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tiner patients and the patients of primary care physicians (9.5% and 9.4%, respectively) were unacceptably high. AACE recommends that glycosylated hemoglobin in patients with type 2 diabetes mellitus be 7% or less.


— NTL

News Briefs

• According to a company news release, the new drug application for Bristol-Myers Squibb’s omapatrilat (Vanlev) will receive priority review at FDA. If the application that the company submitted in December is complete, FDA will likely decide by late June whether the drug should be approved for marketing as an antihypertensive agent. Omapatrilat is a member of a new class of compounds—called vasopeptidase inhibitors—that inhibit both angiotensin-converting enzyme and neutral endopeptidase. According to an article in the November 19, 1999, Wall Street Journal, at a recent American Heart Association meeting, researchers presented data from two studies showing that omapatrilat had a greater effect on elevated systolic and diastolic blood pressures than either amiodipine or lisinopril. Omapatrilat is also being studied for management of heart failure. OVERTURE (Omapatrilat versus Enalapril Randomized Trial of Utility in Reducing Events), a multinational study involving more than 4400 patients with heart failure, is slated for completion in 2002.

• Glaxo Wellcome is advising health professionals to carefully consider a diagnosis of hypersensitivity reaction in any patient taking abacavir (Ziagen) who develops symptoms of an acute respiratory illness (e.g., dyspnea, cough, and pharyngitis) in association with other symptoms more commonly associated with abacavir hypersensitivity. If an acute illness cannot be clearly differentiated from a hypersensitivity reaction, the drug should be discontinued permanently. The company’s “Dear health care provider” letter (www.fda.gov/medwatch/safety/2000/ziazen3.pdf) says that some deaths have been reported in patients who were initially diagnosed as having an acute respiratory illness but were later recognized to have had a hypersensitivity reaction.

• The International Academy of Compounding Pharmacists (www.iacprx.org) is encouraging its members to use a new form for reporting adverse reactions to compounded products. An IACP committee will review submitted reports, question the parties involved, and decide whether and how the information should be disseminated. The form includes spaces to list the ingredients, amounts, sources, and lot numbers of products used in the reported compound, as well as information about the patient, the reaction, and whether the medication has been dispensed for other patients.

• FDA has approved marketing of a blood glucose monitor that allows patients to obtain blood samples for glucose testing from sites other than their fingertips. Marketed by TheraSense under the name Freestyle, the device is being promoted as “virtually pain-free.”

• The labeling for Merck’s Recombivax hepatitis B vaccine now includes a two-dose regimen as an alternative to the previously recognized three-dose regimen. The new regimen is intended for adolescents between the ages of 11 and 15. If the two-dose regimen is used, each dose should be increased from 5 µg (the dose for adolescents in the three-dose regimen) to 10 µg, and the doses should be separated by four to six months.

• Many microbiology laboratories may be failing to perform confirmatory tests when preliminary tests indicate that a Staphylococcus aureus isolate may have reduced susceptibility to vancomycin. The Centers for Disease Control and Prevention (CDC) reported that, of 369 laboratories in eight states surveyed in 1998, only 59% reported that they performed confirmatory tests on S. aureus isolates that were possibly vancomycin intermediate. Only 32% of the laboratories reported testing Enterobacteriaceae isolates for production of extended-spectrum β-lactamases. Laboratories serving larger hospitals were more likely than other laboratories to report that they tested for both types of resistance. Laboratories operated by managed-care programs were less likely than other laboratories to report that they performed the confirmatory tests for S. aureus. According to CDC, the survey results suggest that some laboratories may not be aware that standards for testing for resistance have changed in recent years. The survey results were published in the January 7 issue of M MWR. That issue also included a report of a fourth confirmed case from a U.S. hospital of infection caused by S. aureus with reduced susceptibility to vancomycin.

• A survey conducted in September and October 1999 found that about one in eight U.S. middle school students (12.8%) and more than one third of high school students (34.8%) had used some form of tobacco in the past month. Cigarettes were used by 9.2% of middle school students; the rate was relatively equal across racial and ethnic groups. More than one fourth (28.4%) of high school students were current cigarette smokers. Cigars were used by 6.1% of middle school students and 15.3% of high school students. Imported, flavored cigarettes (bidos and kretkes) were used by about 2% of middle school students.

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and more than 5% of high school students. The new National Youth Tobacco Survey will be administered annually to students in grades 6 to 12. Separately, FDA reports that children succeeded in about one fourth of their attempts to illegally buy tobacco products from retailers in 1999 and that the rate in some states is far higher (www.fda.gov/opacom/campaigns/tobacco/default.htm).

Hospital mergers and acquisitions decreased in 1999, with 30% fewer transactions than in 1998. According to Irving Levin Associates, which tracks this activity, there were 111 mergers and acquisitions in 1999, compared with 144 in 1998, 197 in 1997, 161 in 1996, and 129 in 1995. Levin’s annual report on hospital acquisitions also notes high-profile mergers that came apart in 1999, including those of Stanford University Hospital and Medical Center with the University of California–San Francisco facility and of Geisinger Health System with Milton S. Hershey Medical Center in Pennsylvania.

One of the performance measures in the current Health Plan Employer Data and Information Set (HEDIS 2000) relates to cholesterol management for secondary prevention of coronary heart disease (CHD). Managed care organizations seeking accreditation from the National Committee for Quality Assurance (NCQA) must measure and report the percentage of patients who, after hospitalization for a major CHD event, such as myocardial infarction, achieve an LDL-cholesterol concentration of <130 mg/dl between 60 and 365 days after discharge. The National Cholesterol Education Program recommends that LDL-cholesterol concentrations be reduced to 100 mg/dl or less in patients with established coronary heart disease. “Clinical Goals and Performance Measures for Secondary Prevention of Coronary Heart Disease,” published in the January 5 issue of JAMA (2000; 283:94-8), discusses the rationale for each of these targets. The article focuses on the difference between a performance measure set for a population of patients and a clinical goal set for the care of individual patients.

An updated version of “Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents” has been posted on the HIV/AIDS Treatment Information Service Web site (www.hivatis.org). The guidelines were developed jointly by the U.S. Department of Health and Human Services and the Henry J. Kaiser Family Foundation. The goals of therapy are discussed, and recommendations for selecting antiretroviral agents and monitoring therapy are provided.

The International AIDS Society—USA Panel has issued new consensus recommendations for antiretroviral therapy in adults. The document, published in the January 19 issue of JAMA, reflects the availability of new antiretroviral agents and recent research. It addresses such topics as when therapy should be started, which combinations of antiretroviral agents should be used, how therapy should be monitored, and when regimens should be altered.

Two evidence-based reports developed under contract with the Agency for Healthcare Research and Quality (AHRQ), formerly the Agency for Health Care Policy and Research, examine the accuracy of tests used in diagnosing attention-deficit hyperactivity disorder (ADHD) and evaluate nonpharmacologic and pharmacologic treatments for the disorder. Summaries of both reports can be accessed at www.ahrq.gov. Full reports are expected to be available this winter. They will also be available online, or they can be obtained from the AHRQ Publications Clearinghouse at P.O. Box 8547, Silver Spring, MD 20907; 800-358-9295; 301-594-2800 (fax on demand).

Pfizer Inc. and Warner-Lambert Company announced on February 7 that they had “entered into a definitive merger agreement to create the world’s fastest-growing major pharmaceutical company.” Announcement of the $90 billion transaction came more than three months after Pfizer began efforts to acquire Warner-Lambert, which was attempting to merge with American Home Products (AHP). The combined company, to be named Pfizer Inc., will have annual revenues of $28 billion, including $21 billion in prescription drug sales. Warner-Lambert is paying AHP a $1.8 billion breakup fee. Upon completion of the merger, which is subject to approval by Warner-Lambert stockholders and the government, Pfizer shareholders will own 61% of the new company and Warner-Lambert shareholders, 39%. The merger will provide market leadership in therapeutic areas including cardiovascular, lipid-lowering, CNS, and infectious diseases, according to the merger announcement.