

## News in brief

### Doctor prescribing errors

Doctors have a prescribing error rate of 8.9%, according to a new report from the General Medical Council investigating the causes and prevalence of prescribing errors made by doctors. The research team checked 124,260 medication orders in 19 hospitals across the UK. Prescribing error rates were similar for doctors at all levels with the highest rate seen in F2 (foundation year two) doctors (10.3%). Less than 2% of these errors were identified as potentially lethal.

Most errors were intercepted by pharmacists before they could affect patients, and the contribution of pharmacists was highlighted throughout the report. The report identifies targets for interventions to minimise prescribing errors, including undergraduate and interprofessional education. It can be accessed at [www.gmc-uk.org](http://www.gmc-uk.org).

### NPSA lithium alert

Prescribers and pharmacists should check that blood tests are monitored regularly in patients receiving lithium therapy, says a new patient safety alert from the National Patient Safety Agency. Other recommendations include prescribing and monitoring lithium in accordance with National Institute for Health and Clinical Excellence guidance, and ensuring that blood test results are communicated reliably. The NPSA received over 500 incident reports relating to lithium use between October 2003 and December 2008. The alert can be accessed at [www.npsa.nhs.uk](http://www.npsa.nhs.uk)

### Crohn's drugs reviewed

NICE has issued an appraisal consultation document reviewing the use of infliximab (Remicade; Schering Plough) and assessing the use of adalimumab (Humira; Abbott) in patients with severe Crohn's disease. NICE is expected to recommend the drugs for treatment in those who have not responded to, are intolerant of, or have contraindications to conventional therapy. NICE approved infliximab for Crohn's disease in 2002.

# Antidepressants associated with falls in the elderly

Antidepressants are the drug class with the strongest association with falls in the elderly, according to a recent meta-analysis (*Archives of Internal Medicine* 2009;169:1952–1960).

The analysis included 79,081 participants aged over 60 years, from 22 studies that included nine unique drug classes, and investigated the association between medication use and falls. The Bayesian odds ratio for antidepressants was 1.68 (95% credible interval 1.47–1.91). Other drugs associated with falls included sedatives, hypnotics and benzodiazepines.

Jeremy Robson, advanced clinical pharmacist, medicine for the older person, at Leeds University Hospitals NHS Trust, commented: "This meta-analysis takes into account changes in prescribing practices and builds on the gold standard research in this area (*Journal of the American*

*Geriatrics Society* 1999;47:40–50) to provide up-to-date evidence. Pharmacists can play a vital role in the multidisciplinary assessment of falls patients, by targeting those patients who have been prescribed medicines from the classes described."

The authors conclude that their results highlight the need for caution when prescribing these medicines to elderly patients and suggest that more information about falls risk is needed to help physicians and pharmacists when making decisions about which drugs to prescribe to this group of patients.

Mr Robson pointed out that the authors acknowledge the need for more research in this area. This should involve larger sample sizes and be conducted in both community and hospital settings. "This provides pharmacists the opportunity and stimulus to get involved in good quality research in falls prevention," he added.

## Doubts over benefit of observed HIV therapy

Directly observed antiretroviral therapy does not provide any benefit over self-administered treatment, according to a recent meta-analysis (*Lancet* early online publication, 1 December 2009).

The analysis included 12 studies from the US and Africa. Analysis of viral suppression at study completion (n=1,862) showed that there was no difference between the effectiveness of directly observed versus self-administered highly active antiretroviral therapy (p=0.55).

Directly observed therapy was defined as when a healthcare professional or other trained person watched the patient swallow their medication. None of the secondary outcomes, which included self-reported adherence, all-cause mortality and resistance mutations, were significantly affected by differences in the method of drug administration. A sub-group analysis of populations who were at high risk of non-adherence (e.g. illicit drug users and homeless people) showed a marginal benefit from directly observed therapy.

Brett Marett, lead pharmacist in HIV and sexual health at Imperial College Healthcare NHS Trust, said: "The authors' conclusions are fair since this systematic review and meta-analysis appears to have been well conducted."

However, he added that the studies included are diverse in terms of healthcare settings, access to antiretrovirals, interventions, endpoints and populations, which make the results difficult to interpret. "Many of the studies included in the analysis were of short duration and follow up. In the current clinical context of life-long antiretroviral therapy, it is difficult to extrapolate these data," he said.

Mr Marett added that the applicability of the results to a European setting is not clear. "Viral load endpoints of <50 or <40 copies/ml are standard in Europe for successful treatment but most of the trials in the analysis use <400 copies/ml. In the UK, therapy resulting in persistent viraemia between 50–400 copies/ml would be considered non-suppressive," he said.