EuroDURG bulletin

No. 15 **January 2006**

EUROPEAN DRUG UTILIZATION RESEARCH GROUP

Editors. *This issue was prepared by the following members of the Executive Committee of EuroDURG: Peter Mol, Monique Elseviers, and Robert Vander Stichele. Send reactions to: p.mol@med.umcg.nl*

The Chair's message

Dear Friends and fellow researchers,

The EuroDURG conference in Northern Ireland, 2005 will stick in the memory of the participants, because of the quality of the content, but also because of the warm contacts among the drug utilisation researchers, and the lively discussions about the future of our organisation. We extent our gratitude to the UK-DURG team, headed by Hugh McGavock and Tony Avery, and supported by Barbara Sandland, for the impeccable organisation of this memorable event.

As anticipated, important steps toward much closer collaboration between the European association EuroDURG and the World Society of Pharmacoepidemiology have been made. All preparations are made for the creation of a Special Interest Group Drug Utilisation Research within ISPE with the following objective : 'To create a global forum for discussion and cooperation between drug utilization researchers¡. It will depend on the energy of the drug utilisation researchers in the different continents of the world whether this SPIG-DUR will become a success. EuroDURG will actively participate in this process, while remaining a stronghold for coordination within Europe. It will become easier for drug Utilisation Researchers from former eastern European countries to become member of ISPE.

Steps will be taken to permit the thriving national DURGroups to continue, in closer collaboration with ISPE (if possible as ISPE chapter) and while maintaining European coordination within a continuing EuroDURG. The level of activity within EuroDURG will be determined by the new president and Executive Committee to be elected in Lisbon.

Meanwhile, this year scientific gathering is focused on the International Conference of Pharmacoepidemiology in Lisbon, Portugal, August 24-26, 2006.

22nd ICPE

International Conference on Pharmacoepidemiology & Therapeutic Risk Management

24th August – 27th August, 2006
Lisbon, Portugal

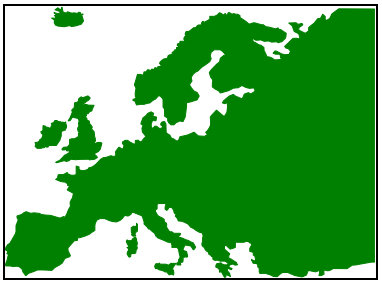
CLOSING DATE FOR ABSTRACT SUBMISSION
Wednesday, February 15, 2006

For detailed information, see page 5 of this bulletin

Individual Registration

To improve the communication with EuroDURGers we have created a register for individuals on the EuroDURG website. Register now at the website to get the latest information individually.
www.EuroDURG.com

The call for abstracts is out and the deadline is February 15, 2006. EuroDURG invites all drug utilisation researchers to send in their current work to this high standard meeting, as we did so often in the past. The joint session will be on Saturday, August 26.
(continued on page 2)



EuroDURG organization

President
Dr. R. Vander Stichele (Belgium)

Secretariat
Hege Blix (Norway)
WHO Collaborating Centre for Drug Statistics Methodology,
Norwegian Institute of Public Health
PO Box 4404 Nydalen
NO-0403 Oslo, Norway
Tel: +47 23408163
Fax: +47 23408146
E-mail: hege.salvesen.blix@fhi.no

(continued from page 1)
National DURGroups are thriving in the UK, Germany, the Scandinavian countries and in a number of other countries, as interest in drug utilisation and health services research in pharmaceuticals is growing. We hope this will lead to renewed interest in the supernational coordination of these activities both in Europe and on a global level. EuroDURG has been instrumental for the development of basic methodologies in drug utilisation research and pioneered a number of cross-national studies of drug consumption in Europe. The organisation has made an important contribution to the application of quality indicators to the process of prescribing. Let us all collaborate at the national, European and global level to bring our field to further productivity.

Robert Vander Stichele
President EuroDURG

The way ahead for European Drug Utilization Researchers

Since the autumn of 2005, after the successful EuroDURG Annual Meeting in Northern Ireland, there have been intense diplomatic contacts between the International Society of Pharmacoepidemiology and EuroDURG. These talks were about a possible merger with ISPE by august 2006, at the Annual Congress of ISPE in Lisbon, Portugal.

Robert Vander Stichele, **Morton Anderson** and **Ulf Bergman** negotiate for EuroDURG. **Frank May**, **Suzanna Perez-Guthann**, **Keith Beard** and **Marc Epstein** negotiate for ISPE. Together they form the "ISPE EuroDURG convergence task force". There was a start up meeting in Nashville, US, August 21 during the ISPE conference, and then telephonic meetings on September 29, November 23 and January 11.

These talks have two objectives :

1) the creation of a Special Interest Group Drug Utilization Research within ISPE with the following objective **:** "To create a global forum for discussion and cooperation between drug utilization researchers"
2) A cooperation agreement between ISPE and EuroDURG

a) the creation of the SPIG-DUR

It was suggested that contact should be made with existing networks of drug utilisation researchers in regions outside Europe (CERTs in North-America, the South-American groups, INRUD, Australia and Canada) to ensure their participation in the creation and development of the ISPE Drug Utilisation Research Special Interest Group.

The definition for the subject of this field within pharmacoepidemiology was accepted:

Drug utilization research is an eclectic collection of descriptive and analytical methods and theories for the quantification, the understanding and the evaluation of the processes of prescribing, dispensing and consumption of medicines and the testing of interventions to enhance the quality of these processes.

Six deliverables for the new SPIG-DUR were formulated:

1. An ISPE website with a collection of national drug dictionaries, linked to ATC/DDD
2. Development of an ISPE policy statement (through regular ISPE policy statement processes) on Prescribing Quality Indicators
3. Playing a participatory and official representative role in the current initiative of the European Science Foundation for development of a range of prescribing quality indicators: the current initiative for antibiotic prescribing quality indicators being a case in point.
4. Formal cooperation with large cross national comparative drug utilization studies (ESAC, EURASPIRE)
5. Enhanced participation in ISPE in communication with health insurers organisations (both public and private) in Europe and US.
6. Intensified contacts with networks in other continents working on Drug Utilisation Research (see above).

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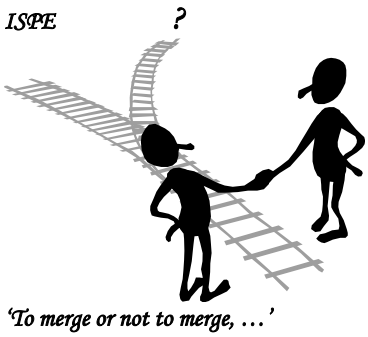
b) Cooperation between ISPE and EuroDURG

It was agreed that convergence does not imply merger with the dissolution of EuroDURG.

Coordination at the European level will always be necessary, especially when national groups continue to thrive. It was agreed that EuroDURG will encourage its national Groups to adopt the status of National ISPE chapter and to promote individual membership of ISPE among drug Utilization researchers and to help in the communication between ISPE and researchers in the country. ISPE agrees to change the rules for the national chapters with a reasonable minimum 25 % of the members of a national chapter to be member of ISPE and affordable ISPE membership fee structures for countries where average annual incomes remain below 9,276 USD (individual membership fee of 25 USD currently under discussion).

EuroDURG could also serve as liaison with other European Organisations such as EUPHA (European Public Health Association) and EACPT (European Association of Clinical Pharmacology). EuroDURG is expected to foster the relationship between ISPE and the WHO-Collaborating Centre for Drug Statistics and Methodology.

Robert Vander Stichele,
For the EuroDURG 'negotiating troika'



'To merge or not to merge, …'

Merging with ISPE? Pro's, con's and national DURGs

EuroDURG has arrived at a crucial crossroads since its founding in the 1970s. The organization has been founded to objectively describe and investigate drug use. Objective of early drug utilization researchers was to combine forces to facilitate and improve insight in quality of drug use in Europe, independent of outside sources (e.g. industry). The organization functioned initially as a natural ally of the World Health Organization, and organized a number of successful independent conferences (Balaton, Dead Sea, Prague and Ulster) and several expert conferences such as the recent conference on quality indicators (DURQUIM).

Why to merge?

Despite that nearly all European countries have a national drug utilization research group, not all groups are as active as could be hoped for. The German and UK DURG groups are some of the positive exceptions that organise regular (bi-)annual meetings. As a consequence EuroDURG has nearly always depended on a narrow base of active members. Many of these researchers have in addition strong ties with pharmacoepidemiology or clinical pharmacology and in an era of further scientific 'globalization' and cooperation it seemed inevitable to consider a merger with a more solid society such as ISPE or possibly EACPT. Working with such a larger organization should allow us to get a bigger and a more reliable platform for DUR scientific work. Another consideration is the fact that EuroDURG has always managed to make ends meet, but has never really been able to generate a comfortable financial reserve.

The executive committee has therefore initiated talks with ISPE to discus a possible merger. ***Robert Vander Stichele*** was mandated during the Ulster meeting to start these negotiations. The choice for ISPE has been made, considering this organization is globally oriented and has an open structure with attention for the beginning scientist. In this regard chair of the Dutch DURG ***Toine Egberts*** says; *"The Dutch Drug Utilization Research Group fully agrees with the way EuroDURG will be integrated into ISPE encompassing the possibility to have an own identity. It is necessary that DUR-minded people are continuously applying for ISPE board membership which may require active consultation/steering by EURO-DURG."* He adds a statement to ensure sufficient attention will be paid to drug utilization research in the ISPE journal (PDS). *" With respect to PDS please consider negotiating that continuously at least one editorial board member is deeply involved in DUR- research."*

Why not to merge?

The executive committee realizes that there may be a downside to a merger too. For a starter there is the individual fee that despite a rebate for low income countries may still prohibit many EuroDURG members to join the ISPE society. There may be some concerns of a (too) large North-American scientific influence in the Society. Further, there may be doubts on the influence of the rather large industry group on the Society's agenda.

Further, the organized European network may get lost. We now have a close atmosphere within EuroDURG, where it is easy to get to know each other. Even

though we will continue to meet at ISPE conferences, newcomers will not have those close relationships.

Ingrid Schubert for the German DURG suggests; "*The German representative for EuroDURG as well as members attending meetings (for example at Colerain) have expressed the strong interest in maintaining EuroDURG - even on a low level as there is some hope, that drug utilisation research together with health care utilisation research will gain more importance (and resources) within the next decade.*" The German DURG understands the motivations for going globally and merging with a larger organization for personal and financial constraints. However Germany would favor such cooperation, while maintaining an independent EuroDURG association. Germany suggested that such cooperation would also be possible and welcomed by EUPHA, with which the German DURG has had some explorative talks.[1]

Blanka Koristkova and ***P. Dvorak*** for the Czech Republic see both advantages and disadvantages to a merger. The proposed merger should in their view solve two questions; how to bring drug utilization research to a more global level and how to save EuroDURG's future. However, in a merger with ISPE the identity of EuroDURG may be lost. Therefore, they suggest that the merger should probably be postponed to give the next Executive Committee a chance to investigate either cooperation within ISPE while keeping the EuroDURG network alive or look for cooperation with e.g. CPT or EACPT. ***Dvorak*** concludes that it will only be possible to make a final decision at the EuroDURG general assembly at the ICPE conference in Lisbon, Portugal.

Therefore, the executive committee would invite all national DURGs to be present at that general assembly and make their stance clear. Of course, the executive committee welcomes alternative suggestions and contributions on this important issue. Feel free, to make your opinion known and communicate it to any of the exco members.

Peter Mol
For the Executive Committee

[1] A letter with the German DURG point of view, including initial terms for cooperation with EuroDURG have been sent to the Executive Committee. For interested third parties either contact Dr. Schubert or Dr. R. vd. Stichele.

EuroDURG - UK DURG Ulster meeting, Coleraine Northern Ireland, June 2005

The EuroDURG meeting was held 29th June – 2nd July at the University of Ulster, Colerain, Northern Ireland. It was organized jointly by the UK DURG and EuroDURG. More than 140 researchers, healthcare professionals and administrators from all over Europe gathered for three intensive days filled with keynote sessions, workshops, 42 free presentations and a poster exhibition with more than 50 scientific posters covering a variety of drug utilization studies.

Seven themes ran through the conference:

- Quality indicators
- Prescription and morbidity registration
- Non-physician prescribing
- Patient compliance, adherence and concordance
- Prescribing to children and elderly
- Antibiotics
- Drug information centres and drug utilization research

Furthermore, a number of posters covered drug utilization studies in general and interventions to improve drug use in hospitals and primary care.

Key note sessions and workshops

The keynote session on *quality indicators* consisted of three presentations aiming to highlight both the possibilities and potential adverse events of implementing quality indicators in healthcare. The session was chaired by Ingrid Schubert, Germany and Alison Bourke, UK. Contributors were Björn Wettermark, Sweden, Alison Bourke and Flora M Haaijer-Ruskamp from the Netherlands. The workshop aimed to set up a network with people interested in quality indicators in Europe. This network could be useful to build up a catalogue of existing prescribing quality indicators, to establish a common research agenda and to validate quality indicators.

The session on *prescription and morbidity registration* was chaired by Morten Andersson, Denmark, and Susan Faulding, UK. Comprehensive data collections have been set up in many countries that may have great implications for quality development and pharmacoepidemiological research, e.g., the Quality and Outcomes Framework, the new system for payment in general practice in the UK. Tracey Boyce, UK, presented an interesting initiative undertaken in Northern Ireland to decrease the number of incidents with medicines. Morten

Andersen started the workshop by presenting an ongoing Danish project with extensive data collection from general practices. It was followed by a general discussion on opportunities and challenges - technical, organisational and legal aspects. How do we get the most complete and correct picture of patient management in a database?

Experiences from the UK of *non-physician prescribing* were discussed by Sue Latter and Bharat Patel in a session chaired by Steve Chapman and Trudy Granby. In the UK, for some years now, nurses and pharmacists may independently prescribe drugs that can only be prescribed by physicians in other European countries. Pharmacists may also be supplementary prescribers of some drugs for the treatment of chronic diseases. The workshop consisted of an open discussion on the benefits and risks when shifting prescribing possibilities from the traditional role of the physicians. A presentation was also held by John Blenkinsopp, UK, about the shift from prescription to OTC status. The OTC share of the total drug sales varies considerably between European countries. There has been a strategy, since many years in the UK, to switch drugs to OTC, in order to increase the access to drugs, to increase peoples' involvement of their own health and to reduce costs.

The session on *compliance, adherence and concordance* focused on the patient perspective. Nicky Britten, UK, explored the ability and willingness of health care professionals to involve the patients in treatment decisions and management. Bernard Vrijens, the Netherlands, discussed electronic monitoring devices and Anders Ekedahl, Sweden, presented the current knowledge on primary non-compliance. A number of recent studies were discussed showing a generally low rate of primary non-compliance but with important differences related to age, gender and type of drugs. The session was chaired by Liselotte von Ferber, Germany. The workshop was chaired by Bob Vander Stichele, Belgium, and consisted of a stimulating theatre, were the playing actors demonstrated the interaction between a patient and his doctor and pharmacist.

Prescribing of psychotropic medications for *older people, children and in pregnancy* was covered in a session chaired by Lolkje Van den Bergh from the Netherlands. The contributors were Peter Passmore, UK who discussed the problem psychotropics use in the elderly; Lolkje Van der Bergh highlighted the scientific issues of using these drugs in pregnancy and finally Emilio Sanz from Spain presented their use in children. In the workshop the same topics were covered but from different European countries' point of view targeting to establishing a common initiative.

The session concerning *antibiotics* was chaired by Peter Mol, The Netherlands and Hugh Webb, UK. It focused on the attempts to improve antimicrobial drug prescibing/use, and to reduce or slow down the emergence of resistance. Peter Davey from UK gave an overview of hospital interventions that are being used to improve antimicrobial drug use. Samuel Coenen from Belgium showed the Belgian experience in improving antibiotic use in the community through very effective public campaigns. Hugh Webb gave an inspiring talk on the bacterial resistance, antimicrobial drug use, and interventions that may improve prescribing practice. The workshop on antibiotics dealt again with the resistance problem and the question to what extent does the use of antimicrobials cause resistance.

Different classification systems and the linkage between drug utilization research and other disciplines were discussed in the session on *Drug information centres and drug utilization research*. The session was chaired by John Feely, Ireland. Drug utilization requires a multiprofessional approach. Current initiatives taken in different European countries on horizon scanning, clinical governance and effectiveness assessment, medication use evaluation and the establishment of drug information centres may benefit from a closer collaboration from the drug utilization researchers.

Honoured guests lectures

Owen Wade gave a stimulating lecture on the birth of drug utilization research in the late 60ies. The pioneering studies focused on assessing differences in the utilization of drugs between countries or regions. A study of the use of antidiabetic drugs in Northern Ireland, Norway, and Sweden was the first attempt to obtain comparative data on overall drug consumption per inhabitant in different countries. Further comparative studies, also including the Czech Republic focused on differences in antihypertensives and psychotropic drugs. In the early years, drug utilization research required a lot of time-consuming manual data collection.

Finally, Frank May, Australia discussed the issue of widening the drug utilization collaboration to countries outside Europe and the potential benefits of a closer collaboration between EuroDURG and ISPE. This merging was sup-

ported by some speakers, while others expressed their concerns.

Free communications and abstracts

Each of the main sessions included up to six free presentations, chosen from the submitted abstracts. All the presentations were excellent. It was a very good opportunity for younger researchers to present their work.

All the posters were allocated to one of the main sessions. Among those, one poster was chosen for *the best poster award (see below).* The criteria were relevance and originality of the study, research design, methodology used, presentation of results, and validity of conclusions.

The conference was evaluated by questionnaires. Responses were obtained from 56 participants. Half of them were pharmacists, the remaining were general practitioners, nurses, pharmacologists or other professions. Around half had academic affiliations. Others were representing healthcare institutions, hospitals, primary care or pharmaceutical companies. 31 (55%) had previously been to any meeting organized by Euro-DURG. The participants' attitudes were ranked using VAS-scales (1-6, 6 = excellent). The scientific value was considered as five (median). 37/52 participants responded 5 or 6. No difference was observed between those who had been to previous meetings compared to the others.

All different sessions (key note, free presentations and workshop) got a median value of 5. Many positive comments were given about the open and friendly atmosphere, the networking aspect, the diverse audience and the mix of both practice and research relevant topics. Negative comments included the high number of parallel sessions and the lack of a general structured summary in the end of the meeting.

Overall, the Euro-Durg Ulster meeting was a high quality meeting providing an arena for a closer European collaboration.

Björn Wettermark & Vera Vlahovic-Palcevski
For the EuroDURG executive committee

Best Poster Award Doro P, et al.

The European researchers in the field of drug utilization responded in large numbers to the call for abstracts for the 2005 – EuroDURG / UK DURG Ulster meeting. A total of 97 abstracts were submitted. A team of 11 reviewers selected 42 abstracts for oral presentation and 53 for poster presentation.

The reviewers classified the abstracts according to predefined classes with the following result:

- DUS including Drug Monitoring and Quality Drug Utilization Research (n=38)
- Interventions (n=21)
- Drug use in the elderly, pregnancy and childhood (n=15)
- Indicators (n=12)
- Antibiotics (n=9)

During the poster session of the meeting, a poster walk was organized, offering each of the presenting authors the opportunity to give a 3-minutes presentation of the study, followed by a short discussion. After the poster session, the chairmen selected the best poster taking into account the scientific value of the study and the quality of the presentation (poster and oral).

Nominations

Third place

Underlying causes of preventable drug-related hospital admissions (PDRA) – Adherence problems

Howard RL, Avery AJ, Bissell P.
University of Nottingham, UK

Second place

Have safety warnings influenced the prescribing of antidepressants in children?

Teeling M, Bennett K, Feely J.
Trinity centre for Health Sciences, Dublin, Ireland

Poster Price Winner

Comparison of Hungarian drug utilization data sources reimbursement or distribution based data are superior?

Doro P, Benko R, Kosik E, Matuz M, Toth K, Soos Gy.
University of Szeged, Hungary

The winning team was awarded with a free registration for the 22nd ICPE meeting 2006 in Lisbon, Portugal

Monique Elseviers
For the Executive Committee

Prescribing Quality Indicators

Appropriate use of medicines is of critical importance for patients achieving good health and for the efficient use of resources in health care systems. The proper use of medicines is relevant for patients, for health care professionals, for policy- and decision-makers in health care systems, as well as for the pharmaceutical industry. In order to analyze patterns of medication use and to implement strategies for improving the prescribing and use of medicines, indicators are needed.

EuroDURG, recognizing the importance of the topic, organized an expert meeting with support of WHO/EURO and the RIZIV. In May 2004 a group of 40 experts met in Mechelen, Belgium to discuss prescribing quality indicators.

Recommendations were formulated for the development and application of prescribing quality indicators for associations of health care providers and European and national health authorities. The main recommendations were discussed at the ISPE conference in Bordeaux, France and were followed up in an intensive and successful session at the EuroDURG Ulster meeting, see further on in this Bulletin.
The main recommendations were published in the EJCP[1] in 2005 and in the conference report[2].

In August 2005 a first follow-up expert meeting for developing disease specific prescribing quality indicators was organized in Belgium. The meeting was organized by the European Surveillance on Antibiotic Consumption (ESAC) group led by Herman Goossens, Antwerp, Belgium, and built on the experience of the Mechelen meeting. Flora Haaijer-Ruskamp of Groningen, the Netherlands, and Robert van der Stichele for EuroDURG introduced the topic to various experts of the antimicrobial and infectious disease scientific community. The workshop led to the proposal of a set of indicators, that once validated could serve as a meaningful and reliable measure for quality of antimicrobial care.

In Denmark, the group of Morten Andersen continues to build on a catalogue of Prescribing Quality Indicators (PQI) used across Europe with information on validation, use and references to guidelines, studies and reports. The data of the EURO-MEDSTAT will serve as a starting point for collecting and cataloguing information on data sources across Europe. Flora Haaijer-Ruskamp focuses on developing and testing PQIs for cardiovascular care. Finally, at the 22nd ICPE conference (see page 4) quality-of-care indicators are one of the eight main conference themes. It is clear that work of PQI in the scientific community has been picked up. EuroDURG intends to remain a driving force in developing validated meaningful PQIs to match the growing public need for tangible measures of health system performance.

Peter Mol
On behalf of the DURQUIM scientific committee
p.mol@med.umcg.nl

[1]Hoven JL, Haaijer-Ruskamp FM, Vander Stichele RH. Indicators of prescribing quality in drug utilisation research: report of a European meeting (DURQUIM, 13-15 May 2004) Eur J Clin Pharmacol, 2005 Jan;60(11):831-4.

[2]Haaijer-Ruskamp FM, Hoven JL, Mol PGM. A conceptual framework for constructing prescribing quality indicators: a proposal. World Health Organisation (EUR/04/5049450) 2004.

ICPE 2006 Lisbon

ISPE invites the EuroDURG community to attend the 22nd International Conference on Pharmacoepidemiology & Therapeutic Risk Management. At this 22nd ICPE conference, EuroDURG organises his biennial General Assembly. The conference will take place in Lisbon, Portugal, from Thursday 24 to Sunday 27 August, 2006. Meeting, hotel and registration information will become available at the ISPE website www.pharmacoepi.org

The annual ISPE meeting represents an important opportunity to participate in the exchange of timely scientific information from the fields of pharmacoepidemiology, therapeutic risk management, and drug utilization. The agenda will be a discriminate blend of invited lectures, submitted papers, posters, workshops and symposia - together representing the current state of experience and knowledge in these dynamic disciplines

Abstract submission

DEADLINE for abstract submission will be: Wednesday, February 15, 2006, 11:59 PM, Central Standard Time/USA
Instructions for abstract submission can be found at the website. The ISPE Scientific Program Committee will review all abstracts in mid-April 2006. Notification should be received by early June 2006. All abstracts submitted will be published in Pharmacoepidemiology and Drug-Safety, ISPE's official journal. *EuroDURGers who are members of ISPE are encouraged to volunteer for reviewing submitted abstracts.*
Since the meeting theme for ICPE 2006 will be 'Pharmacoepidemiology for Public Health', the ISPE Scientific Program Committee particularly welcomes abstract submissions on topics related to the following areas:

- Emerging epidemics (e.g., pandemic flu)
- Molecular epidemiology
- Observational effectiveness studies
- Pediatric pharmacoepidemiology
- Public Health
- Quality-of-care indicators
- Regulatory science
- Sustainable access to medicines

Scholarship

A limited number of scholarships (expense reimbursement) may be available to assist with attendance. Scholarships may be used for registration, lodging and travel to the conference. Researchers from developing countries, those in genuine financial need, and students who otherwise would be unable to attend ICPE are invited to submit an application form. Applications may be downloaded from the ISPE website. DEADLINE: March 15, 2006.

EuroDURG General Assembly

At the conference the biannual General Assembly of EuroDURG will be organized. The important theme of the proposed merger of EuroDURG with ISPE will be discussed at this forum. Therefore, this is your opportunity to debate and decide on the future of EuroDURG.
"Those who are opposed to this marriage should come forward, or be silent forever."

You are al cordially invited to join in the discussion.

Monique Elseviers
For the EuroDURG executive committee

General Assembly & information from the Nominating Committee

In Lisbon at the 22nd ICPE conference, EuroDURG has to organise his biennial General Assembly.

This year, the most important issue will be to take a decision about the future of EuroDURG. Will the General Assembly take the decision that EuroDURG will come to an end by merging with ISPE? Or will EuroDURG continue as independent European organization, with active participation in the working of the Special Interest Group of Drug Utilisation within ISPE , promoting ISPE membership in Europe and with the possibility to develop a more close relationship to other European organizations (EUPHA, EACPT…)? In view of the reactions received up to now, it is not unlikely that EuroDURG continues as an independent organisation, be it in a somewhat changed constellation and position among other organizations working in the field of drug utilization research.

If EuroDURG survives the discussion, the General Assembly will have to decide who will guide the organization for the coming period of two years? It will be the responsibility of all those, believing in a future for EuroDURG, to bring up candidates for the new Executive Committee and the new Chair.

Therefore, this year's task of the nominating committee will be different from other years. Not only will the committee have to find candidates who are willing to function as an Ex-co member, but who are also willing to function as a less formal group in case the merger will go through. This group will then be responsible for leading EuroDURG into ISPE and shaping the new Special DUR Interest Group of that Society.

According to the EuroDURG constitution, the Chair and the Executive Committee have to be elected every two years. Elections of the Executive committee will be prepared by a Nominating committee, consisting of **Micha Levy**, **Emilio Sanz** and **Jiri Vlcek**.

To this purpose, National DURGs and individual members are invited to send their proposals of candidates to the Nominating Committee within the deadline of May 10th 2006. The names of the candidates for the 2006 election will be published on the EuroDURG website (www.eurodurg.com) and sent out to all national chairs.

When making their proposals, EuroDURG Members are invited to consider that:

1. All 11 Members of the Executive Committee (The Chair and 10 Members) have to be elected.
2. The 10 Members of the Executive committee should come from different European regions: to this regard, contacts among the National Groups belonging to the various Europeans areas (e.g. Northern, Southern, Central-Eastern Europe) are recommended, in order to put forward concerted candidates (different National Groups may agree on a common candidate).
3. Members who have served in one of the following offices (chair, vice-chair or scientific secretary) for two consecutive terms i.e. four years, shall not be eligible for re-election in the office they have held for the following two terms, i.e. four years.

The Chair and the 10 Members of the Executive Committee shall be elected at the General Assembly by the delegates of each country present at the meeting on the basis of one country one vote.

Members from one country appoint their delegate and make this known to the Chair at the start of the General Assembly.

The election shall be by secret ballot. The country delegates will receive two ballot papers, one for the election of the Chair and the other for the 10 members of the Executive Committee; on this second ballot, the delegates will be asked to rank their preferences from 1 (first choice) to 10, in order to allow a weighted outcome.

Proposals should be sent to:
Emilio Sanz, email:
esanz@ull.es,
Mika Levy, email:
mlevy@md.huji.ac.il,
or Jiri Vlck , email:
vlcek@faf.cuni.cz.

Copies to the secretary of EuroDURG: **Hege Salvesen Blix**,

Members of the EuroDURG Executive Committee 2004-2006

Robert Vander Stichele (**chair**)
Heymans Institute of Pharmacology
Ghent University
De Pintelaan, 185, B-9000 Gent
BELGIUM
Tlf: +32 92269808
-mail: robert.vanderstichele@rug.ac.be

John Larsen (**treasurer**)
Clinical Pharmacology
University of Southern Denmark
Winsløwparken 19,
DK-5000 Odense C DENMARK
Tel: +45 65503028
Fax: +45 65918296
E-mail: jlarsen@health.sdu.dk

Hege Salvesen Blix (**secretary)**
WHO Collaborating Centre for Drug Statistics Methodology
Norwegian Institute of Public Health
P.O. Box 4404 Nydalen, 0403 Oslo,
NORWAY
Tel: +47 23408163
Fax: +47 23408146
E-mail: hege.salvesen.blix@fhi.no

Monique Elseviers
Department of Nephrology & Hypertension, University Hospital Antwerp
Wilrijkstraat 10, B-2650 Edegem, Antwerpen, BELGIUM
Tel: +32 38213406
Fax: +32 38290100
E-mail: monique.elseviers@ua.ac.be

Joerg Hasford **(scientific secretary)**
Pharmacoepidemiology Research Group,
Department of IBE, Ludwig-Maximilians-University ,Marchioninistr.15, D-81377
Munich, GERMANY
Tel: +49 89 70957480
Fax: +49 89 70957482
E-mail: has@ibe.med.uni-muenchen.de

Stephen Chapman **(vice chair)**
Dept. of Medicines Management
Keele University
Keele Staffs, ST5 5BG, UK
Tel: +44 782 584131
E-mail: s.r.chapman@mema.keele.ac.uk

Bjørn Wettermark
Department of Pharmacy
Karolinska Institutet, Karolinska University Hospital Huddinge
SE-14186 Stockholm, SWEDEN
Tel: +46 858580435/+46 705585641
Fax: +46 858580403
E-mail: bjorn.wettermark@apoteket.se

Peter Mol
Department of Clinical Pharmacology
University Medical Center Groningen
P.O.box 196, 9713 AV Groningen
THE NETHERLANDS
Tel: +31 50 3638313
Fax: +31 50 3632812
E-mail: p.mol@med.umcg.nl

Vera Vlahovic-Palcevski
Unit for Clinical Pharmacology
University Hospital Rijeka
Kresimirova 42, 51000 Rijeka
CROATIA
Tel: +385 51 658805
Fax: +385 51 337536
E-mail: vvlahovic@inet.hr

Judit Lam
National Health Fund Administration
Vàci ut. 73/a, H-1139 Budapest,
HUNGARY
Tel: +36 1350 2001/1781
E-mail: lam.j@oep.hu

Blanka Koristkova
Department of Clin. Pharmacology
University Hospital
17.Listopadu 1790, 708 52 Ostrava
_Poruba, CZECH REPUBLIC
Tel: +42 597372289
E-mail: blanka.koristkova@fnspo.cz

Upcoming conferences

22nd ICPE in Lisbon, Portugal
August 24-27, 2006
Info at www.pharmacoepi.org
(see above)

35th European Symposium on Clinical Pharmacy in Vienna, Austria
October 18 – 21, 2006
Info at www.escpweb.org

23rd ICPE in Quebec City, Canada
August 19-22, 2007Info at www.pharmacoepi.org

8th congress of EACPT in Amsterdam, Netherlands
August 29 – September 1, 2007
Info at www.eacpt2007.nl

9th world conference of CPT in Quebec, Canada
July 27 - August, 1, 2008
Info at www.cpt2008.com

WorldPharma 2010 – XVIth world congress of basic and clinical pharmacology
Copenhagen, Denmark
July 17-23, 2010
Info at www.iuphar2010.dk

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Chairs (or contact persons) of National DURGs

ARMENIA: DURG-Armenia
Dr. Irina Kazarian
Department of Pharmacy, National Institute of Health
49/4 Komitas Avenue
Yerevan, 375051, Republic of Armenia
Tel.: +374 2 227247; fax: +374 3907216
e-mail: ioannis@1x2.yerphi.am or durg@mail.ru

BELGIUM: B-DURG
Dr. Monique Elseviers
Department of Nephrology_Hypertension
University Hospital Antwerp
Wilrijkstraat 10, 2650 Edegem, Antwerpen
Tel.+32 38213406; fax.+32 38290100
e-mail: monique.elseviers@ua.ac.be

BULGARIA: DURG-Bulgaria
Dr. Zlatka Dimitrova
Medical University – Sofia, Faculty of Pharmacy, 2 Dunav Street
Sofia 1000, Bulgaria
Tel.: +359 2 98026; fax: +359 2 9874
e-mail:
zdimitrova@mbox.pharmfac.acad.bg

CROATIA: Croatia-DURG
Vera Vlahovic-Palcevski, MD, PhD
Unit for Clinical Pharmacology
University Hospital Rijeka
Kresimirova 42
5100 Rijeka, Croatia
Tel.+385 51 658805
e-mail: Vvlahovic@inet.hr

CZECH REPUBLIC: Czech-DURG
Dr. Petr Dvorak
Vsenory 448
25231, Czech Republic
Tel.+42 257 711 221
Mobile.+42 6059040145
e-mail: pdvorak448@volny.cz

DENMARK: The Danish Society for Pharmacoepidemiology
Dr. John Larsen
Clinical Pharmacology, University of Southern Denmark
Winsløwparken 19
DK-5000 Odense C, Denmark
Tel.+45 65503028
e-mail: jlarsen@health.sdu.dk

GERMANY: Gesellschaft für Arzneimittelnwendungsforschung und Arzneimittelepidemiologie (GAA) e.V.
Prof. Dr. Gerd Glaeske
Zes, University of Bremen
Parkalle 39, 28209 Bremen, Germany
e-mail: Gglaeske@zes.uni-bremen.de

GREECE: DURG GR
Dr. A. Iliopoulou
Section of Clinical Pharmacology, Dept. of Clinical Therapeutics, Athens University.
Alexandra Hospital
80 Vas Sofias Str.
115 28 Athens, Greece
Tel.+fax: +30 210 7771 731
e-mail: ailiop@atlas.uoa.gr

HUNGARY: DURG-Hungary
Dr. Gyöngyvër Soós
Department of Clinical and Social Pharmacy
University of Szeged, Faculty of Pharmacy
e-mail: SOOS@pharma.szote.u-szeged.hu

ICELAND: IS DURG
Anna Birna Almarsdottir
c/o Almar Grimsson
Al-BAS ltd Health-Pharmaceuticals Consultants
Reykjavikurvegur 66
220 Hafnarfjördur, Iceland
e-mail: annaba@hi.is

ISRAEL: ISRAEL DURG
Prof. Micha Levy, MD, MS, Dr.h.c
P.O. Box 4746
38900 Caesarea, Israel
Tel.: +972 4 6363041; fax: +972 4 6261304
e-mail: MLevy@md.huji.ac.il

ITALY: DURG-Italia
Dr. Domenico Motola
Department of Pharmacology
University of Bologna
Via Irnerio, 48
I-40126 Bologna, Italy
Tel.: +39 ; fax: +39
e-mail: dmotola@biocfarm.unibo.it

THE NETHERLANDS: NL-DURG
Prof. Dr. Toine Egberts
Dept. of Pharmacoepidemiology, Faculty of Pharmacy
University of Utrecht
PO Box 800082
NL-3508 TB Utrecht, The Netherlands
Tel.: +31 30 253 7325; fax : +31 30 253 9166
e-mail: a.c.g.egberts@pharm.uu.nl

NORWAY: DURG Norway
Åsmund Reikvam
Prof.,MD,PhD,FESC
Department of Pharmacotherapeutics
P.O.Box 1065 Blindern
NO-0316 Oslo
Norway
Tel.+4722840774; fax +4722840771
e-mail: asmund.reikvam@medisin.uio.no

SERBIA and **MONTENEGRO**: **DURG**
Vesela Radonjic
Ass. Prof. Phar.D.
Medicines and Medical Devices Agency of Serbia, National Centre for Information on Medicines and Medical Devices
458, Vojvode Stepe Street, Belgrade
11 152
Serbia and Montenegro
Tel +381 11 39 75 614
Email: vesela.radonjic@alims.sr.gov.yu

SPAIN: DURG-ESPAÑA
Dr. Emilio Sanz
Clinical Pharmacology Unit, School of Medicine
University of La Laguna
E-38071 La Laguna, Tenerife, Spain
Tel.: +34 922 319347; fax: +34 922 655995
e-mail: esanz@ull.es

RUSSIA
Dr. Svetlana A. Ratchina
Department of Clinical Pharmacology
State Medical Academy
P.O. Box 5, Smolensk,
214019 Russia
Tel. +7 0812 611301/27, ext 114; fax: +7 0812 611294
e-mail: sveta@antibiotic.ru

SWEDEN: The Swedish Society for Pharmacoepidemiology
Dr. Michael Fored
MD, PhD
Unit of Clinical Epidemiology, Medical Institute
Karolinska University Hospital
SE-171 76 Stockholm, Sweden
Tel.+46; fax.+46
e-mail: michael.fored@medks.ki.se

UNITED KINGDOM: DURG-UK
Prof. Dr. Steve Chapman
Department of Medicines Management
University of Keele
Stafffordshire ST5 5BG, Keele
Tel.+44 1782 584131; fax.+44 1782 713586
e-mail: s.r.chapman@mema.keele.ac.uk

For updates of addresses or inquiries, please visit our website www.EuroDURG.com, or contact Hege Salvesen Blix @ hege.salvesen.blix@fhi.no