Book review

Goodman & Gilman's The pharmacological basis of therapeutics. 11th ed. Brunton L, Lazo J, Parker K, editors.

New York: McGraw-Hill; 2005. 2021 pages. Price $155.95

John S. Dowden, Editor, Australian Prescriber

This textbook of therapeutics was first published in 1940, so it is not surprising that the original authors were not involved in the 11th edition. The book is now made up of chapters written by individual authors, creating a challenge for the editors. All but three of the authors work in the USA, but the textbook has an international appeal.

As in previous editions, the book is divided into sections dealing with drugs that act on each of the body's systems. There have been a few changes in this format such as the section on vitamins being absorbed into other chapters, and the chapter on the treatment of poisoning being moved into the toxicology section. New chapters include pharmacogenetics and drug metabolism.

Several sections begin with a chapter that reviews the physiology of a body system. In other sections these reviews are incorporated within the chapters. The usual pattern is to explain how a class of drugs acts and then to briefly discuss individual members of that class. The explanations of mechanisms of action are usually easy to understand especially when accompanied by diagrams. There is a bibliography at the end of each chapter for people who want to check the original research.

The problem with any textbook is that parts of it quickly go out of date. This edition was compiled recently enough to include the downfall of rofecoxib.

Unless it is already available in the USA, a new drug marketed in Australia may not be included in Goodman and Gilman. (*Australian Prescriber* is an up-to-date source of brief information on new drugs.) However, the book is a useful resource. It does not need to be on every prescriber's desk, but it is a very helpful reference for learning, or recalling, how drugs work.

New drugs

Some of the views expressed in the following notes on newly approved products should be regarded as tentative, as there may have been little experience in Australia of their safety or efficacy. However, the Editorial Executive Committee believes that comments made in good faith at an early stage may still be of value. As a result of fuller experience, initial comments may need to be modified. The Committee is prepared to do this. Before new drugs are prescribed, the Committee believes it is important that full information is obtained either from the manufacturer's approved product information, a drug information centre or some other appropriate source.

Lumiracoxib

Prexige (Novartis)

400 mg tablets

Approved indication: analgesia

Australian Medicines Handbook section 15.1

Lumiracoxib is a non-steroidal anti-inflammatory drug which selectively inhibits the COX-2 isoenzyme. Like celecoxib, lumiracoxib may have fewer gastrointestinal adverse effects than similar drugs which inhibit the COX-1 and COX-2 isoenzyme (see COX-2 inhibitors, Aust Prescr 2000;23:30–2).

A small study randomised 65 men to take lumiracoxib, naproxen or a placebo for eight days. While none of the volunteers who took lumiracoxib developed gastroduodenal erosions, 13 of those taking naproxen developed duodenal erosions and one man developed a gastric ulcer.[1]

A larger trial compared lumiracoxib with naproxen and ibuprofen in 18 325 people over 50 years old with osteoarthritis.[2] Although 39% of the patients did not complete the one-year trial, there was a significant difference in the incidence of gastrointestinal adverse effects. Complications occurred in 29 of the 9117 people (0.32%) in the lumiracoxib group compared with 83 of the 9127 people (0.91%) who took another non-steroidal anti-inflammatory drug.

At the time lumiracoxib was approved in Australia much of the information about its efficacy was only publicly available as conference abstracts. Several papers were presented at the 2003 congress of the European League against Rheumatism.[3]

One of the conference abstracts describes a comparison of lumiracoxib, celecoxib and placebo in 1600 patients with osteoarthritis of the knee. After 13 weeks the effect of lumiracoxib on pain and function was greater than with placebo and similar to the effect of celecoxib. There was no significant difference in the efficacy of once-daily lumiracoxib 200 mg and lumiracoxib 400 mg.[3]