

News in brief

Tenofovir for hepatitis B

The National Institute for Health and Clinical Excellence has issued a final appraisal determination for tenofovir (Viread; Gilead) in hepatitis B. The guidance recommends the use of tenofovir as an option for patients with chronic HBeAg(+) or HBeAg(-) hepatitis B who are suitable for treatment with antiviral drugs. The guidance does not apply to patients with chronic hepatitis B who also have hepatitis C, hepatitis D or HIV. NICE is expected to publish the final guidance next month.

NHS exceeds infection target

Meticillin-resistant *Staphylococcus aureus* (MRSA) infections decreased 62% below the 2003/04 baseline in 2008/09, according to a recent report ('The year: NHS chief executive's annual report 2008/09'). This reduction exceeds the NHS target to halve MRSA infections by 2010/11. Other achievements include exceeding the target for extending GP opening hours and meeting the 18-week target from referral to starting hospital treatment. The report highlights NHS progress during the past financial year and outlines the opportunities and challenges moving forward. It can be accessed at www.dh.gov.uk.

Excellence in oncology

Entries are now being sought for this year's 'Excellence in oncology' awards. The awards, which are funded by Pfizer in association with the British Oncological Association, recognise and reward best practice in oncology management, education and patient care in the UK. All oncology healthcare professionals, including pharmacists, are eligible to enter. The winners will be announced during the National Cancer Research Institute conference in October. The closing date is 31 July. Further details at www.excellenceinoncology.org.

Thromboembolic risks remain high after valve surgery despite heparin use

Patients who receive intravenous unfractionated heparin (IVUH) following mechanical heart valve replacement (MHVR) still have a high risk of early postoperative thromboembolic events (TEs), according to a recent study (*Heart* early online publication; 28 May 2009). The observational, single centre study, which included 149 patients undergoing mitral or double MHVR and 151 patients undergoing aortic MHVR, investigated the incidence and risk factors of early TEs in patients who were administered postoperative IVUH — the 'gold standard' for patients undergoing MHVR. The primary endpoint was the occurrence of any arterial TE from day one to day 30.

The investigators found that 14.8% of patients (n=22) had an early TE after a mitral or double MHVR and 1.3% of patients (n=2) had an early TE after an aortic MHVR. A total of 20 patients experienced bleeding complications, none of whom developed a TE.

Sotiris Antoniou, principal cardiac pharmacist at Barts and the London NHS Trust, told *The British Journal of Clinical Pharmacy*: "This study further demonstrates the delicate balance between TEs and bleeding complications during the early

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postoperative days following mechanical heart valve surgery." Mr Antoniou added that today some centres prefer to use low molecular weight heparin, due to its predictable dose response curve.

IVUH is used by many institutions even though there is a lack of controlled data to support its use. Mr Antoniou commented: "Much of the data which has informed practice in this area has been derived from studies which were carried out up to 40 years ago."

Clopidogrel and proton pump inhibitor interaction

A significant interaction may occur between clopidogrel and proton pump inhibitor's (PPIs), according to a recent statement from the European Medicines Agency. The statement says that the concomitant use of a PPI with clopidogrel should be discouraged and the product information for clopidogrel is to be amended accordingly.

The possible adverse interaction between clopidogrel and PPIs results in an increased risk of cardiac events and has been a topic of much debate over recent months, said Helen Williams, consultant pharmacist for cardiovascular disease, South East London. "Three studies have now highlighted this

problem independently and, although the methodology can be criticised, the results are difficult to ignore."

She added: "Our local approach to dealing with this is to review all patients prescribed the combination of a PPI and clopidogrel. If the indication for a PPI is weak or unclear, then the drug should be stopped or switched for a H2 antagonist." Ms Williams said that certain patients will however need to be treated with both clopidogrel and a PPI, and there is no clarity over which PPI is safest. "Clinicians must be made aware of this issue and should endeavour to minimise the risk to patients by avoiding concomitant use wherever possible."