“Patients, Infections and the Clinical Pharmacist”

ESCP International Workshop - Leuven, Belgium, 30 May-1st June 2012

We would like to warmly welcome you to the city of Leuven in Belgium, the venue for ESCP’s next international workshop. Following the successful workshops on oncology (2008), patient safety (2010) and geriatrics (2011), the theme of this year’s ESCP spring event is “Patients, Infections and the Clinical Pharmacist”.

Infections

Last summer, the emergence of enterohaemorrhagic E. coli reminded us of our vulnerability to infections. Two years ago we had the worry of the H1N1 flu epidemic. Opportunistic infections like TBC can complicate the use of TNF alpha antagonists. Systemic mycoses remain life threatening as infected patients are mostly in a bad health condition. MRSA is always lurking around the corner... Enough examples for contemplation.

Whether in hospital or in community, infections come in isolation or as complications of existing conditions. We try to master them on a rational way, in accordance with the mission of ESCP: ... developing and promoting the rational and appropriate use of medicines, medical products and devices by the individual and by society ...

However, in complex situations, we might forget about rational guidelines and rules. Patients’ thoughts about costs and side effects may influence decisions. Anti-vaccination and anti-antibiotic sentiments can hamper prevention and treatment. For long-lasting treatments adherence becomes important for a positive outcome. On top of that, resistance of microorganisms against the medicines we have available keeps us vigilant. To what extent can guidelines and development of new antimicrobial agents solve the problem? What would be done if the preferential treatment seriously interacts with other important medicines?

Program

From 30 May to 1 June 2012, we will offer you two and a half days of plenary lectures, interactive workshops, posters and oral communications.

On Wednesday afternoon, the program will focus on ‘infections across care’ in which osteomyelitis and cystic fibrosis will be used as examples to discuss the challenges across care sectors from hospital to community. Thursday will focus on ‘pharmacotherapy; selected topics in infections’ with lectures on clinical breakpoints, mycobacterial infections, resistance in gram negative infections, therapeutic drug monitoring, invasive fungal infections and opportunistic infections. ‘Infections from a societal perspective’ is the Friday’s theme looking into vaccination, training of antimicrobial pharmacists and perspectives on antimicrobial agents.

There are ten interactive workshops on the program at four different time slots. During the workshops you will be guided by experienced professionals and you will be encouraged to take part in the interactive discussions with your colleagues. The topics of the workshops are:

- Adherence in long-lasting therapies;
- Prevention of infectious diseases: role of the pharmacist;
- State-of-the-art workshop on CAP infections;
- Infections in paediatric oncological patients;
- Antimicrobial Stewardship - a Scottish perspective;
- Resistant Gram-negative infections: treatment decisions;
- Supporting guidelines in infectious diseases: role of the pharmacist;
- State-of-the-art workshop on infections related to travelling.

Meanwhile, we are looking forward to welcoming your abstracts on the theme of infections by 5 March 2012.

Leuven

At a stone’s throw from Brussels and our national airport, you will find the old university (1425) city of Leuven. Few towns in Flanders appeal to the imagination more than this haven for students with its nice agreeable pleasant blend of history, culture, architecture and gastronomy.

Whilst the scientific program will take place on the university hospital campus ‘Gasthuisberg’, in the evenings you can enjoy the energetic atmosphere of our historical city. Leuven has plenty of places to enjoy our famous beers and pleasant restaurants to enjoy a nice meal with friends and colleagues.

A welcome drink is organised in our famous City Hall in the heart of our city. We hope you will also join us for the workshop dinner in the Faculty Club located in the Great Beguinage, recognised by the UNESCO as a World Heritage site. We hope you will enjoy visiting these two landmarks.

Many reasons to mark this International Workshop in your calendar: 30 May – 1 June 2012. To keep up to date on the program, for practical information, abstract submission and registration please visit our website: http://www.escpweb.org/cms/leuven.

Siska Desplenter
ESCP Vice-President
Franciska.Desplenter@pharm.kuleuven.be

Gert Laekeman
Symposium President
Gert.Laekeman@pharm.kuleuven.be
Who’s who: Sonia Amini-Shinwary

Name: Sonia Amini-Shinwary
Age: 27 years old
Marital status: Married to Sulaiman Shinwary, with a 7-month old son, Sohrab.

Work and education: From 2004 till 2005 I worked as a pharmacy assistant at a Community Pharmacy. In 2009 I studied Pharmaceutical Business Administration at The University of Applied Sciences in Utrecht, The Netherlands. At present I am working at the SIR Institute for Pharmacy Practice and Policy as research and project assistant.

I have been working one day a week for ESCP since August 2011. I’m looking forward to working for the International Office and to seeing you at ESCP events.

Sonia Amini
ESCP International Office, assistant director
s.amini@stevenshof.nl

Who’s who: Olivier Bourdon

Name: Olivier BOURDON

Work and education: Graduated as pharmacist in 1998 from the University of Paris Descartes after a residency in hospital pharmacy. He completed a PhD in pharmaco-techny and biopharmacy in 1999 on photodynamic therapy in Paris-Sud University and a MBA in Pantheon Sorbonne University in 2002.

Since 2001, he has been pharmacist in Robert Debré Hospital - a mother and child hospital from Assistance Publique-Hôpitaux de Paris- in the department managed by Professor Françoise Brion. He has been lecturer in Clinical Pharmacy at Paris Descartes University for 10 years.

His research interests include patient education and clinical pharmacy practice in paediatrics. He belongs to Health Education Laboratory, EA-3412 Paris 13 University for his research activities.

He is involved both in initial and continuing pharmacy education for hospital pharmacists and community pharmacists. He belongs to a Diabetes health network “Paris Diabète”.

Olivier BOURDON is Member of the Scientific Committee of the French Society of Clinical Pharmacy.

Olivier Bourdon
olivier.bourdon@rdb.aphp.fr

Who’s who: Markus Lampert

Name: Markus LAMPERT
Age: born in 1969 (Basel - Switzerland)
Marital status: married and father of a five years old daughter.
Hobbies: Horse-riding, gardening and cooking.

Work and education: Markus Lampert was. He studied pharmacy at the University of Basel and graduated in 1992 obtaining the federal diploma. In parallel to his PhD thesis in pharmaceutical biology he started working as a hospital pharmacist. He specialized in hospital and clinical pharmacy and is recognised as a teacher in clinical pharmacy by the Swiss Federation of Pharmacy (Foderato pharmaceutica Helvetiae FPH). At present, he holds the position of the leading clinical pharmacist in the Kantonsspital Bruderholz, a 400-bed teaching hospital in the Basel region. Clinical pharmacy services in this hospital are well established in the geriatric and orthopaedic wards and in nutritional support especially for parenteral nutrition. The development of a computerised physician’s order entry system (CPOE) is also one of the tasks of his team.

At the University of Basel he is a member of the Pharmaceutical Care Research Group of Professor Kurt Hersberger where he is active as an associated researcher, a teacher practitioner and as a lecturer.

His areas of interest in research are the development and validation of instruments to detect, analyse and document drug related problems as well as concepts to improve continuity of care.

Currently, he and his PhD student are working on a project to elaborate a screening instrument for patients to assess their risk developing drug related problems in the future. By this instrument high risk patient could be identified and would allow the clinical pharmacist to target his activities to their pharmaceutical care needs.

The results of his projects are presented regularly as posters or oral communications in ESCP conferences (poster award winner in 2000 and 2010) and in peer reviewed journals. More details on the projects and publications can be found on the website of the Pharmaceutical Care Research Group (www.pharmacare.unibas.ch). In undergraduate teaching he is involved in pharmaceutical care in general, paediatric and geriatric pharmacy, and health-system pharmacy.

In postgraduate education he is responsible for advanced studies in clinical pharmacy and supervises students in their clinical training program.

He is an active member of the Swiss Society of Public Health Administration and Hospital Pharmacists (www.gsasa.ch). Within this society he was very active in establishing the postgraduate education curriculum in clinical pharmacy and is a member of the Quality and Safety Committee and the new working party for postgraduate education in hospital and clinical pharmacy.

In the ESCP where he is a member since 2001, he is in the Education and Training SIG and was member of the scientific committee for the 2009 congress in Geneva.

Markus Lampert
Markus.Lampert@ksbh.ch

News from the GC

After the call for nominations for the vacancy representing the small countries in the General Committee, the Office received the nomination of Anne Gerd Granås, from Norway. As this is the only nomination ESCP received: Anne Gerd is declared elected. The GC sends Anne Gerd a warm welcome!"
ESCP Financial support for Congress attendees

ESCP would like to assist in the education of clinical pharmacists in developing countries. A way of doing this is to make the ESCP congresses more accessible for pharmacists from these countries. ESCP therefore offers financial support, consisting of free registration to the next ESCP European Symposium on Clinical Pharmacy. The pharmacist who requests financial assistance should live and work in a developing country (according to the World Bank List of Economies). An additional condition is that the applicant must be active in developing clinical pharmacy in his/her country. This would be difficult to measure; ESCP requests that:
• The pharmacist has an abstract submitted and accepted for presentation at the symposium;
• The pharmacist writes a short article on the symposium, which should be published in her/his national journal. A copy of this publication should be sent to the ESCP International Office;
• The pharmacist is interviewed during the symposium and the interview will be edited for publication in the ESCP Newsletter. In granting financial support, priority will be given to the following applicants:
  • ESCP Members, taking into account the duration of their membership;
  • Applicants whose abstracts have been accepted for presentation as oral communication or poster discussion forum during the symposium;
  • Applicants with the most experience in clinical pharmacy, which will be determined by the quality of abstract(s) submitted and the applicants’ Curriculum Vitae;
  • Applicants who have not previously received financial support from ESCP.
Applicants who wish to benefit from such support and are able to meet the criteria described above, are invited to send their financial support request and Curriculum Vitae by email to the ESCP International Office at info@escpweb.org not later than seven weeks before the Symposium.

1. Interview with Katarina Vucicevic, Belgrade, Serbia

Katarina Vucicevic
Department of Pharmacokinetics and Clinical Pharmacy
Faculty of Pharmacy
University of Belgrade, Serbia

What is your current professional role?
I am an academic staff member at Department of Pharmacokinetics and Clinical Pharmacy, Faculty of Pharmacy, University of Belgrade, Serbia.

What is your specialty?
I am a pharmacist. I took a PhD in pharmacokinetics, and I was doing modelling of antiepileptic pharmacokinetic data.

What are your interests?
I am interested in clinical pharmacokinetics, and how pharmacokinetic characteristics of a drug can be used in individualisation of the dosing regimen.

Why did you want to join ESCP?
We implemented new curriculum at Faculty of Pharmacy which includes a course in clinical pharmacy. We now have the first generation of students who finished the faculty with knowledge in clinical pharmacy, and we expect them to influence the changes in practice. Moreover, I am very interested in meeting colleagues from Europe in order to exchange experiences, and to be informed about their activities in the practice.

Who informed you about ESCP?
I visited ESCP before - it was in 2008, in Dubrovnik. It was very helpful because it provided an overview of clinical practice in Europe. On this ESCP I had a poster "Application of Clinical Pharmacokinetics to Optimize Amikacin Dosing Regimen in Neonates" Katarina Vudićević, Brantislaiva Miljković, Sanela Đorđević, Ana Marić, Zorica Rakonjac, Milica Prostran. Since I found this conference very useful because of the many lectures, sessions, workshops, I am sure I will attend again. Thank you very much!!!

Maria Skouroliakou
diatrofi@iaso.gr

2. Interview with Zamzam Ahmed, Somalia

Zamzam AHMED is a Somali national who lives currently in the UK. She grew up in Qatar and then moved to study pharmacy in Jordan. After practicing as a clinical pharmacist for 8 years in Qatar, Zamzam joined the School of Pharmacy, University of London to do a masters degree in her field, Clinical Pharmacy.

She is currently a PhD student in the Centre for Medication Safety and Service Quality, Department of Practice and Policy, at the School of Pharmacy in London. Her research is about electronic prescribing in secondary care with a focus on its benefits, economic impact and effect on work flow.

Zamzam presented a very well received oral communication about the project she carried out during her master’s degree. Her study aimed to determine the status of documentation of medication changes at discharge and to develop and assess ways to improve it. The study was conducted over 5 weeks and Plan-So-Study-Act cycles were implemented.

Theses cycles focused on education, raising awareness, and delivering feedback. Documentation of medication changes on drug charts and electronic «To Take Away» prescriptions showed statistically significant improvements after separate interventions involving provision of education, raising awareness and delivery feedback. Delivery feedback to healthcare providers was found to be the most effective intervention.

It was the first time Zamzam attended the ESCP congress, after encouragement by a colleague to do so. She was very pleased to be given this opportunity to contribute to the ESCP and would be delighted to be able to do so again in the future...

Olivier Bourdon
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ESCP Financial support for Congress attendees (followed)

3. Interview with Songul Tezcan, Turkey

Songul TEZCAN is from Turkey. She is a research assistant at the Faculty of Pharmacy in Istanbul. She is currently in a PhD program about clinical pharmacy in oncology.

She supports clinical pharmacy students of the 4th and 5th year from the university who visit the hospital. It was the first time Songul had attended ESCP and also her first time in Ireland.

Songul presented a Poster. The aim of her study was to evaluate the quality of life in patients receiving chemotherapy with cisplatin alone or in combination with other agents. Their findings point out the positive impact of the involvement of clinical pharmacists in oncology services. Patient monitoring and patient counselling help to improve quality of life.

Songul will join the oncology SIG. She hopes to come back to ESCP and so she will try to be in Barcelona! She thanks ESCP for financial support, if not she wouldn’t have been able to come to Dublin.

Olivier Bourdon
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Who wants to join the communication committee?

There are three important committees in ESCP. The Research, Communication and Publication committee. In these committees the quality of what is going on in the society is being monitored and improved.

The communication committee in ESCP is the place where decisions are being made about the internal and external communication of ESCP. All communication topics from maintenance of the Website, to the Guidelines for Successful Presentations, from the Abstract submission procedures to the ESCP stand during conference, pass the table. The committee also advises the General Committee, solicited and unsolicited. It is a fun committee to be part of! And at the end, all members of the committee try to do their best to advance ESCP, as the real and only European Society for Clinical Pharmacy.

This great committee is looking for new and young talent. Are you reasonably fluent in English and do you like being creative in word and images? Then we would like to hear from you. If you want to know more, please contact the ESCP secretariat (escp@planet.nl) or Daniela Scala (daniela.scala@ospe.dalecardarelli.it), the chair of the committee!

Four ESCP members awarded as Fellows (FESCP)

Based on the nominations received until the deadline 31 March 2011, the General Committee (GC) of the ESCP decided on four additional members to be recognised as ESCP Fellows. The awardees received both a certificate and a plaque.

ESCP Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice and/or research, contribution to the advancement of clinical pharmacy, preferably in Europe, and services for ESCP (www.escpweb.org/cms/node/75).

The following colleagues were awarded fellowship on 19 October 2011 during the opening ceremony at the recent ESCP symposium in Dublin.

The 2011 Fellows are:

From right to left:
Dr. Ruud Dessing (The Netherlands)
Prof. Yechiel (Chiel) Hekster (The Netherlands)
Prof. Fikret Y. Izzettin (Turkey)
Prof. Pat Murray (United Kingdom)

Congratulations New ESCP Fellows!

Previous ESCP Fellows (FESCP)

2009:
Dr. Henk Buurma (The Netherlands)
Prof. Dr. Han de Gier (The Netherlands)
Yolande Hanssens (Qatar)
Prof. Dr. Kurt Hersberger (Switzerland)
Prof. Stephen Hudson (United Kingdom) †
Moira Kinnear (United Kingdom)

2010:
Erik Gerbrants (The Netherlands)
Prof. Dr. Gert Laekemann (Belgium)
Prof. Dr. Bert Leufkens (The Netherlands)
Francesca Venturini (Italy)
Pharmacists within healthcare facilities in Italy have evolved in the last decades. They began to take their first steps towards clinical pharmacy in the 70’s, fostering collaborations with physicians and administrators; they became established as territorial pharmacists in the 80’s, performing increasingly clinical activities at the bedside in collaboration with general practitioners and primary care practitioners. Then they continued to evolve towards pharmaceutical care, which frequently involves pharmacoeconomics research and clinical galenics, and a greater focus on individual patient needs.

Currently, clinical pharmacists in Italy perform activities at different levels focusing on drug information and documentation; the monitoring and assessment of therapies to promote standard and appropriate behaviours in the scope of specific clinical/therapeutic areas; the management of hospital formularies edited and reasoned from a clinical perspective; clinical experiments; direct drug distribution, established for cost benefit reasons but most importantly to ensure the consistent monitoring of patient compliance and possible side effects; activities regarding the assessment of diagnostic-therapeutic plans, so as to support physicians in identifying pharmacological interactions and the pharmacological history of patients; assessment of patient comorbidities; and management of the operator safety during the handling of high risk medications such as oncology drugs.

In March 2010, the Quality Department of the Health Ministry signed a collaboration agreement with SIFO (Italian Society of Hospital Pharmacists) providing for a project called “Unit pharmacists as a tool for the prevention of medication errors and implementation of clinical governance policies in the field of oncology”, aimed at establishing a model of reference for the introduction of this profile in Italian healthcare facilities. The duration of the program is one year.

The program provides for multidisciplinary workgroups, and field experiments in 5 Italian healthcare facilities to evaluate the contribution of unit pharmacists in reducing oncological medication errors in drug-related step within hospitals - prescription, preparation, transcription, distribution, administration and monitoring – and in rationalising hospital pharmaceutical expenses.

The project’s goal is the drafting of a manual illustrating a unit pharmacist model of reference validated at national level. Afterwards, SIFO’s task will be to implement this profile in other Italian healthcare facilities and other therapeutic areas such as medicine, nephrology, gynaecology, paediatrics, and intensive care.

In each of the 5 facilities enrolled for the experimentation phase, there is a staff pharmacist serving as a tutor, and a fellow pharmacist with a specialisation in hospital pharmacy. Before the beginning of the experimentation phase, both were specifically trained at the Health Ministry.

The program’s work plan provides for the constant monitoring of process indicators and outcomes in order to highlight the actual added value created by the clinical pharmacist working inside hospital oncology units/ departments. Particular attention is given to the appropriateness of orders for new oncology drugs, detectable by evaluating the prescriptions’ compliance with the AIFA (Italian Medicines Agency) register of monitored drugs.

Another important indicator of appropriateness is related to the monitoring of off-label prescriptions for oncology drugs. Here the pharmacist’s specific skills can facilitate, through the implementation of adequate procedures and the timely analysis of scientific literature, the decisions made by physicians when prescribing pharmacological therapies in particular clinical cases where no other therapeutic option is available.

Another monitored aspect is related to the evaluation of outcomes, with particular reference to the safety of pharmacological therapies and perceived quality. Possible readmissions secondary to drug-related adverse events/reactions are currently being evaluated. This requires the careful documentation of the severe drug-related adverse events occurring within the facilities and of the near misses, aided by the awareness of clinical operators and the involvement of hospital risk management units. The program also provides for the evaluation of the quality perceived by both clinical operators and patients regarding the pharmacist’s presence on the units. Surveys will be carried out through specific questionnaires that will highlight the opinion and perception of hospital physicians on how and to what extent the pharmacist can actually improve clinical practices and enhance the quality of drug therapy management throughout the overall drug path within the hospital, from prescription to administration.

Much attention is also given to the quality perceived by patients, particularly focusing on aspects related to the pharmacological therapy information provided to them, and to the observance and compliance with home therapies after hospital discharge.

The program was completed in March 2011 followed by an implementation plan drafted on the basis of the experimentation performed, which also envisages the transferability to facilities with less human and technological resources. The first outcomes show that even in our country there is an actual need for unit pharmacists: professionals with clinical experience, whose know-how is an added value to unit clinical activities. Their collaboration with physicians, at patient bedside, is becoming increasingly important in the study of drug effects on humans, in the management of the different issues affecting clinical activities and appropriateness of drug use, and in the safety of pharmacological therapies.

The growing presence of this profile is part of a vision of multidisciplinary and holistic approach to patient care, perceived as a growing need by institutions, physicians, nurses, patients, and families alike.

Laura Fabrizio, SIFO President
Piera Polidori, General Committee ESCP

The SIG Geriatrics presents a clinical case. If you cannot find the answer... see page 6.

An 85-year-old female was brought to the Emergency Department by her daughter for new onset urinary incontinence, confusion and increased lethargy. This patient was disoriented and was saying that she saw people climbing trees outside the window. She was having great difficulty sustaining attention and her level of consciousness waxed and waned. This patient was trying to remove her intravenous access line.

A bladder catheter was inserted and restraints applied since the patient was very agitated. A urinary tract infection was diagnosed. Her weight is 55 kg.

Her current medical history includes: Alzheimer disease, hypertension, hypothyroidism, constipation. No documented allergies. Current medications:

Verapamil SR 360 mg daily
Donepezil 10 mg at bedtime
Enteric coated aspirin 80 mg daily
Levotiroxine 0.05 mg daily
Paroxetine 20 mg daily (started 3 weeks ago)

Labs
Na 140 mmol/L K 4.2 mmol/L
Creatinine 80 µmol/L TSH 3.4 mIU/L

Question 1: Which of the following can contribute to the development of delirium in this patient?
1. Urinary tract infection
2. Alzheimer’s type dementia
3. Depression
4. Paroxetine
5. Verapamil

Question 2: Which of the following are the clinical features of delirium?
1. Slow onset
2. Fluctuating course
3. Changes in level of consciousness

Question 3: Which is the prevalence of delirium among patients admitted to a geriatric unit?
1. 9 to 43%
2. 12 to 27%
3. 63%
4. None of the above

Question 4: What are the precipitating factors of delirium in this patient?
1. Use of drug with anticholinergic properties
2. Use of restraints
3. Use of a bladder catheter
4. Constipation

Louise Mallet
louise.mallet@umontreal.ca

ESCP SIG Geriatric
New review of cardiovascular risks of non-selective NSAIDs

Purpose
An update of the 2006 CHMP (Committee for Human Medicinal Products) opinion in light of more recently published evidence.

Setting
Since 2006, a number of new studies on the cardiovascular safety of NSAIDs have been published. Recently, results from the independent research project ‘Safety Of non-Steroidal anti-inflammatory drugs’ (SOS) funded by the European Commission under the 7th framework programme to evaluate the safety of NSAIDs, have become available. The CHMP will now review the results of this meta-analysis thoroughly, together with any other available clinical data (including data from clinical trials and epidemiological studies) and post-marketing safety reports on non-selective NSAIDs, to clarify whether there is any need to update the opinion issued in 2006.

Guideline on clinical investigation of medicinal products in the treatment of depression

Purpose
The document should be considered as general guidance on the development for medicinal products for acute and long-term treatment of major depression. Its main focus is on unipolar major depressive episodes. Despite many approved antidepressants there is still a need for new medicinal products with better efficacy (e.g. faster onset of action, higher rates of response and remission) and improved safety profile in patients with major depressive episodes.

Setting
This guideline focuses primarily on antidepressant products developed specifically for major depression. Recent experience with approval procedures and scientific advice at EMA as well as new scientific results and clinical guidelines reflecting current medical practice have been taken into consideration with the revision of the guidance document. The need for placebo control and active control is outlined, issues regarding special populations like children and adolescents, young adults and the elderly have been addressed.

Content of the paper
Patients
The disorder should be classified according to an internationally acknowledged classification system, preferably DSM IV-TR or ICD-10, using the diagnostic criteria therein. The same classification system should be used for the whole development of the medicinal product. A rating scale alone is insufficient and is not equivalent to a diagnosis. Further descriptive parameters, like severity of the episode, as well as a detailed history, e.g., duration of the depression and of the index episode, number of episodes per time interval, previous treatment outcome, should also be documented. In addition cut-off scores, based on an appropriate scale may be used as inclusion criteria. It is highly desirable that the study population is homogeneous with respect to the indication for the dose finding and pivotal studies. Though some of the earlier studies may be done in hospitalised patients, the majority of the database should be in outpatients for better generalisability of the study results.

Intervention
In principle, to assess the effect of medicinal products parallel, double blind, randomised placebo controlled trials are necessary. In addition, comparison with a standard product in an adequate dose is needed. The choice of dosages and the comparator should be justified.

Outcomes
Monotherapy in patients with treatment resistant major depression (TRD) could be a separate but additional claim. This could be granted to compounds with an adequately substantiated general major depression indication. At least one additional trial should be performed to support extension of the indication to treatment resistant patients. Subgroup analyses among treatment resistant patients in trials conducted in a general population with major depressive episodes are not sufficient to obtain the extended indication although they could provide supporting data.

Possible role of ESCP
Stakeholders are particularly invited to comment on the following aspects within the guideline:
- definition of partial responder and treatment resistant patient populations;
- duration of short term trials in children and adolescents, and the need for maintenance of efficacy trials in this population.

The end of public consultation period is 31 March 2012. The document can be accessed on the website of EMA or can be sent upon request.

Gert Laekeman
Co-opted member of the Herbal Medicinal Product Committee of EMA

Answer of the clinical case (page 5).

Question 1: Which of the following can contribute to the development of delirium in this patient?
1. Urinary tract infection
2. Alzheimer’s type dementia
3. Depression
4. Paroxetine
5. Verapamil

Answer 1, 2, 3, 4, 5
Infection such as urinary tract infection or pneumonia is a common source of delirium. Another important risk factor is the presence of existing cognitive impairment and depression. Most SSRIs have no or limited anticholinergic activity. However, paroxetine has important anticholinergic activity. Verapamil causes important constipation, which can lead to urinary tract infection and delirium.

Question 2: Which of the following are the clinical features of delirium?
1. Slow onset
2. Fluctuating course
3. Changes in level of consciousness

Answer 2, 3
The most important diagnostic feature that distinguishes delirium from dementia is the fact that delirium has an acute onset, whereas dementia is gradual in progression. Changes in the level of consciousness and the fluctuating course favour the diagnosis of delirium.

Question 3: Which is the prevalence of delirium among patients admitted to a geriatric unit?
1. 9 to 43%
2. 12 to 27%
3. 63%
4. None of the above

Answer 1
Study prevalence of delirium ranges from 9% to 63% depending on the clinical setting. The highest prevalence rate of delirium was 63% in hospitalised patient in an oncology or palliative care unit. The prevalence rate of delirium in patients admitted to a geriatric unit ranges from 9% to 43% according to the studies.

Question 4: What are the precipitating factors of delirium in this patient?
1. Use of drug with anticholinergic property
2. Use of restraints
3. Use of a bladder catheter
4. Constipation

Answer 1, 2, 3, 4
A number of precipitants have been associated with delirium. More than one may be present at the same time. Constipation, urinary infections, presence of catheters, electrolyte disturbance, drugs (especially those with anticholinergic activity or psychoactive drugs), alcohol withdrawal, pain, sleep deprivation, environmental (use of restraints).
Patients, Infections and the Clinical Pharmacist
Leuven, Belgium, 30 May - 1st June 2012

**Organising Committee**
Siska Desplenter, Belgium
Erik Gerbrants, Netherlands
Gert Laekeman, Belgium
Hugo Robays, Belgium
Jenny Vijverman, Belgium
Ludo Willems, Belgium

**Scientific Committee**
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Gert Laekeman, Belgium
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Franky Buyele, Belgium
Isabel Spriet, Belgium
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**Plenary lectures**
- Opportunistic infections in patients at risk
- Therapeutic drug monitoring as a tool in anti-infectious therapy
- Resistance in Gram negative infections
- Pharmacoeconomic aspects related to vaccinations and infections
- Invasive fungal infections in hematological and pediatric patients
- Vaccination and anti-vaccination
- Osteomyelitis as a clinical community pharmacy topic
- Cystic fibrosis as a clinical community pharmacy topic
- Perspectives in antimicrobial treatment
- Infections pharmacists: concept and reality

**Interactive sessions**
- Treatment decisions for resistance of gram negative bacteria
- Use of hospital databases on antibiotic prescribing and consumption
- Compliance / adherence in long-lasting therapies
- Role of the pharmacists in treatment infectious diseases
- Role of the pharmacists in prevention of infectious diseases
- Urinary infections in the community and the hospital
- Interactions with antimicrobial agents
- Infections in pediatric oncological patients
- Breakpoints of resistance
- Infections and travelling

Participants : max 200

To learn more about the programme and register, visit: www.escpweb.org
or mail info@escpweb.org

**15 December 2011**
Registration open

**15 December 2011**
Abstracts submission open

**5 March 2012**
Abstracts submission deadline

**5 March 2012**
Early bird registration deadline

**20 April 2012**
Early bird registration deadline for accepted abstract submitters

**1st April 2012**
Registration open

**1st May 2012**
Abstracts submission open

**1st July 2012**
Abstracts submission deadline

**31 July 2012**
Early registration deadline

**30 August 2012**
Notification to abstract submitters

**15 September 2012**
Registration Deadline for Abstract presenters
### 2012

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<th>Location</th>
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<td>30 May-1 June</td>
<td>Leuven (Belgium)</td>
<td>International Workshop «Patients, Infections and the Clinical Pharmacist»</td>
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<tr>
<td>29-31 October</td>
<td>Barcelona (Spain)</td>
<td>41st ESCP Symposium on Clinical Pharmacy «Personalised and Safe Therapy»</td>
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### New Members

- **Belgium**
  - Freija Verbiest ............ Bonheiden
  - S. Von Winckelmann ....... Bonheiden

- **France**
  - Melten Breen ................ Longjumeau

- **Ireland**
  - Niamh McMahon ............... Dublin

- **Saudi Arabia**
  - Ismail Nadia ................. Al-Khobar

- **Switzerland**
  - Saskia Bruderer ............. Basel
  - Claudia Zaugg ............... Aarau

- **United Kingdom**
  - James Johnson ............... Glasgow
  - Jayesh Maru ................ Northampton
  - Keith B. Wilson ............. Birmingham

- **United States**
  - Chris Pantouris ............. Sarasota, FL

### Membership 2012

Membership in ESCP is open to clinical pharmacists, researchers and other healthcare professionals who work in any of the following environments: community, hospital, academic, industry or any other healthcare setting. Pharmacy students are also invited to become members of ESCP.

Adress: [http://www.escpweb.org](http://www.escpweb.org)

#### 2012 Membership fees

<table>
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<tr>
<th>Membership Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year Full Membership</td>
<td>€ 75</td>
</tr>
<tr>
<td>3 years Full Membership</td>
<td>€ 185</td>
</tr>
<tr>
<td>5 years Full Membership</td>
<td>€ 289</td>
</tr>
<tr>
<td>Student Membership</td>
<td>€ 20</td>
</tr>
</tbody>
</table>