

News in brief

Mifamurtide launched in UK

A new therapy for osteosarcoma, mifamurtide (Mepact; Takeda), has been launched in the UK. Mifamurtide is indicated for use in children, adolescents and young adults who have high-grade, resectable non-metastatic osteosarcoma after macroscopically complete surgical resection. It should be used in combination with post-operative multi-agent chemotherapy.

Escitalopram improves cognitive outcome after stroke

Escitalopram improves cognitive functioning in patients who have had a stroke, according to a recent US study (*Archives of General Psychiatry* 2010;67:187–96). The randomised study included 129 patients who received escitalopram 10mg OD (n=43), placebo (n=45) or problem-solving therapy (n=41) within three months of stroke.

In comparison to placebo, escitalopram therapy significantly improved RBANS (Repeatable Battery for the Assessment of Neurological Status) total score, visual memory score and immediate memory score.

Sibutramine suspended

Marketing authorisations for the weight loss drug, sibutramine (Reductil; Abbott Laboratories), have been suspended following recommendations from the European Medicines Agency. The move follows a safety review of medicines containing sibutramine, which found that the cardiovascular risks outweighed the benefits of the drug. Doctors should no longer issue prescriptions for sibutramine, and pharmacists should no longer dispense it.

Correction

There was a typographical error in the dose of varenicline stated in a news story in last month's *British Journal of Clinical Pharmacy* (2010;2:4). The dose should have read 1.0mg BD for 12 weeks, not 0.1mg.

Benefit of dexamethasone in bacterial meningitis questioned

The benefit of adjunctive dexamethasone in patients with bacterial meningitis remains unproven, according to a recent meta-analysis (*Lancet Neurology*; early online publication, 4 February 2010), despite being recommended in current UK guidelines. The study used individual patient data from 2,029 patients in five randomised, double-blind, placebo-controlled trials. It investigated which patients were most likely to benefit from dexamethasone treatment.

Dexamethasone treatment was not associated with a significant reduction in deaths (26.5% versus 27.2% with placebo, odds ratio 0.97, 95% CI 0.79–1.19; p=0.26). Dexamethasone did not appear to have a treatment effect in any of the subgroups of prognostic factors for outcome, such as antibiotic treatment before admission, HIV infection and malnutrition.

Kieran Hand, consultant pharmacist, anti-infectives, at Southampton University Hospitals NHS Trust, commented: "Current

UK guidelines for the early management of suspected meningitis in adults and children recommend adjunctive treatment with dexamethasone. This meta-analysis calls into question its routine use."

However, Dr Hand added: "Only 15% of the trial subjects were from Western Europe, with the remainder from less developed countries. The European study reported an odds ratio for death of 0.48 (95% CI 0.24–0.96, p=0.04) for patients who received dexamethasone."

Dr Hand pointed out that the meta-analysis employed multiple sub-group analyses and must be interpreted with caution, but that a trend towards greater benefit of dexamethasone in older adults (>55 years) and HIV-positive children was evident. The European study recruited a larger proportion of older adults than the non-European studies.

"The findings of this meta-analysis are therefore unlikely to change current dexamethasone treatment recommendations in UK meningitis guidelines," he concluded.

Rituximab re-treatment enhances RA response

A second cycle of rituximab, administered to rheumatoid arthritis patients who have not responded to an initial cycle, enhances clinical response, according to a recent study (*Arthritis and Rheumatism*, early online publication, 25 January 2010).

The study, which was carried out at Leeds Teaching Hospitals NHS Trust, included 158 patients with rheumatoid arthritis who had inadequate response or toxicity to two or more disease modifying drugs, including methotrexate. It investigated the effect of a second rituximab cycle on B-cell depletion and clinical response in those who had not responded to a first cycle.

In the first cycle of rituximab (C1), patients were given two 1g infusions of rituximab. Clinical response was determined six months after treatment. Patients were split into groups of responders (n=65) and non-responders (n=38). A total of 25 non-responders were then treated with a second cycle of rituximab (C2).

After C1, 12% of clinical non-responders had complete depletion of B-cells compared with 38% of responders. After C2, which was given before circulating levels of B-cells had returned to baseline levels, 72% had a clinical response. Interestingly, baseline pre-plasma cell number was predictive of clinical response (p=0.003).

The authors acknowledge that a larger study is needed to confirm these results, but state that this work has led to a change in practice at their trust.

Carole Callaghan, advanced clinical pharmacist in rheumatology at Western General Hospital, NHS Lothian, commented: "This is an interesting trial that reiterates the role of incomplete B-cell depletion in non-responders to rituximab, but also suggests that pre-plasma cell levels prior to infusion are an additional contributing factor. It is interesting to note that a subsequent course of infusions in those initial non-responders increased the number of responders, although the relevance of this finding is of questionable value in clinical practice."