NEWS RELEASE

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November/December 2004 Issue At a Glance

WASHINGTON, D.C. - Highlights of the current issue of *JAPhA* include the following peer-reviewed articles on timely issues, including the impact of prescription drug withdrawals from the market, prescription drug importation, and trends in the pharmacy workforce. An editorial, listed with an excerpt below, accompanies the study of prescribing trends before and after the market withdrawal of cisapride.

Full-text articles are available as PDF files on the journal's Web site (www.japha.org) or by sending an e-mail request to Tenikka Greene (TGreene@APhAnet.org) at the American Pharmacists Association Public Relations office.

Research

Tardive Dyskinesia Risks and Metoclopramide Use Before and After U.S. Market Withdrawal of Cisapride

Douglas Shaffer, Marian Butterfield, Carol Pamer, and Ann Corken Mackey

Douglas Shaffer, MD, MHS, was Senior Medical Officer; Carol Pamer, BPharm, is Safety Evaluator; Ann Corken Mackey, BPharm, MPH, is Safety Evaluator, each at the Center for Drug Evaluation and Research, U.S. Food and Drug Administration, Rockville, Md. Marian Butterfield, MD, MPH, is Associate Professor, Department of Psychiatry and Behavioral Science, Duke University School of Medicine & Center for Education and Research in Therapeutics, and is Core Research Investigator, Durham Veterans Affairs Health Services Research & Development.

Synopsis: Prescription trends show a marked increase in metoclopramide use following the withdrawal of cisapride from the U.S. market in 2000, and the resulting increased utilization may portend a related increase in drug-related tardive dyskinesia (TD). This risk is particularly real, given prescribing patterns for metoclopramide, as reflected in this analysis of data from the Food and Drug Administration's MedWatch Adverse Event Reporting System and IMS HEALTH drug-utilization data. TD risk factors were commonly identified in case reports of TD associated with metoclopramide use, which was often prolonged and in patients such as older women who may not be good candidates for treatment with this dopamine inhibitor.

Analysis: *TD is characterized by persistent abnormal involuntary movements and is associated primarily with the long-term use of antipsychotic medications. It is also a rare, serious, and potentially irreversible adverse effect of metoclopramide. Significant psychosocial morbidity, decreased quality of life, and even mortality have all been attributed to TD. If prescription trends observed in this study continue, the incidence of TD in the United States may increase. Given scant evidence that chronic use of metoclopramide can improve quality of life, TD risk factors relative to the intended benefit and duration of use should be carefully considered in metoclopramide prescribing.*

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Viewpoint

Assessing Drug Safety and Consequences of Drug Withdrawals

Muhammad Mamdani

Muhammad Mamdani, PharmD, MA, MPH, is Associate Professor, Institute for Clinical Evaluative Sciences and Faculties of Pharmacy and Medicine (Department of Health Policy, Management, and Evaluation), University of Toronto, Toronto, Ontario, Canada.

"Once a drug is removed from the market, patients are many times left without effective treatments, and alternative therapies must be explored. In the case of cisapride, metoclopramide is the primary prokinetic alternative agent. As Shaffer and colleagues suggest, however, [tardive dyskinesia] incidence may be expected to increase in accordance with increased utilization of metoclopramide. Arguably, potentially fatal cardiac arrhythmias associated with cisapride use may be less favorable than the nonfatal, but debilitating and socially detrimental, tardive dyskinesia that can be induced by metoclopramide. Further, the benefits associated with drug therapy should outweigh their risks—an assessment that is best addressed by individual patients and their physicians and that is perhaps impossible for government regulators to determine for a nation of 280 million people."

Research

Importation of Prescription Medications: Experiences, Opinions, and Intended Behaviors of U.S. Community Pharmacists

A. Simon Pickard, David P. Nau, Patrick L. McKercher, and Glen T. Schumock

A. Simon Pickard, PhD, is Assistant Professor, Glen T. Schumock, PharmD, MBA, FCCP, is Director, each at the Department of Pharmacy Practice and Center for Pharmacoeconomic Research, College of Pharmacy, University of Illinois at Chicago. David P. Nau, PhD, is Assistant Professor, Center for Medication Use, Policy, and Economics, College of Pharmacy, University of Michigan, Ann Arbor. Patrick L. McKercher, PhD, is an independent consultant, Kalamazoo, Mich. When the study was conducted, he was Director, Center for Medication Use, Policy, and Economics, College of Pharmacy, University of Michigan, Ann Arbor.

Synopsis: Community pharmacists have a number of concerns about relaxation of laws forbidding importation of medications from Canada and other countries, according to this survey of 401 community pharmacists in Michigan, Minnesota, Illinois, and Florida. Most respondents had been asked by patients about U.S.–Canadian price differences, and a majority had been asked how to acquire drugs from Canada. More than one third had been asked how to purchase drugs from Canada more than once a week in the 6 months preceding the March 2004 survey. The pharmacists agreed that consumers of all ages were interested in importing medications to save money and that the Medicare drug benefit will have little impact on consumer interest in importation. The surveyed pharmacists shared the concerns of pharmacy professional organizations and policy experts about the purity and integrity of imported drugs, but agreed that drugs purchased through Canada would not increase risks to the public health if pharmacists oversaw the process and provided patient monitoring. About one half of the pharmacists were concerned about job security as a result of increased importation.

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Analysis: *Demand for lower-cost pharmaceuticals is increasing. Community pharmacists often hear their patients express concerns about medication costs and are asked how to purchase drugs from Canada. Several states are considering the purchase of drugs from Canada in efforts to control spiraling health care costs, and legislation is being deliberated by the U.S. Congress that could reduce or override opposition of the Food and Drug Administration and state boards of pharmacy to the practice. Some policy experts and pharmacy professional associations suggest that unsupervised importation may contribute to drug diversion and counterfeiting, jeopardize patient safety, further fragment health care delivery, and result in economic loss to pharmacies. Although many pharmacists expressed concerns regarding the economic and safety implications of unsupervised importation, views were mixed regarding legalization of importation.*

Research

Analysis of Pharmacist and Pharmacist-Extender Workforce in 1998–2000: Assessing Predictors and Differences Across States

Surrey M. Walton, Judith A. Cooksey, Katherine K. Knapp, Ryan M. Quist, and Laura M. Miller

Surrey M. Walton, PhD, is Associate Professor, Department of Pharmacy Administration, University of Illinois at Chicago. Judith A. Cooksey, MD, MPH, is Director, Illinois Regional Health Workforce Center, University of Illinois at Chicago and Department of Epidemiology and Preventive Medicine, School of Medicine, University of Maryland, Baltimore. Katherine K. Knapp, PhD, is Dean, College of Pharmacy, Touro University, Vallejo, Calif.; at the time this article was written, she was Professor and Director of the Center for Pharmacy Practice Research & Development, College of Pharmacy, Western University of Health Sciences, Pomona, Calif. Ryan M. Quist, PhD, is Assistant Professor, Department of Social and Administrative Sciences, College of Pharmacy, Western University of Health Sciences, Pomona, Calif. Laura M. Miller, PhD, is Senior Economist, National Association of Chain Drug Stores, Alexandria, Va.

Synopsis: Total state population and number of community pharmacy prescriptions dispensed in a state accurately predicted the total number of pharmacist and related positions, according to this analysis of newly available data on pharmacists and pharmacist-extender (technicians, aides) positions for 1998, 1999, and 2000. All other labor market variables analyzed were insignificant after these two variables were controlled for.

Analysis: *A pharmacist shortage began in 1998, but research to identify factors that predict supply and demand in the pharmacist labor market has been limited. While the pharmacist shortage has been described as affecting all parts of the United States, data enabling the analysis of across-state differences in filled pharmacist positions have only recently become available. These study results can help states in assessing their pharmacist workforce and inform policy toward the pharmacist and pharmacist-extender labor markets.*

Tools for Advancing Pharmacy Practice

Pharmacist-Managed Tobacco Cessation Program in Veterans Health Administration Community-Based Outpatient Clinic

Larry A. Dent, Jesse G. Scott, and Evan Lewis

Larry A. Dent, PharmD, BCPS, is Assistant Professor of Pharmacy Practice, School of Pharmacy and Allied Health Sciences, University of Montana, and Clinical Pharmacy Specialist, Missoula Veterans Affairs Primary

Care Center, Missoula, Mont. Jesse G. Scott, PharmD, was a doctor of pharmacy candidate at the time this study was conducted, School of Pharmacy and Allied Health Sciences, University of Montana, Missoula. Evan Lewis, PhD, is Psychologist, Veterans Affairs Medical and Regional Office Center, Fort Harrison, Mont.

Synopsis: A clinical pharmacy specialist at a Montana Veterans Health Administration clinic enabled 41.5% of 130 patients to end their use of tobacco products for prolonged time periods (6 months–4 years) in an ongoing tobacco cessation program. The pharmacist and advance practice experience student pharmacists acted as facilitators, applying the precepts of the Transtheoretical Model of Change; provided pharmacotherapy (bupropion for 75.7% of participants); counseled patients about tools, techniques, and strategies to use in developing methods to become tobacco free; and gave support and encouragement.

Analysis: *Millions of Americans continue to smoke even though tobacco use stands out as the most common cause of preventable death and disease and imposes great economic costs on individuals and society. While pharmacists are ideally situated to provide tobacco cessation interventions and evidence supports a role for them, they appear reluctant to engage in tobacco cessation interventions. However, with the necessary tools for use in practice or in interventions, pharmacist-managed tobacco cessation intervention programs, such as the one described in this article, can enable the profession to provide this crucial service and thereby improve public health and enhance clinical services offered by members of the profession.*

Note to Journalists: Register today to cover APhA2005, APhA's Annual Meeting and Exposition, from on-site or off-site. On-site media registrants will have the opportunity to meet our experts face-to-face, but if you can't come to Orlando, we want to be sure you are able to cover the meeting from off-site by providing information and materials and setting up remote interview opportunities. On-site and off-site media registration is complimentary – and easy. Simply e-mail APhA Public Relations to be e-mailed a simple, fax-back Media Registration Form. Fax it back, and you're done! Contact: Tenikka Greene, TGreene@APhAnet.org, or call (202) 429-7537.

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