EuroDURG bulletin

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NEWSLETTER OF THE EUROPEAN CHAPTER OF THE SPECIAL INTEREST GROUP OF DRUG UTILSATION RESEARCH (SIGDUR) OF THE INTERNATIONAL SOCIETY OF PHARMACOEPIDEMIOLOGY (ISPE)

Editors. *This issue was prepared by all members of the Executive Committee of EuroDURG and by the chair of SIGDUR. See also contributors. on behalf of national groups.*
Send reactions to: benkoria@gmail.com

The Chair's message

A new year and a new bulletin! It feels like it wasn´t long ago since we published last years' issue. But a lot has really happened since then including the great Drug Utilisation (DUPHO) conference held in Antwerp in the end of the year (see further about it below).

During 2011 EuroDURG was led by the same committee as the previous year, i.e.:

Bjorn Wettermark (Sweden) – chair

Ria Benko (Hungary) – secretary

Brian Godman (UK) – treasurer

Monique Elseviers (Belgium)

Robert Vander Stichele (Belgium)

Peter Mol (The Netherlands) – Liaison with SIG/ISPE

Vera Vlahović-Palčevski (Croatia)

Elisabetta Poluzzi (Italy) – webmaster

Begler Begovic (Bosnia and Herzegovina)

We also have had an active participation by Morten Andersen, head of the global SIG-DUR of ISPE. We have mainly been working through telephone conferences, complemented by intensive e-mailing around various things. There has been an intensive activity, particularly around the planning of the Antwerp meeting and I would really like to thank you all. It has been a real pleasure working with the board and also with all other engaged DU researchers involved in our activities!

The board has decided goals and strategies for EuroDURG. To achieve its mission, we should:

- Encourage communication and cooperation between scientists in several disciplines interested in researching drug utilisation within pharmacoepidemiology
- Work towards the adoption of standards for international and national drug use research methodology
- Maximize the potential of the information available on drug utilisation for improving patient care
- Cooperate with international and national drug regulatory authorities, such as the World Health Organization and the European Union, European Council, health insurance agencies, the pharmaceutical industry, academic departments and professional bodies in furthering drug utilisation research and its applications
- Promote the incorporation of drug utilisation research and its applications in educational programs.

For **2011-2012** we have suggested the following activities:

- To successfully organize the Drug Utilisation Health Policy Meeting in Antwerp in November/December 2011
- To perform a review on cross national comparative studies on drug utilisation
- To update the inventory of registers in Europe available for DU research
- To release one issue of the Euro-DURG Bulletin each year

IN THIS ISSUE

- To keep the Website updated through ISPE, and to develop a new members-only section with access to key documents in the scientific field
- To establish a comprehensive list with Drug utilisation researchers and identify coordinator-communicators with national organizations in all European countries
- To distribute regular emails with news to the registered researchers
- To increase the visibility of EuroDURG through scientific publications
- To support European research projects in DU, e.g., ARITMO, HAPPY AUDIT, ESAC, GRACE and DRUID
- To establish contacts with other European associations active in the field, e.g., EACPT, ESCP, ISPE and European Association of Public Health.
- To strengthen the collaboration with ISPE, SIG-DUR and other regional groups in drug utilisation, e.g., in Latin America, Africa and Asia
- To further develop the ExCO activity and communication: more strict deadlines for activities and clear responsibilities
- To get a sustainable economy

Now, during half-time, we may conclude that many of these goals already have been achieved. We have organised the DU meeting, performed a review on cross national comparative studies on drug utilisation and updated the inventory of national registers. This has increased the visibility of DU in ISPE as well as among other research groups in Europe.

There have also been a number of other activities, e.g., creating mailing lists, updating the website on ISPE and further establishing contacts with interested people. Still some goals remain to be fulfilled for 2012, with the sustainability of the economy being one of the most important. We also need to continue to improve the scientific methodology in DU while at the same time establishing collaboration with healthcare policymakers and data providers. We also need to be more active promoting drug utilisation in other scientific organisations. It also includes our own society, ISPE, and since drug utilisation is an integral and important part of ISPE I endorse all of you to be active submitting many abstracts for the annual conference and also to sign up as abstract reviewers.

Wish you all a successful year for European Drug utilisation research!

Looking forward to see many of you on the next ISPE meeting in Barcelona in August.

Björn Wettermark
Chair of EuroDURG
European chapter of ISPE SIGDUR

Communication with DU researchers

We try to inform and keep DUR updated through the internet: once through our website, secondly through direct emails. As we informed you in the previous bulletin EuroDURG website has been integrated with the ISPE website and functioning as part of it.

The exact address is the following: http://www.pharmacoepi.org/eurodurg/

The website should be familiar to all of you as the structure of the old EuroDURG webpage has been retained, only minor technical things has been made. A new member-only section is going to be introduced shortly in order to provide specific documents for people interested in drug utilisation. For instance, full text protocol of DU researches, previous presentations, articles assembly minutes will be available. The access to this section will be limited to people who registered as DUR (see details below) or for ISPE members. The present bulletin and all previous ones are also available at the EuroDURG website. As the website is still under construction we welcome any ideas on its content. Please send your reactions to the following address: **elisabetta.poluzzi@unibo.it**.

The EuroDURG ExCO made efforts to identify active DU researchers. Therefore we started to build up a name list from DU abstract submitters, SIGDUR members, etc. few years ago and continuously invited these people to register themselves in our web-based questionnaire. By the end of the last year 258 people registered as DUR (60% from academic institution). We used this list to advertise events (e.g. DUPHO meeting) and to recruit DU abstract reviewers (for the next ISPE meeting in Barcelona).

Elisabetta Poluzzi
Ria Benko

What is DUR?

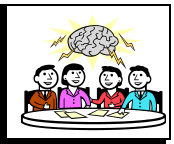
In one of the handbooks of Pharmacoepidemiology[1] a definition of drug utilisation is given, which is instrumental to classify DUR-studies and define skills and knowledge needed to become a competent DUR-researcher.
The definition of Drug Utilisation Research is: "**An eclectic collection of descriptive and analytical methods for the quantification, the understanding and the evaluation of the processes of prescribing, dispensing and consumption of medicines, and for the testing of interventions to enhance the quality of these processes.**"

During the DUPHO meeting in Antwerp, two presentations were given as an introduction to the educational session on Drug Utilisation Research, in which this definition was used as a framework. The presentations are available on the conference website: (**www.ua.ac.be/eurodurgmeeting**) until 2012 summer than it will be transferred to the EuroDURG site of the ISPE homepage.

[1]Björn Wettermark, Vera Vlahovic -Palcevski, Hege Salvesen Blix, Marit Rønning, Robert H Vander Stichele. Drug Utilisation Research. Pharmacoepidemiology: An Introduction. Second Edition. Edited by A. Hartzema, M. S. Porta, and H. H. Tilson. Harvey Whitney Books. ISBN 0-929375-03-3.

Robert Vander Stichele

Conferences meetings …Previous events



First of all, we have to give a fairly complete overview about the most important educational and scientific event for DU researchers in 2011. The **Drug Utilisation and Health Policy meeting (DUPHO)** meeting took place at the beautiful campus of the University of Antwerp and provided unforgettable days for DU researchers in all aspect.

General summary of the DUPHO

The DUHPO meeting was a joint educational course and scientific meeting organized by EuroDURG in close collaboration with the International Society of Pharmacoepidemiology and Drug Safety (ISPE). The meeting was sponsored by Associazione DURG Italia, Cegedim Strategic Data, ISPE, RIZIV-INAMI Belgium, University of Antwerp, University Medical Center Groningen, Heymans Institute of the University of Ghent, Karolinska Institute, WHO Drug Statistics Centre and WHO Centre of Pharmacoepidemiology of the University of Utrecht.

The meeting aimed:

- to offer public servants and researchers basic and advanced statistical and pharmacoepidemiological methods for handling drug utilisation data
- to discuss advantages and limitations of drug utilisation data derived from different sources like medical records and reimbursement databases
- to deepen the knowledge of drug utilisation and pharmacoepidemiological research to support health policy interventions and the quality of prescribing

In summary the meeting started with educational sessions handling units of analysis, quality indicators, the impact of interventions and biostatistics for drug utilisation research. Key lectures focused on drug utilisation research as a tool for health policy and innovation management, on comparative effectiveness research and implementation strategies to enhance the quality and efficiency

of future prescribing. Additionally, workshops and interactive sessions were organized on cross-national comparison and the validity of data sources, the role of drug utilisation data in pharmacovigilance and epidemiological measures in patient identity databases.

The meeting venue was the Hof Van Liere, the conference centre of the University of Antwerp, located in the historical centre of Antwerp. The local organizers welcomed a total of 150 attendees from 28 countries and five continents including 110 registered participants and 40 speakers and members of the scientific committee.

The call for abstracts resulted in 122 submitted abstracts with 59 of them being new abstracts. Sixteen were selected for oral presentation. The remaining were presented during the CNC poster walk on Thursday and the special poster walk session on Friday, where all authors were offered the opportunity to present their work. Among the abstract submissions, the best oral presentation and the best poster presentation were selected and awarded with a reimbursement of their registration fee (see DUHPO awards).

Attendees of the meeting were offered an attractive social program with a welcome drink and a guided tour at the University on Wednesday, a dinner at the university club on Thursday and a EuroDURG party on Friday. Pictures of these events are still available at the meeting website:
www.ua.ac.be/eurodurgmeeting

Highlights from the scientific program

The conference provided a broad overview of different aspects of drug utilisation with session on quality of prescribing, patient compliance studies, the introduction of new medicines. Some highlights are presented below. A more thorough report from the conference will be published on the EuroDURG website soon.

The **key note lecture** opening the conference, Better public health through pharmacoepidemiology and quality use of medicine, was held by professor Barbro Westerholm. She gave an elegant overview of the development of pharmacoepidemiology through five decades starting with the Thalidomide catastrophe and the subsequent development of international systems to monitor drug utilisation and adverse events. Today, such relations between drug exposure and malformations could have been assessed much earlier through pharmacoepidemiological studies linking various registers, but there are other challenges and there is still substantial room for improvement in drug utilisation. Obvious examples include excessive polypharmacy and inappropriate use in the elderly as well as all drug related hospitalizations. Further development and research in pharmacoepidemiology and drug utilisation is therefore urgently needed.
The challenge on rational **introduction of new medicines** was addressed on the session on "Innovation management and Drug utilisation". The drug market is rapidly changing. Many first-in-class and biotechnological drugs are introduced in healthcare. These medicines are often expensive, some offer benefit for the patients while others have limited efficacy or unknown safety problems. It is essential that society can afford to offer all patients the best treatment. Consequently, new drugs should be introduced systematically in healthcare. Pharmacoepidemiology and drug utilisation research may offer valuable tools to improve the introduction of new medicines. These may include horizon scanning, forecasting drug utilisation, monitoring patient or prescriber characteristics influencing the uptake of new drugs and analytical studies on the effectiveness and safety of drug use in real life. The session began with an introductory key-note lecture held by Dr Ken Paterson, former head of the Scottish Medicines Consortium, about the challenge of new medicines from a health policy perspective, i.e., trends in drug development, HTA and critical drug assessment in Europe. Examples of how drug utilisation could contribute to a more rational introduction of new medicines was presented by Björn Wettermark and Petra Denig. Finally, professor Eric van Ganse presented the experience from France setting up a nationwide disease based register to monitor the treatment of Multiple Sclerosis.

Adherence to medications is essential for therapeutic success. Professor Bernard Vrijens gave a nice overview of the use of large databases for adherence studies and the link between efficacy and effectiveness. Compliance studies may be carried out with different methodologies. By using

electronically compiled dosing histories large cohorts of patients may be followed determining persistence and adherence and which factors that are associated with poor compliance.
A related session held by professor Jesper Hallas focused on **validation studies** of prescription data and quality indicators. Important issues of data validity in pharmacoepidemiology were discussed. The process from drug prescribing to ingestion was illustrated by the three events; prescribing, dispensing and ingestion, where each step can be estimated by a proxy. Many studies have been published comparing data from different sources. Most of them show large discrepancies. Patient non-compliance is substantial for most drugs and all sources have their pros and cons. Databases are commonly used today since they are quite easily available. However, it is important to keep in mind that they may have important limitations, e.g. absence of non-subsidized prescription medication and OTC drugs. Furthermore, some patient may purchase drugs that they actually do not use. Jesper Hallas concluded the session asking which data source the audience would recommend for drug utilisation studies and answered that there was no golden standard and sources should be carefully selected depending on the context.

The importance of Drug Utilisation research for **benefit-risk evaluation** was discussed in a key note lecture held by Dr Xavier Kurz from European Medicines Agency (EMA). In the old model of pharmacovigilance the regulator places obligations on the pharmaceutical industry, waits for results from clinical studies and then assesses these. In the new model of pharmacovigilance, the regulatory decision-making is based on collection and assessment of all data including industry studies, academic studies, public authority studies and data from real-life health outcomes making it possible to study e.g. patterns of drug use in real life situations, characteristics of patients starting on a new drug and evaluation of benefit/risk. Continuous evaluations are done throughout the whole lifecycle of medicines. The session also described several important roles of drug utilisation data in benefit-risk evaluation, including detection of abuse, misuse or other use affecting safety, planning pharmaco-epidemiological studies, public health impact of adverse drug reactions and risk minimization measures.

The conference ended with a key lecture held by professor Bert Leufkens on the future of quality use of medicines followed by recent examples of academic detailing, feedback and quality incentives from Sweden and Australia.

Monique Elsevier
Björn Wettermark

DUHPO AWARDS

Out of the numerous high quality work presented at the meeting, those being presented for the first time were eligible for participation in the best oral and best poster award competition.

DUHPO meeting award for best oral presentation

Nominations:

- Elisabetta Poluzzi (Italy): Drug utilisation of antidepressants in General Practice: choice of drugs and adherence in an Italian region
- Catherine Sermet (France): Explaining the reasons why French patients are being prescribed more originator statins than generic
- Magnolia Cardona-Morrell (Australia): Six-month impact evaluation of a prescribing improvement intervention for cardiovascular disease management in Australian general practice

Best oral presentation winner

Maria Matuz, Ria Benko, Monique Elseviers, Edit Hajdu, Peter Doro, Reka Viola, Gyongyver Soos (Hungary): Dosage form data used for estimating pediatric antibiotic use

DUHPO meeting award for best poster presentation

Nominations:

- Milica Paut Kusturica (Serbia): Is there a difference in antibiotic use between urban and rural communities in Serbia?

- Johanita Burger (South Africa) : Identifying South African patients with metabolic syndrome using medicine claims data
- Danny Van heusden (Belgium): AlterMED: Attitude, knowledge and use of alternative medicine

Best poster award winner

Shuk-Li Man, Irene Petersen, Mary Thompson, Irwin Nazareth (UK): Discontinuation of antiepileptic drugs in pregnancy; a study in The Health Improvement Network (THIN)

Monique Elsevier
Björn Wettermark

SUMMARY OF THE CROSS-NATIONAL COMPARISON SESSIONS

Special CNC poster walk

What is the current state of national drug utilisation (DU) monitoring systems in Europe?
To answer that question, information on the current ability to collect drug consumption data and the sophistication of the DU systems on the national level was gathered with the help of key informants and contact persons using an electronic questionnaire.

In an attempt to get a real picture on the ability to collect relevant data, national data on statins and proton pump inhibitors use were analyzed and compared. The data were retrieved from a previous study led by Brian Godman (in close collaboration with other ExCO members) aiming to study policies to enhance prescribing efficiency in Europe. DU data were collected for the period from 2001 to 2008 from valid sources in European countries using Anatomical Chemical Therapeutic (ATC) classification and Defied Daily Dose (DDD) methodology. Utilisation data were analyzed alongside many supply and demand-side initiatives introduced across Europe to enhance prescribing in ambulatory care. Demand-side measures were categorized under "4Es" – Education, Engineering, Economics and Enforcement:

Results were presented within a special poster walk dedicated to cross national comparison of drug use. Per country posters presented utilisation data on statins and proton pump inhibitors together with the 4Es summarizing national policies in the field. Great differences in the pattern and volume of statin and PPIs use were noted across different countries. Multiple interventions were introduced to change prescribing patterns as well as different measures to lower generic drug prices. The measures have led to appreciable differences in drug expenditures.
The posters presented were also printed in a booklet offering an overview of the ability and sophistication of DU activities in 18 European countries showing attempts to enhance prescribing efficiency.

CNC Workshops

Studies on cross-national comparisons of drug use that have been conducted in previous decades have detected numerous difficulties and problems in obtaining valid, reliable and meaningful results. Researchers have been facing obstacles where in solving many of them- no consensus has been reached.
Seven discussion rounds covering major issues in CNC of DU were organized within the Workshop, and participants were invited to take part in 2 different groups.

1. The topic considered by the first group was **what methodology can be used to test the validity of CNC data**. The group discussed what should trigger one's suspicion of invalid comparisons. It was concluded that it should always be looked for outliers with respect to the studied parameters, make comparisons with other nations in the same region and look at the data sources. If possible comparison with other data sources in the same country or region should be made. Also, some of the possible sources of invalid comparisons were identified: data source only covers special therapeutic, demographic or socioeconomic subgroups; economic incentives behind physician's prescribing or behind data recording; differing coverage, (e.g. +/- coverage of OTC drugs); differing versions of the ATC/DDD index and technical errors.

2. The second group discussed **whether a common classification system for health policy initiatives, when undertaking CNCs, should be established, and if so, what should be the system to use for future studies.** Within this group the following

"burning" questions were raised: What different types of demand side measures have been introduced by health authorities and health insurance agencies that influence prescribing and dispensing decisions, and should interventions be categorized for comparative purposes? If so, what methods should be used to categorize them? Is it necessary to develop a common classification system similar to ATC and other classification systems?

3. How can the linkage between CNC and health outcome be made at the international level was the theme of the third discussion group. Strict comparability of data from different countries and data sources needs to be ensured. It involves understanding concerning different underlying health systems, technical/operational systems used to record and collect data, scientific/cultural differences in the delivery of care as well as understanding of case mix and genotype of different populations being compared. In addition "sensitivity testing" of supposed outcomes is needed.

4. The fourth group discussed **how can we proceed to install a system of CNC on regular and standardized base.** The participants agreed that there is a need for CNC studies for international benchmarking from drug regulatory authorities, HTA institutions and reimbursement agencies. How could we facilitate such studies? Some of the questions for discussion were: creating a formal network or center(s) of excellence; establishing a regularly updated knowledge source with an inventory of existing databases, methods and standards; defining data collection templates and checklists on data coverage and validity; creating a large minimum data set with aggregate data, epidemiological measures and/or prescribing indicators. The working groups came up with the following conclusions and ideas:
A cornerstone in CNC studies is standardization. "How can we compare apples with something that is not even a fruit?" Standardization is needed, and terminology (e.g. language, pharmaceutical terms) is specifically a challenge. It was considered important to start on a small project scale (not too ambitious) with a minimum data set and expand it later. A flexible database structure would be optimal for this purpose. A collection template is required and an idea to reuse the existing ESAC template was put forward.

5. Does CN benchmarking have an additional educational value was a question posed to the fifth group. CN benchmarking drug use is a process of comparing various aspects of drug use among different countries, with the aim of improving drug use by adopting superior practices and education is the formal process of transmitting knowledge, skills, customs and values from one generation to another. The group discussed how can CNC accelerate international exchange of educational ideas, practices and policies, how can CNC contribute to global knowledge and internationalization of education, how can CNC increase the capacity to understand drug use patterns, determinants, quality, economic aspects of drug use and enable predicting future use – globally. It was agreed by all participants that CNC requires methodological standardization. CNC should be tought on all levels of education including regulators/government, academia, professionals, scientists, students and patients. It should also become a part of pharmacoepidemiology syllabus but should be harmonized and include consensus based standard competences, skills and knowledge.

6. The possibility of **using CNC to evaluate the impact of safety-related regulatory action** was covered group six.
They discussed the impact evaluation of safety-related regulatory action, e.g. 'Dear Doctor Letters' (DHPCs) that will become mandatory in the EU from July 2012. Further on, the group brought up the following questions. Who determines appropriate outcomes? EMA, national authorities or industry? What are possible generic 'actionable recommendations'? What are the appropriate tools: surveys (measuring knowledge, attitude/intent) and registries or dispensing/prescribing databases (measuring behavior). Who should perform these studies? Can / will impacts be extrapolated to other countries? Should an appropriate minimal effect size be pre determined?

7. The group seven discussed the topic **"What therapeutic area should we focus on for the future?** A lively discussion was held on classes of medicines that would be of interest for different stakeholders and decision makers. This included but was not limited to the following groups – high volume drugs, drugs with large variation in utilisation in different countries, drugs that potentially may cause safety problems. There was also noticed that it is very important to link drug utilisation data with outcome data and to explore different method for CNC. Drug classes are not suitable for CNC studies were also discussed. These include OTC drugs, drugs with many indications, orphan drugs, and cancer medicines. However, some drugs from these

classes may be compared under special circumstances. It was emphasized that collaboration with data or registry holders with specialists' organizations, policy makers and other interested parties is of great importance. The workshop concluded that the most relevant medicines for the CNC would be drugs for elderly, biological and biosimilar products, anticoagulants, bisphosphonates, cardiology drugs and some cancer medicines (e.g. imatinib).

The great interest for the whole Session Towards better health outcome through cross-national-comparison (CNC) of drug utilisation (DU) in which participated different stakeholders such as academia, medicines control agencies, reimbursement agencies, hospitals, GP/specialist and pharmaceutical companies confirms that CNC of DU is a hot topic. Discussions held within the workshop point out a need for standardization in all aspects of CNC. Now in the era of globalization the significance of CNC of DU studies is becoming more and more important.

Vera Vlahović-Palčevski
Monique Elsevier

Evaluation of the DUPHO meeting

Shortly after the end of the DUPHO meeting a web questionnaire was sent out to the 145 conference participants including speakers and members of the scientific committee. All respondents were asked about their previous participation of DURG/ISPE conferences and to rate the scientific content and relevance as well as the social program and the practical arrangements. Furthermore, they were asked to rate all the different sessions and to give individual comments and suggestions for future meetings. All ratings were done on a ten-grade scale with 10 being most positive.

A total of 104 (72%) responded to the questionnaire with academia being the most common affiliation with 52% of all participants. Around half of all participants (49%) had participated in a previous meeting held by ISPE and/or EuroDURG. The mean rating of the value of the conference was between 8 and 9 for all general aspects of the conference (scientific content, relevance for work, social program, establishing contact/networking, practical arrangements)

All topics of the conference were appreciated with mean ratings between 7-10. For further details - see the overall conference evaluation report that will be published on the conference website and on the EuroDURG ISPE website soon. A lot of ideas of topics for future conferences were suggested. Some examples are electronic decision support systems, risk benefit evaluation of medicines by patients, different data sources for drug utilisation research and their strength and limitations, drug use in hospitals, how to plan a study, drug use in children and the elderly, methodologies for changing prescriber behaviour, determinants/models/theories of sub-optimal prescribing behavior.

Björn Wettermark

Who is who in pharmacoepidemiology? Photo taken by: Begler Begovic

Some remarks

"A very well organized conference with fantastic speakers. I really enjoyed it. When is the next conference?"

"In comparison with the annual ISPE meetings, this meeting was positively very intensive for my research interest"

„in short, excellent"

"Thanks for the terrific effort put into this meeting as well as the excellent scientific content"

"Extremely well organized. Very educational"

"Great to have a real DU-meeting again! Good mix of participants (academia-health policy-healthcare)"

Minutes of the SIG-DUR meeting, 2011

The last SIGDUR meeting was organized at the ISPE meeting, in Chicago, 16 August, 2011. Overall 35 people attended the meeting, which was chaired by Morten Andersen. Hereby we report the revised minutes of the meeting which was made by Brian Godman.

The objective in 2010 to 2011 was to maintain and potentially grow DU activities across the different chapters. This includes greater integration of EuroDURG into SIGDUR as a regional chapter enhanced by the chairs of both SIGDUR and EuroDURG.

The next developments will include increasing membership from Asia. In this respect, good to have someone from Asian Pharmacoepidemiology Network (AsPEN). more involved with SIG DUR. The same applies to people in the US as many groups are taking part in drug utilisation studies – but under different headings, e.g. group at Harvard with Will Shrank, Jennifer Polinski and colleagues at Harvard. This would strengthen the global nature of the group. In addition, it is envisaged that the forthcoming Drug Utilisation/ Health Policy meeting in Antwerp at the end of November/ beginning of December would further strengthen the group through greater involvement of payers in such research. A big thank to Monique for overseeing the conference, Bjorn as head of the Scientific Committee and Frank for helping to obtain the approval of ISPE. The latter seen as particularly important to underwrite the enterprise.

SIG DUR members were involved with running 2 educational sessions prior to the Chicago ISPE meeting. Over 100 signed up for the first workshop with more than 60 there, with 76 signed up to the second workshop with over 30 staying to the end. This should also help stimulate and strengthen membership in the future, and these activities should continue.

Finances were briefly discussed. This included obtaining regular funding for the regional teleconferences including the EuroDURG teleconferences.

Morten also stressed the need to develop a succession system for SIGDUR similar to ISPE to prevent future chairpeople from being 'thrown in the deep end'. This will also help share the workload, and be developed ready for the Barcelona meeting.

Regional reports

- Africa – Jude Nwokike

They are looking to develop an African chapter building on the activities ongoing in South Africa. Jude has been discussing with ISPE Board Members the potential of undertaking a workshop in South Africa next year to work with interested personnel. In addition, members will be presenting at the forthcoming ICIUM meeting in Turkey in November to further progress an African chapter.

- Australia – Lisa Pont

The DU activities are going from strength to strength with now approx. 50 people taking part in virtual seminars twice per year. This involves academics, government, state personnel, etc., supported by the government. The next meeting will be 12 September.

- Canada – Jean-Pierre Gregoire

Activities mainly confined to Quebec with annual meetings. Activities should grow with Canadian regulatory authorities looking far more critically at the safety and effectiveness of new drugs post launch in registries (more safety than efficacy).

- Europe and EuroDURG – Bjorn and colleagues

The principal concentration recently has been developing the programme for the educational course/scientific meeting in Antwerp at the end of the year. The programme is well advanced, with selection of abstracts for oral and poster presentations taking place early September. The intention is to make Drug Utilisation more visible as well as instigate further CNC studies building on the published CNC studies as well as ongoing projects with the Swedish Dental and Pharmaceutical Benefits Agency and ARITMO.

- US - Julie Zito

The difficulties with conducting drug utilisation research in the US includes that the DDD is not traditionally used. However, Julie is looking to expand activities with a student working in this area during the coming year.

Going forward

There is a need for regional members to help each other to grow groups. Priorities include Africa and Asia. Scott Smith has also offered potential funding support for pertinent activities in the US (Julie Zito will explore this).

Future meetings include:

- DU/ Mid Year meeting in Miami in April 2012. Good if members could attend as

selection for Barcelona chosen during this period and concerns in Chicago that DU Poster walk contained posters not relevant to drug utilisation. In addition, old data presented in oral presentations when more up-to-date data relegated to poster sessions

- Barcelona – Andrew Gilbert is on the Program Committee and looking for suggestions for keynote speakers in Barcelona. Suggestions should be forwarded by the beginning of October around drug utilisation. It would also be good to suggest a session feeding back on the Belgium meeting (Morten and Bjorn to take forward). Overall, good to have an appreciable presence in Barcelona in 2012 to build on Belgium as well as activities in Australia, Africa, Canada and possibly US.

Morten Andersen
Brian Godman

Report of the annual ISOP meeting, 2011

The International Society of Pharmacovigilance held its 11th annual meeting in Istanbul last year

This three-day conference focused on drug safety issues. Initially the focus of the Society has been on collection of spontaneously reported adverse drug events and causality assessment. Today the society of course also focuses on the contribution of large databases as a tool for identifying safety issues, e.g. through development of data mining algorithms. Extensive attention is there for risk management including communication of drug safety issues to the public and how to prevent medication errors and adverse drug events from happening, including thorough attention for methodologies used.
A few of the highlights (in my view) at the conference – that attracted approx. 400 participants - were lectures by Ferner and Aronson defining medication errors and preventable adverse drug reactions, cautioning us for using circular definitions. Criteria for preventability must include that the drug causes the reaction, can be anticipated and some action can be taken that the event does not occur [see also Aronson & Ferner in Drug Safety 2010], but also warning that no single method exists for analyzing preventability. Ample attention was there at the conference for the risks associated with off-label drug use, based on e.g. drug utilisation studies as presented by German researchers utilizing insurance databases (BIPS, Edeltraut Garbe). Still the cautioning statement made by Aronson & Ferner came to mind that avoidance of drug use to prevent errors should not lead to loss of benefit for the patient. Some interesting overviews were given on telltale drug safety issues by Ismail-Beigi on rosiglitazone and by Valerie Beral (the woman behind the Million Women Study!) on hormone replacement therapy and oral contraceptives. A section was dedicated on perception of risk, where Ragnar Löfstedt described how governments/regulators deal or should deal with risks expressing the need for speaking the truth, admitting what you know and not know and make sure you have a trustworthy spokesperson. He vividly described situations where risk communication was less optimally handled and how media were eager to amplify certain risks. Priya Bahri sketched how on a conceptual level the European Medicines Agency tries to work towards better informing the public while having to remain within certain legal frameworks. Finally an interesting presentation I would like to mention is a qualitative study presented by a young researcher from the UK – Thereem But (Univ. of Birmingham). She use modern communication technologies (social networks) to get information on how patients/relatives deal with experienced serious adverse effects.
I conclude that this conference could be an interesting – smaller – conference also for other Drug Utilisation Researchers. Abstracts of the Conference are published in the October issue of the Drug Safety journal.

Peter Mol

Report of ICIUM meeting

Two billion men & women in developing countries cannot get essential medicines

Once Every Seven Years World Experts Meet to Discuss Misuse of Medicines in Low- and Middle Income Countries.

Over 600 world experts on essential medicines met in Antalya, Turkey for the Third International Conference on Improving the Use of Medicines (ICIUM). They heard several similar stories from developing countries from all over the world - how life-saving treatments for malaria are not available in private pharmacies of East Africa; how unscrupulous local manufacturers continue to produce and promote malaria drugs that the World Health Organization has recommended should be taken off the market because they lead to resistance; and how 42% of the price of medicines in one Asian country is spent on bribing the doctors.

Delegates from over 80 countries who attended ICIUM also learned that more people in developing countries die from chronic disease such as hypertension, asthma and diabetes, than from infectious diseases such as AIDS and tuberculosis. Unfortunately very few governments do anything about it.

But there was also good news. The medicines for a year of treatment of such chronic diseases cost less than $6 dollar - provided they are bought as generic (off-patent) medicines and provided the local distributor, the pharmacist and the doctor do not add another ten or twenty dollars to the price. The Sultanate of Oman has succeeded in drastically reducing the use of antibiotics (from 60% of prescriptions in 1995 to 15% of prescriptions in 2010), thus reducing the chance that resistance develops. Specially trained drug sellers in Tanzania, called ADDO's (Accredited Drug Dispensing Outlets), supply essential medicines of good quality to patients in rural areas.

ICIUM Conferences are only held every seven years. Earlier conferences were in 1997 and 2004, both in Thailand. This time ICIUM was held in Turkey to allow for more delegates from the Middle East to participate. Special attention was given to the needs of the people in countries of the "Arab Spring" with examples of constitutional text from other countries reflecting access to essential medicines as part of human rights.

AIDS has become a chronic disease, for which life-long treatment in needed. There are now more cell-phones in Africa than in the USA and Canada together. A very promising development is the use of cell-phones and short text messages in several African countries to remind AIDS patients about their appointments to get their medicines.

Delegates also heard that in most countries, women did not have more difficulty than men in getting their medicines; but more such studies are needed in countries such as Yemen, Somalia, Pakistan and India. As Dr Anita Wagner of Harvard University, one of the organizers of the conference, put it: "In most developing countries, both men and women have equally bad access to essential medicines."

The World Health Organization estimates that about one third of the world's population - around 2 billion people - does not have regular access to essential medicines. Richard Laing, coordinator for medicine policy at WHO's Essential Medicines Programme, adds "These estimates have recently been confirmed by household surveys in countries such as Uganda. And every year, about 150 million people sink below the poverty line because of the high cost of the medicines they have to buy."

For more information please contact: ICIUM website: www.icium.org
Anita Wagner, Harvard Medical School, tel: +65-9003-3741
Richard Laing, World Health Organization, Geneva: tel: +41-79-500.65.92
Hans Hogerzeil, Geneva, tel: +41-79-101.0874

Robert Vander Stichele

Report of the EACPT meeting, 2011

The bi-annual conference of the European Association of Clinical Pharmacology was held in Budapest, Hungary. The conference hosted rougly 700 participants, where the participants could choose from150 oral presentations and 300 posters.
The conference focus ranged from (new) pharmacodynamic para-meters and nonclinical models to evaluate drug effects, both beneficial (e.g. biomarkers of lung cancer, transgenic mice, arterial stiffness) and harm (e.g. drug induced arrhythmia, AT-prolongation), personalised medicine, important developments in major disease areas, to pharmacovigilance and how to conduct and organise clinical studies (the pharmacist as a clinical

investigator). Some interesting state-of-the-art lectures were delivered on topics of diabetes mellitus, hypertension and cancer. A great number of intricate PK/PD interactions were presented and the conference remains of special interest to those in the core field of (clinical) pharmacology. Drug utilisation studies and health policy impact evaluation were unfortunately less well covered.
Finally, the conference was held during particular nice weather which made the stay in beautiful Budapest (a must see!) more than worthwhile.

Peter Mol

Upcoming conferences…

ISPE 2012 Mid-Year Meeting

The 2012 Mid-Year meeting of the International Society for Pharmacoepidemiology (ISPE) will be held in Miami, Florida, USA between the 21st and 23rd of April at the Eden Rock Hotel Miami Beach. The agenda includes pre-symposium educational courses and symposium with several themes such as:

1. Synthesis of information from observational studies for decision makers;
2. Pharmacoepidemiology in Latin America;
3. Registries and other prospective for epidemiologic research;
4. Meta-analysis of observational data and
5. Data vizualization and analytics.

The preliminary programme is available at:
http://www.pharmacoepi.org/meetings/midyear12/ISPE2012MidYrFlyer.pdf

Begler Begovic

European Congress of Pharmacology

The 6th European Congress of Pharmacology comes to Spain in 2012. This will be a wonderful opportunity to bring together all the pharmacologists that cover the whole process of drug development from "bench to bedside", that is basic pharmacology to clinical practice.
The meeting will be held in the wonderful city of Granada in 17th-20th July 2012.
The program will ensure the participation of the most relevant speakers in the different fields of Pharmacology, and will be planed to make it attractive to all pharmacological scientists, with a special emphasis for young investigators

Abstract submission deadline: March 31, 2012

The preliminary programme is available at:
http://www.ephar2012.org/program.html

Begler Begovic

ISPE 2012 Annual conference

EuroDURGers and all people interested in pharmacoepidemiology are cordially invited to attend the 28th International Conference on Pharmacoepidemiology and Therapeutic Risk Management.
The Conference will be held August 23-26, 2012 in Barcelona, Spain.

Abstract submission deadline: February 15, 2012.

Information about the scientific program soon will be uploaded to the following website:
http://www.pharmacoepi.org/meetings/index.cfm

Keep in mind that deadline for abstract submission for the **ICPE** is **February 15 in 2012!**

Begler Begovic

EACPT Summer School

The European Association for Clinical Pharmacology and Therapeutics (EACPT) will organize the first EACPT Summer School **on Education** in Amsterdam from 23-25 August 2012. This 3-day Summer School is being organized because the curricula in medicine, pharmacy and nursing are changing rapidly on the basis of new insights regarding education. This could be seen as a threat to the current teaching of pharmacology, clinical pharmacology and therapeutics, but it can also be an opportunity to strengthen it. Together with experts in these fields, EACPT wants to share the new knowledge and expertise regarding teaching and EACPT wants to create a network of Pharmacology, Clinical Pharmacology and Therapeutic (PCPT) teachers under the

umbrella of the EACPT and its education subcommittee.

Visit www.eacpt-amsterdam.nl to get more information and register.

Begler Begovic

ESPACOMP annual meeting 2012

The European Society for Patient Adherence, Compliance, and Persistence (ESPACOMP) was founded in 2009. ESPACOMP is a non-profit association established to promote the science concerned with the quantitative assessment of what patients do with medicines they have been prescribed. Both the reasons for, and the clinical and economic consequences of adherence, as well as differences between caregivers' prescriptions and patients' execution of those prescriptions are principal topics of research with which the Society is concerned.

Today, the principal activity of ESPACOMP is to organize a yearly symposium. It has become the meeting place for an increasing number of international adherence researchers, pharmacoepi-demiologists, statisticians and industry people interested in compliance and persistence.

The ESPACOMP 2012 meeting will be held in Ghent, BELGIUM on October 26-27, 2012. The meeting will be preceded by a one day educational meeting with parallel sessions focusing on the behaviour aspects of adherence and on the use of electronic monitoring in phase II studies. Currently, the scientific committee is preparing an exciting program with the involvement of prominent keynote lecturers completed with selected abstract contributors. Instructions for abstract submission and detailed information about the scientific program can be found at http://www.espacomp.eu/meetings/view/34 .

Monique Elseviers

European projects

ESAC project

The transfer of the ESAC project from the University of Antwerp to the European Desease Control Centre (ECDC) has been brought about in 2011. In the meantime, the surveillance systems' name changed to European Surveillance of Antimicrobial Consumption Network (ESAC-Net)

The ESAC-Net continues collecting reference data on the consumption of antimicrobials for systemic use in the community and in the hospital sector in EU and EEA/EFTA countries. The class of drugs under surveillance has not changed.
The former ESAC subprojects that collected data on antimicrobial use in hospitals and in long-term care facilities are also continued by ECDC within the following activities of the Healthcare-Associated Infections Surveillance Network (HAI-Net):

Data on the prevalence of antimicrobial use in patients from European acute care hospitals will be provided through the ECDC-coordinated, Europe-wide point prevalence survey of healthcare-associated infections and antimicrobial use; Data on the prevalence of antimicrobial use in residents at long-term care facilities will be collected by the ECDC-funded HALT-2 project.

Antimicrobial consumption in Europe is monitored by a network of national surveillance networks in the EU and EEA/EFTA countries through annual data calls.

The national networks will upload the data to a central database (The European Surveillance System - TESSy) maintained at ECDC. After uploading, each country will approve its own data and the results will be made available from the ECDC website.

For more information please visit: http://ecdc.europa.eu/en/activities/surveillance/ESAC-Net/about_ESAC-Net/Pages/about_network.aspx

Robert Vander Stichele

ARITMO project

As we informed you in the previous Bulletins ARITMO is an EU fund project started in 2010.

The Department of Pharmacology at the University of Bologna, Italy, and the Division of Clinical Pharmacology at the Karolinska Institutet (KI), Stockholm, Sweden, are working together with the ESAC group at the University of Antwerp, Belgium, to collect data regarding the exposure of patients in Europe to drugs causing cardiac arrhythmia's (ARITMO drugs). Relevant drugs include antipsychotics (ATC N05A), anti-infectives [antibacterials (J01 and J04), antimycotics (J02) and antivirals (J05)] and H1-anti-histamines (ATC R06).
This data will have two different roles in the ARITMO project:
1) to estimate the *spontaneous reporting rate* in that Countries

participating to the ARITMO project by providing data of National spontaneous report databases (France, Germany, Italy, United Kingdom);
2) to provide a detailed description of the European population habits in the use of ARITMO drug classes. This last information may allow identifying geographical areas at high risk of drug-induced arrhythmia, when the specific population showed high exposure to the most arrhythmogenic drugs.

Consequently the aim of the drug utilisation component of this project is to collect recent drug utilisation data (2005 to 2009 or 2010 – 2011 DDDs) throughout Europe of principally systemic anti-infective, antipsychotic and antihistamine drugs. Where possible for each therapeutic class, differences in terms of prescription status (e.g. OTC *vs.* prescription medications) and way of supply (hospital *vs.* ambulatory care). Drug utilisation data will be expressed in terms of DDD per 1000 inhabitants per day (DDD/ TID) for the relevant population in the country. The main work in data collection will be carried out by KI in 2011 and early 2012. This will be achieved with the help of personnel from EuroDURG, ESAC as well as relevant health authority and health insurance among European countries.

Brian Godman, Elisabetta Poluzzi

SIG-DUR projects

International ATC Browser

The aim of this project was to create a central web site with access to a multi-country minimal data set on national therapeutic arsenals and their link to the ATC/DDD system.
Progress on this project has been slow. In the ATC/DDD guidelines, details of the structure of a minimal data set are now made explicit. In addition, a proposal was formulated for a multilingual medical terminology system to manage translations of the ATC under the ISO standard for multilingual terminologies. Moreover, a data model was proposed to analyze differences between therapeutic pharmaceutical arsenals of different countries (in the framework of a Belgian PhD). A proof of concept website with Belgian, Italian, and Swedish data is yet to be constructed.

Robert Vander Stichele

Pan European Cross National Comparison studies

There is increasing focus on drug expenditure across Europe as this is now the largest or equalling the largest component in ambulatory care, with costs continuing to rise driven by ageing populations, rising patient expectations and the continual launch of new premium priced drugs. This has resulted in multiple supply and demand side reforms across Europe to help contain costs. However, countries need to continually learn from each other to help maintain the European ideals of comprehensive and equitable healthcare. This can be achieved by undertaking cross national studies analysing DU consumption data alongside expenditure and health care policies in high volume classes in ambulatory care. CNC studies have been undertaken for the statins, proton pump inhibitors and ACEIs/ ARBs in collaboration with EuroDURG and health authorities/ health insurance companies from across Europe. Utilisation data (in DDDs – defined daily doses) was typically collected from 2001 to 2007/ 2008. Demand-side measures were categorized under the '4Es' – education, engineering, economics and enforcement. The findings show that multiple and intensive supply and demand side measures appreciably enhanced prescribing efficiency, with the demand side measures appearing additive mirroring other studies. In addition in the case of enforcement (prescribing restrictions), their nature and follow-up also appreciably influenced subsequent utilisation patterns and overall prescribing efficiency. More studies are planned to add to the knowledge base including the influence of demand side measures with enhancing the utilisation of losartan among the ARBs following its availability as a generic.'
Brian Godman, the leader of the project would be happy to provide further details of the CNC and individual country findings including PDFs of the published results if people wish. (see contact details on the last page)

Brian Godman

News from NATIONAL DURGs

Germany

In 2011, the Society for Drug Utilisation Research and Drug Epidemiology (Gesellschaft für Arzneimittelanwendungsforschung und Arzneimittelepidemiologie GAA) together with the German Network for Health Services Research (Deutsches Netzwerk Versorgungsforschung DNVF) has jointly organized the 10th Congress for Health Services

Research (Deutscher Kongresses für Versorgungsforschung DKVF).

There were several objectives/aims of the congress: One aim was to present the topic „drug supply: quality and efficacy", considering all relevant aspects, including political and structural factors. The focus was on those issues which are currently most debated:

1. The evaluation of utility of new drugs and its methodology,

2. The problem of polypharmacy in multimorbid and elderly patients, particularly the problem of 'how to avoid inappropriate medications and keep adherence?' will be addressed, and

3. Personalized medicine, which probably might better be named „individualized" or „stratified" medicine.

The purpose of the congress was, not only to present and discuss each of the above mentioned topics, but also to show the interference between these issues, e.g. avoiding side effects in elderly patient using principles of individualized therapy.

One other aim of the congress was to offer a platform of scientific exchange for all those involved in Health Supply Research, by presenting and discussing their research projects and main results. We are pleased that a number of considerable speakers and discussants have be enlisted for this congress, and we have received over 250 abstracts, which have been accepted as either oral presentations or posters. Altogether, about 550 participants have been registered for the meeting.

Details of the meeting including the abstracts are given under **http://www.egms.de/dynamic/en/meetings/dkvf2011/index.htm,** some of the presentations are displayed under http://www.netzwerk-versorgungsforschung.de/index.php?seite=dkvf-2011

For the 2012, the 19.Annual Meeting of the GAA is planned to be held from November 22nd-23rd in Jena. Please contact Sebastian Harder (harder@em.uni-frankfurt.de) or Katrin Janhsen (katrin.janhsen@wkp-lwl.org) for further information.

Sebastian Harder
Chair of German -DURG

Italy

Last 12-13 December, the Italian National Institute of Health in Rome organized its Annual Meeting on Drug Utilisation and Drug Safety, which was the 20th event of this traditional rendez-vous of Italian pharmacoepidemiologists, DURGers and health professionals (XX Seminario Nazionale - La valutazione dell'uso e della sicurezza dei farmaci: esperienze in Italia). More than one hundred participants attended the meeting. A review on the last 20 years of the Italian drug utilisation research was presented by Prof. Achille Caputi (Pharmacologist, University of Messina), referring to the various active groups in Italy (Roma, Bologna, Verona, Milano, Messina, etc.) with a particular mention to the contribution of Nicola Montanaro (Pharmacologist, University of Bologna) to the foundation of EuroDURG.

Elisabetta Poluzzi

United Kingdom & Ireland

PRIMM
UK AND IRELAND

DURG transforms into PRIMM - A forum on medicines usage

PRIMM Highlights "Careless Seams" Medication Errors at Clinical Interfaces in February 2012 Meeting

Medication errors are of immense importance because of the unnecessary suffering and cost they cause so the next PRIMM (UK & Ireland) meeting in London on 9th February, 2012. is likely to generate much interest as it focuses on medication errors at interfaces in health care. Many international abstracts have already been submitted to the meeting entitled "Seamless Care or Careless Seams – reducing medication errors at interfaces" which will be held at the Imperial Hotel, Russell Square, London.

As well as showcasing new research, the meeting's program includes Professor Nick Barber of the London School of Pharmacy and star of the BBC TV's "Victorian Pharmacy" series speaking on "Medication errors at interfaces with care homes – drawing on the findings of CHUMS study", as well as Drs Mary Tully (Manchester University) and Maisoon Ghaleb (University of Hertfordshire) on hospital and GP interface related medication errors. Also speaking is Dr Rachel Howard of Reading University and Dr Lizzie Witherington from the University of Nottingham Hospitals NHS Trust.
PRIMM (formerly DURG [UK & Ireland]) has been active in 2011

holding a meeting in London on "**Ensuring Quality in Cash Strapped Times", and hosting an innovative forum in June including patients as both presenters and attendees meeting with healthcare professionals to debate the question "**ADRs: Is the patient voice loud enough?".

If you would like to attend the "Careless Seams" meeting or you would like more information on PRIMM, please visit **http://www.primm.eu.com/** or call the PRIMM Administrator Mrs Linda Foster on 01782 734117 or email: primm@mema.keele.ac.uk.

Norway

The main scientific activity of the Society is the annual meeting where invited speakers present their ongoing research in the field of pharmacoepidemiology. Usually this is a half day meeting in the Oslo area. In 2011 the meeting was first time a whole day meeting held 06 April 2011 in Bergen. Forty-two participated in the annual meeting. Two main areas were presented and discussed:

1. *Use of health registries in pharmacoepidemiological research.* Lill Trogstad, National Institute of Public Health presented preliminary data from a study called RegFlu – an investigation of pregnancy outcome in pregnant women vaccinated with the H1N1 vaccine. Inger Johanne Bakken presented the Norwegian Patient Registry, what data are available and how to use data from the registry in pharmacoepidemiological research. Helle Kieler, Karolinska hospital, Stockholm presented preliminary data from a populationbased cohort study on risk of persistent pulmonary hypertension in neonates exposed by SSRIs based on Scandinavian health registries and prescription registries.
2. Elderly and drug use. Christian Berg, Norwegian Institute of Public Health presented results from a study on polypharmacy of potentially addictive medication in the elderly. Sabine Ruths, University of Bergen held a presentation on trends in psychiatric drugs use in nursing homes. Gunhild Nyborg, University of Bergen had a presentation on potential inappropriate use of medicinal drugs among elderly living at home. Marit Bakken, University of Bergen discussed the quality of prescriptions in nursing homes/hospitals. Bettina Husebø, University of Bergen presented how to decrease behaviour disturbances by treatment of pain in nursing homes. The meeting also had a session for free presentation mainly meant for young researchers. There were presentations on prescription of antidiabetics with focus on correct prescription of gliptins (Helle Endresen), on patterns of use of potentially addictive drugs over generations (Ingeborg Hartz) and on the development of problematic opioid use among new opioid users (Svetlana Skurtveit).
Finally we had the general assembly meeting.
The Society has distributed two Newsletters in 2011 to the members and circulated the Euro Durg Bulletins. The Norwegian Society of Pharmacoepidemiology had 60 members in 2011. The membership fee is for the time being NOK 100.

Ingebjørg Buajordet
Chair of the Norwegian Society for pharmaco-epidemiology

Sweden

The Swedish Society for Pharmacoepidemiology celebrated its 20th birthday during the autumn with an international seminar with the title "Pharmacoepidemiology yesterday, today and tomorrow: The Swedish experience and future". It started with an overview of the early days of ISPE, EuroDURG and the Swedish Society with presentations held by Ulf Bergman and Barbro Westerholm. This was followed by some thoughts on the situation today, given by the director of the Swedish Network for Pharmacoepi Mikael Hoffman. Some future challenges were then addressed by the former EMA director Thomas Lönngren, the director of the Swedish regulatory agency Christina Åkerman and professor Anders Ekbom from Karolinska Institutet. Susana Perez-Gutthann from ISPE gave a nice lecture by on the methodological challenges to meet the new demands on pharmacoepidemiology before the meeting ended with a very vivid panel debate followed by a party.

During the year, a national centre for better use of drugs has also been established at the Medical Products Agency with the aim to coordinate and catalyze studies in rational drug use in the country. A conference was arranged jointly between the new centre and the Swedish Society for Pharmacoepidemiology on which a number of research groups involved in drug utilisation research was invited to share ideas around important research topics and potential areas for collaboration. National projects are now being established around, e.g., drug use in children, gender differences in drug utilisation, inappropriate drug use in the elderly and structured introduction

and follow up of new medicines. Some of these projects are included in the new national drug strategy decided by the government in August.

Bjorn Wettermark
Chair of the Swedish Society for Pharmacoepidemiology

We invite other national groups to inform us about their activities!
Please send your summary to benkoria@gmail.com

EuroDURG ExCO 2010-2012

Björn Wettermark (**chair**)
Centre for Medical Knowledge
Stockholm County Council
Box 17533
SE-118 91 Stockholm
SWEDEN
Tel: +46 8-737 40 81, 070/558 56 41
Fax: +46 8-737 40 12
E-mail: bjorn.wettermark@sll.se

Monique Elseviers
University of Antwerp
Campus drie Eiken
Universiteitsplein 1
B-2610 Wilrijk
BELGIUM
Tel: +32 473 98 56 14
Fax: +32 3664 84 59
Email:
monique.elseviers@ua.ac.be

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

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

Vera Vlahović-Palčevski
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

Elisabetta Poluzzi
Dept. Pharmacology, University of Bologna
Via Irnerio, 48
I 40126 Bologna
ITALY
Tel: +39 0512091809
Fax: +39 051248862
E-mail: elisabetta.poluzzi@unibo.it

Brian Godman (treasurer)
Division of Clinical Pharmacology
Karolinska Institutet
Stockholm
SWEDEN
Tel: +4687374081
OR 070/5585641
Fax: +46 8-737 40 12
E-mail: mail@briangodman.co.uk

Begler Begovic
Department of Clinical Pharmacology Clinical Centre University of Sarajevo, Bolnicka 25, 71 000 Sarajevo
BOSNIA AND HERZEGOVINA
Telephone: + 387 33 563 086
Fax: + 387 33 667 309
E-mail: bbegovic@bih.net.ba

Ria Benkő (**secretary**)
Dept. of Clinical Pharmacy
University of Szeged,
Szikra utca 8
Szeged H-6725
HUNGARY
Tel/Fax: +36 62 544 921
E-mail: benkoria@gmail.com

Morten Andersen (SIG DUR chair)
Centre for Pharmacoepidemiology, Karolinska Institutet
Clinical Epidemiology Unit, T2
SE-171 76 Stockholm
SWEDEN
Tel: +46 8 517 761 78
Fax: +46 8 517 793 04
E-mail: morten.andersen@ki.se

For updates of addresses or inquiries, please visit our website:
www.pharmacoepi.org/eurodurg
or contact Ria Benko at:
benkoria@gmail.com

EuroDURG Executive Commitee, 2011. Photo taken by Peter Mol