience: an exciting programme including new features and good opportunities for international networking in a unique and rare context.

The 6th ESCP Spring Conference will kick off with a speech from Eduardas Tarasevicius, President of the conference, opening a rich 3-day programme focusing on the role of the pharmacist in chronic disease management.

Packed with plenary lectures, roundtable discussions, and varied workshops, the programme has been tailored for participants to get the maximum benefit out of the learning and best practice sharing opportunities.

Sessions will run under three main topics. On Thursday, they will tackle the role of the pharmacist in the management of chronic cardiovascular diseases. Friday they will explore the current chronic disease management concepts. Finally, on Saturday, they will investigate the role of the pharmacist in the management of chronic infectious diseases.

As is custom the programme also foresees poster viewing sessions. 215 abstracts from 27 countries were submitted (see chart below). With 21 abstracts from new EU members states and 10 from beyond Europe's boundaries, the sharing of findings and own local practice will certainly be fruitful.

A new feature

A new feature has been included to complete the dense programme of this conference: afternoon plenary lectures. These lectures will run in the afternoon, parallel to the workshops, as part of the scientific programme. Held each day for the entire duration of the conference, they will run under a unique theme.

For this inaugural series of afternoon plenary lectures the theme is Paediatrics. On the first day general issues in paediatrics will be discussed and two experts, Tony Nunn and Ian Wong, have been invited to present an update on recent initiatives in Europe in terms of research, unlicensed use of drugs, extemporaneous formulations and more. The two lectures on the following days will review pharmaceutical care for children, in three chronic conditions: cystic fibrosis, liver and renal failure.



Networking opportunities

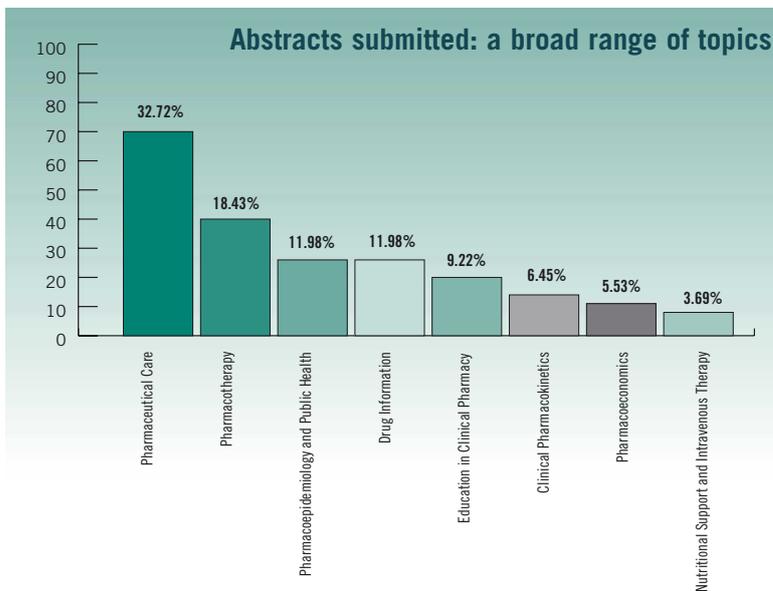
A series of social events will intercalate the scientific programme, allowing informal networking in the unique environment offered by Vilnius, Lithuania's capital, a city that perfectly combines a strong historical and cultural heritage with an international atmosphere.

The welcome reception featuring Lithuanian folk musicians and dancers, and local culinary delights will be held on Thursday, 25 May at the Reval Hotel Lietuva, also the conference venue.

The Trakai Castle, a spectacular complex of defensive fortifications of the 15th century erected on a Galve lake's island, will host the conference party on Friday, 26 May. Armoured knights and jesters will welcome participants for a spectacular evening characterised by a medieval setting.

Get to know Vilnius

Finally, for those arriving earlier in Vilnius, a sight-seeing tour has been organised on Wednesday, 24 May.



Panel of plenary lecturers

Suzete Costa, Portugal
 Todd Paulsen, USA
 Ian Wong, UK
 Tony Nunn, UK

Fiona Reid, UK
 David Webb, UK
 Miguel Angel Wood y Wood, Spain
 Sara Arena-López, UK
 Inger da Silva, UK

Philip Martin Clark, Turkey
 Hervé Trout, France
 Penny North-Lewis, UK
 William Thornhill, UK



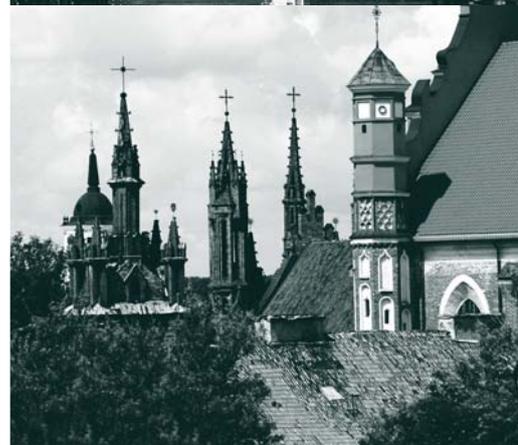
6th ESCP Spring Conference on Clinical Pharmacy 25-27 May 2006 - Vilnius, Lithuania

It would be a pity not to plan some time getting to know Vilnius. Its Old Town is one of the largest historical centres in Eastern Europe and it is registered in the UNESCO World Heritage list. The tour will guide visitors to the most renowned tourist attractions such as - among others - the cathedral square, the Lithuanian parliament, St. Ann's church and Vilnius University, one of the oldest in Eastern and Central Europe, established in 1579. A last curiosity on this conference: its logo was inspired by the tower of Gediminas' Castle that overlooks the city of Vilnius.

For more information on the scientific programme, networking opportunities and registration details, please visit the 6th Spring Conference website via: www.escpweb.org

To discover more about Vilnius and Lithuania:

Vilnius tourism division
www.turizmas.vilnius.lt
 Official Lithuanian travel guide
www.travel.lt
 Lithuania's department of tourism
www.tourism.lt



Valuable hints

- Register before 31 March and save € 200

	On or before 31 March	Before 12 May	After 12 May and on site
ESCP Member	€ 450	€ 550	€ 650
Non Member	€ 550	€ 650	€ 750

- If you live in a developing country, ESCP offers you the opportunity to attend this Conference for free. For eligibility criteria and application information, refer to the Conference website via: www.escpweb.org



Workshops and SIG workshops overview

Thursday, 25 May

- Compliance and Concordance Management within Diabetes and Hypertension
- Current Issues in Lipid Management
- Pharmaceutical Care in Diabetes
- Medication Review for People with Chronic Disease

Friday, 26 May

- **SIG Integrated Care** Partners in Prescribing for Chronic Disease Management: Patients, Doctors, Nurses and Pharmacists
- How the Pharmacist can be Clinically Competent in Asthma Management?
- Getting the Most from Your Research Project: Formulating a Good Research Question
- **SIG Nutritional Support** Weight Gain and Metabolic Effects of Antipsychotic Drugs

Saturday, 27 May

- **SIG Pharmacokinetics** Adherence and Therapeutic Drug Monitoring in HIV Patients
- **SIG Geriatrics** Osteoporosis: a Breaking Disease
- Delivering Pharmaceutical Care to Chronic Patients in Community Pharmacy: a Case-Based Approach
- Communicating with Health Care Practitioners to Provide Pharmaceutical Care for Patients with Infectious Diseases - Trying to Find Solutions from Role Playing

Pharmacotherapy Update in Rheumatoid Arthritis

Carole Callaghan reports on her experience as a speaker at the Pharmacotherapy Update.

Take one venue. Add three pharmacists. Mix a large helping of rheumatology and leave together for three days. The result was a Pharmacotherapy Update in Rheumatoid Arthritis (RA) at the 34th ESCP European Symposium on Clinical Pharmacy in Amsterdam.

The task given to us was an interesting one from the outset. The first challenge was to try and condense RA into three 30-minute sessions – not easy when there is so much to say on this fantastic topic! The second was to co-ordinate this with two of us in different parts of Scotland, and the other in Turkey – thank goodness for information technology! The third was to present our information in a seamless way. This was reliant on our shared enthusiasm and on imparting this knowledge to the participants. On arrival, one glance at the huge auditorium played havoc with our nerves! After a warm welcome from ESCP's staff, we settled in and enjoyed the experience.

An overview of the main aspects of RA and its management seemed the best approach. We were all happy to design and present on different

elements of the disease and the therapy involved. The content was delivered as two 30-minute lectures on the first two days, followed by two case presentations on the final day. The aim was to introduce the participants to the pathogenesis and management of patients with RA.

A common connective tissue disorder

On the first day, the first presentation was made by Aygin Bayraktar (Ankara, Turkey), who discussed the epidemiology, aetiology and pathogenesis of RA. We learned that RA is a common connective tissue disorder and extra-articular manifestations can also occur in a variety of body systems. It is a crippling and progressive disease affecting 1-2% of the adult population in the UK. The aetiology and pathogenesis of RA is unknown, however, genetic and environmental factors have been implicated, including smoking, infectious agents, hormonal, dietary, socio-economic and ethnic factors.

RA treatment

Lorraine Perry (Glasgow, Scotland) followed with presenting an initial approach to management of the disease. Lorraine told us that treatment is aimed at relieving pain, slowing joint damage, preserving joint function to maintain a near normal

lifestyle and maximising the patient's quality of life. Central to disease management is thus the optimal use of non-steroidal anti-inflammatory drugs (NSAIDs) and disease-modifying medicines (DMARDs).

Use of biological therapy

On the second day, Aygin presented information about the use of biological therapy. There is now a considerable body of drug trial evidence and clinical experience for these agents – infliximab, etanercept and adalimumab. With these agents, better reduction in joint swelling and radiological erosions has been reported, with non-specific features of RA like malaise and fatigue greatly improved.

Adverse effects

I followed and presented recent data on the adverse effects of these agents. TNF is a key regulator of innate immunity, so increased likelihood of both infections and malignancy were predicted as possible problems when these drugs were being developed. The latter as yet has not been confirmed and the results of long-term studies will not be available for some years. Severe and opportunistic infections e.g. tuberculosis, however, have been reported although these are fortunately uncommon.

On the final day, two case presentations were made, one illustrating the issues for a new diagnosis and the second on a patient with chronic RA. The audience could participate in the decision making through a direct voting system.

The symposium was a very interesting and useful experience. The opportunity to meet other practitioners and share in their experience not only enlightened us to practise with our own clinical areas but inspired us to consider different ways of practice. Thank you ESCP and Professor Steve Hudson for giving us this opportunity. ●

EFP Continued Support

The European Fellowship for Pharmacists supported the ESCP Amsterdam Symposium

The EFP, established in 2004, aims at promoting clinical pharmacy throughout Europe by encouraging clinical practitioners' active participation in the ESCP and other similar conferences.

Seven European Fellows, selected by the EFP board for their professionalism and interest in clinical pharmacy, were able to attend the ESCP European Symposium in Amsterdam: Mickael Daouphars (France), Anna Carollo (Italy), Aygin Bayraktar (Turkey), Hege Kersten (Norway), Livia



Safran (Hungary), Vilma Petrikaite (Lithuania) and Jana Lass (Estonia) are in the photograph with the EFP board.

More information on the EFP is available via the EFP website (www.efp-online.org).

Anna Carollo
Clinical Pharmacist
ISMETT, Italy

Carole Callaghan
Western General Hospital,
Edinburgh, UK

Feedback from SIG Workshops in Amsterdam

The moderators of the SIG Nutritional Support and SIG Medicine Information workshops, held at the ESCP Symposium in Amsterdam, report on the outcomes.

SIG Nutritional Support

Computer Assisted Individualisation of Patient Nutritional Care

Optimal nutritional status promotes growth and development, maintains general health, supports activities of daily living, and helps protect the body from disease and illness, whereas malnutrition places the person at nutritional risk, compromises the health outcomes of individuals, and may delay the speed of recovery and increase mortality. Nutritional care is a cluster of activities allowing for the identification of nutritional needs and for the provision of care to meet these needs. A standardised nutrition care process has been developed by the American Dietetic Association consisting of Nutritional Assessment, Nutritional Diagnosis, Nutritional Intervention, which may include diet therapy, counselling, or specialised

nutritional supplementation, and Monitoring and Evaluation of nutritional care resulting in the so called Medical Nutrition Therapy (MNT). Comprehensive MNT involves a number of health professionals: the physician, professional dietician, pharmacist, nurse, and other care providers, all integral in achieving the desired outcomes, depending on the care setting. A collaborative approach of all the involved professionals helps to ensure that care is co-ordinated and that all team members and the patient are aware of goals and priorities.

Nutritional assessment

Nutritional assessment organises and evaluates the information gathered to make a professional judgement about nutritional status and as a result is a key point for the development and implementation of the nutritional plan of care. Consequently the importance of

nutritional assessment in patient management is significant. Due to the complexity of the nutritional assessment procedure - numerous factors such as medical, social, nutritional, and medication histories, physical examination, anthropometric measurements and laboratory data, should be taken into consideration - a high level of knowledge and expertise is needed.

To improve nutritional care delivery, nutritional status and nutrition "diagnosis", identifying energy and nutritional needs and following up those identified as malnourished is essential. CAS Nutri Care has been developed as a system which could accomplish these tasks in a fast, safe, yet simple way. ●

Maria Skouroliaou
Greece

SIG Medicine Information

Successful Scientific Writing: Abstracts and Original Papers

The results of scientific research are only valuable for society if they can be shared with others in a clear and logical written or oral format. Presenting research findings in such a manner is time-consuming and hard work but one learns with practice. Focusing on the abstracts for ESCP presentations and on scientific articles for PWS, the workshop aimed to give participants an understanding of the structure and elements of quality abstracts and papers.

In the first part, participants were given a lecture to provide background knowledge on scientific writing. This part covered issues such as the aim of writing, characteristics of an abstract, the IMSMOR format and ESCP's abstract requirements.

Practical exercises

The second part of the workshop consisted of exercises. Based on a description of a study, participants were asked to make an abstract structured according to the ESCP guidelines. The moderators discussed key points of each abstract section. Then, participants split into groups and wrote down the three central points of the study and tried to summarise the study in two sentences. The groups' outputs were presented and discussed.

The third part of the workshop dealt with article writing, namely the IMRUD format. Due to time constraints it was not possible to do an exercise on this topic, but participants were given the option of contacting the workshop moderators by email with questions.

The time slot allocated to the workshop (Saturday afternoon) might have contributed to the poor attendance.

Nonetheless participants showed interest in the topic and many practical questions were discussed. For the moderators this experience showed that it would be wise to split the session into two workshops: one about abstracts for presentations and another about article writing. In the future, a third workshop concerning poster presentations could also be developed.

Since these workshops are under construction we welcome comments and suggestions from members. ●

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For Your Diary

2006

25-27 May	Vilnius Lithuania	6 th ESCP Spring Conference on Clinical Pharmacy Chronic Disease Management: The Role of the Pharmacist
12-14 July	Malta	6 th ESCP Malta Educational Course in Patient Centred Teaching Focus on the Patient with Rheumatoid Arthritis
18-21 October	Vienna Austria	35 th ESCP European Symposium on Clinical Pharmacy The Role of Communication in Patient Safety and Pharmacotherapy Effectiveness

2007

17-19 May	Edinburgh UK	7 th ESCP Spring Conference on Clinical Pharmacy Tackling Inequalities in the Delivery of Pharmaceutical Care
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Important Dates

- **6th Spring Conference on Clinical Pharmacy**, Vilnius, Lithuania

Early Bird Registration Deadline 31 March 2006

6th ESCP Malta Educational Course in Patient Centred Teaching

This course, organised by ESCP in collaboration with the University of Malta and the University of Strathclyde, UK is focused on the patient with rheumatoid arthritis. It is intended to demonstrate the practice and teaching of patient-based skills. The care of patients with rheumatoid arthritis will be used to illustrate a structured approach to identifying and

resolving drug therapy problems in the clinic or community pharmacy. The pharmacists approach to the patient will also be developed as an approach to teaching. Pharmaceutical care plans and quality of life questionnaires will be shown as clinical, teaching and research tools in the patient interview. The course will use practical work led by pharmacists

experienced in pharmaceutical care and with rheumatoid arthritis patients in 'real world' clinical settings. Participants will develop skills in preparation of clinical documentation of drug therapy problems, patient interviews and using patients as a teaching resource. The use of documented care plans and interviews in research will also be covered. ●

Further information is available at: www.escpweb.org



European Society of Clinical Pharmacy

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Deadline for the submission of material for issue number 131 is 25 May 2006.