

EDITORIAL

# The National Prescribing Service and Australian Prescriber

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**Index words: drug information.**

*(Aust Prescr 2002;25:26–7)*

This year sees the operations of *Australian Prescriber* enter a new era. Change is a challenging concept in any context, but can be construed to be particularly so when the focus of that change is a drug review journal, acknowledged both within Australia and internationally as one of the leading independent publications concerned with critical review and the Quality Use of Medicines (QUM). *Australian Prescriber* has been a significant component of the evolution of Australia's QUM movement over the past quarter-century.

As the National Prescribing Service assumes proprietorship of this bulletin, it is timely to outline the history of the change, and to give some insight into what the future may bring. It is also important to address the concerns, about the vitality of *Australian Prescriber* under the new management, which were aired in the previous issue.<sup>1</sup>

## In this issue...

With *Australian Prescriber* now ensconced in its new home, Stephen Phillips, the chairman of the National Prescribing Service, gives us a glimpse of the future role of the journal within that organisation. *Australian Prescriber* will continue to talk about new drugs. In addition to the brief comments starting on page 44, this issue also contains a review of the new formulations of insulin.

Interferons are relatively new treatments for multiple sclerosis. While Richard Macdonnell and his colleagues explain the role of these new drugs, a patient tells us what it is like to be on the receiving end of these injections.

Other advances mean that elderly patients should no longer be denied surgical treatment purely because of their age. This can create a dilemma for anaesthetists and so Geoff Cutfield discusses some of the issues to consider when an elderly patient requires an anaesthetic.

There can also be dilemmas in the diagnosis of infertility, but Robert Norman reminds us that history, examination and a few simple investigations can help find the cause in many cases.

The National Prescribing Service is a product of the increasing momentum of QUM activities in Australia. Formed in 1998, the National Prescribing Service has as its mission 'to create an awareness, culture and environment that supports quality prescribing in Australia', and its primary goal is 'to improve health outcomes for all Australians through Quality Use of Medicines' – use that is judicious, safe, effective and cost-effective. The National Prescribing Service is a public company and as such, maintains total operational independence (from the Government, the pharmaceutical industry and others). This is essential if the vision of being 'the most trusted source of independent information about medicines in Australia' is to be realised.

Australia's National Medicines Policy is built on the concept of partnerships, and delivery of its objectives (of which QUM is one) cannot be achieved without the appropriate engagement of all potential contributors to the therapeutic relationship – prescribers, dispensers, consumers, regulators and producers of medicines. Another critical ingredient is the guaranteed independent evidence-based derivation of information about medicines. These themes were prominent in the report of the review of *Australian Prescriber* undertaken by Dr Andrew Herxheimer in 1997, under the auspices of the Pharmaceutical Health and Rational use of Medicines (PHARM) Committee. They are also major pillars in the philosophy of the National Prescribing Service.

There is significant congruence between the objectives of the National Prescribing Service and *Australian Prescriber*. The journal carries the formal endorsement of the National Prescribing Service as a valuable academic and pharmaceutical decision-support resource. There is a history of effective bilateral collaboration at many levels since the inception of the National Prescribing Service. The assumption by the National Prescribing Service of responsibility for publishing *Australian Prescriber* as from January 2002 can be seen as a logical integration. It could add significant value to the sum effect of QUM educational activities in Australia.

The decision to outsource production of *Australian Prescriber* was made by the Commonwealth Department of Health and Ageing. This editorial will not examine the dynamics of that decision, but it is important to point out that at all times in its deliberations on this matter, the National Prescribing Service Board's primary concern was to guard not only the survival of

*Australian Prescriber*, but also its national and international stature. It has always been our understanding that the outsourcing of *Australian Prescriber* had as its main driver, the isolation of the journal from the dynamics of the Government's annual budget cycle. In this context, tenure with the National Prescribing Service brings with it a minimum four-year guarantee of operational stability.

Another central concern in our negotiations with the Department of Health and Ageing has been to see sufficient funding allocated to *Australian Prescriber* to allow continued production of the journal along with the full roll-out of National Prescribing Service programs, without either impinging on the capacity of the other. The National Prescribing Service was able to convince the Department of the importance of these goals and has secured the funding needed to achieve them.

Two other factors were crucial to maintain the authority of *Australian Prescriber* in the transition to private ownership: continuity of expertise and editorial independence. The National Prescribing Service has been able to recruit key members of *Australian Prescriber* staff which in itself is a measure of their professional commitment to this public health enterprise. Our relationship with the Executive Editorial Board of *Australian Prescriber* has always been mutually productive, and an absolute commitment to its continued editorial authority has

been given by the National Prescribing Service Board. The National Prescribing Service has several policies and procedures which effectively deal with the potential conflicts of interest which may arise when multi-stakeholder activities are undertaken, and I am confident these will serve us well in our management of *Australian Prescriber*.

What of the future? Business as usual in respect of the core functioning of *Australian Prescriber*. However, evolution is essential for enhanced effectiveness. We will, in consultation with the new Editorial Executive Committee of *Australian Prescriber*, professional, consumer and other stakeholders, focus on issues including greater integration of QUM messages, better penetration of target constituencies, and more efficient and interactive methods of distribution.

In this new phase of *Australian Prescriber* operations, a sense of insecurity is understandable, caution is required and scrutiny will be welcomed. The National Prescribing Service looks forward however to bringing the power of this venture to the pursuit of QUM in Australia.

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#### REFERENCE

1. Executive Editorial Board. Changes at *Australian Prescriber*. *Aust Prescr* 2002;25:2.

## Letters

Letters, which may not necessarily be published in full, should be restricted to not more than 250 words. When relevant, comment on the letter is sought from the author. Due to production schedules, it is normally not possible to publish letters received in response to material appearing in a particular issue earlier than the second or third subsequent issue.

### Over-the-counter medicines in children

Editor, – Some of us have had serious reservations about the advisability and efficacy of over-the-counter medications in children for some time (*Aust Prescr* 2001;24:149-51). As stated in the article, there are few reliable sources of information. I thought your readers may be interested in some others.

There is an article showing the striking absence of efficacy data for cough and cold medicines in children, and the many non-scientific factors contributing to the frequency of their use.<sup>1</sup> I was interested to learn that healthy children, who have not had a respiratory tract infection within the past month, cough 1-34 times per day.<sup>2</sup>

Another article on antipyretic therapy states that neither the detrimental effects of fever nor the salutary effects of antipyretic therapy have been confirmed experimentally. Furthermore, carefully controlled efficacy studies have never quantified the degree to which antipyretic therapy enhances the comfort of patients with fever.<sup>3</sup>

Even the old dependable gripe water for the treatment of colic is a sham! It now seems that its soothing effect derives from its sweet taste, which can be duplicated with sugar solutions.<sup>4</sup>

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#### REFERENCES

1. Gadomski A. Rational use of over-the-counter medications in young children. *JAMA* 1994;272:1063-4.
2. Chang AB, Robertson CF. Cough in children. *Med J Aust* 2000;172:122-5.
3. Plaisance KI, Mackowiak PA. Antipyretic therapy: physiologic rationale, diagnostic implications, and clinical consequences. *Arch Intern Med* 2000;160:449-56.
4. Blumenthal I. The gripe water story. *J R Soc Med* 2000;93:172-4.

### Screening for thalassaemia

Editor, – The article 'Screening for thalassaemia' (*Aust Prescr* 2001;24:120-3) provided an excellent and concise overview of the thalassaemias and haemoglobinopathies in Australia.

A major point arises in relation to initial testing and how to identify a suspected carrier. While the thalassaemias and haemoglobinopathies are more prevalent in particular ethnic groups and geographical areas, the mutations causing these conditions can be found in virtually every country because of genetic drift and ethnic melding over the centuries.

Australia has a particularly heterogeneous population with an increasingly diverse pattern of these conditions. A positive family history is clearly an indication for testing, but this detects only a limited number of carriers. Clinical experience at our hospital shows that testing on the basis of name, place of birth or religion is unreliable for