EuroDURG bulletin

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

Editors. *This issue was prepared by the indicated members of theEuroDURG board. See also contributors. on behalf of national groups. Send reactions to:* benkoria@gmail.com

The Chair's message

Dear European drug utilization researchers,

I hope the holidays have been nice for all of you, offering some rest but also opportunities for spending time on drug utilization studies.

During the past year EuroDURG elected a new committee for the coming two-year period. Peter Mol left the committee after many years as member and I would like to take the opportunity to thank him for all the good collaboration during the years and also for keeping his eyes on our (rather empty) bank account.

At the annual meeting we also got four new members that I welcome and look forward to good collaboration with the coming period.

The committee now consists of the following people:

Bjorn Wettermark (Sweden) – chair

Ria Benko (Hungary) – secretary

Brian Godman (UK) – treasurer

Elisabetta Poluzzi (Italy) – webmaster

Robert Vander Stichele (Belgium) – liason with ISPE

Monique Elseviers (Belgium)

Vera Vlahović-Palčevski (Croatia)

Begler Begovic (Bosnia and Herzegovina)

And the new members:
Marion Bennie (Scotland)

Janet Krska* (England)

Katja Taxis (The Netherlands)

Annabirna Almarsdottir (Iceland)

*Replaced Tony Avery from 25th of January, 2013

As you can see we have a nice geographical spread in our ExCO. Still, some large countries active in DU such as Germany, France and Spain, are missing and we need to strengthen the collaboration with these countries during the coming period.

During 2012, we have had a number of telephone conferences, complemented by intensive e-mailing. In April we finalized a conference report for the Antwerp meeting held in 2011. In August many of us participated in the ISPE conference in Barcelona, a very successful meeting from a drug utilization point-of-view (see further report in this bulletin). In Barcelona we also decided to arrange another European DU meeting and to start planning for a handbook. These projects have taken some time during the autumn and there is more to come. As a whole it has been an interesting year and I would like to thank you all for good contribution in our activities.

For 2013, we will continue working with the same strategies for EuroDURG. To achieve its mission, we should:

- Encourage communication and cooperation between scientists in several disciplines interested in researching drug utilization within pharmacoepidemiology
- Work towards the adoption of standards for international and national drug use research methodology

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- Maximize the potential of the information available on drug utilization 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 utilization research and its applications

- Promote the incorporation of drug utilization research and its applications in educational programs.

An activity plan for will be developed including cross national comparative studies, networking with people interested in DU, development of the Website, support to European projects, contacts with other European associations and activities strengthening the collaboration with ISPE and DU groups in other continents. In particular, we will focus our energy on the two major challenges, to arrange European Drug Utilization meeting in 2014 and to write a handbook on DU research. More information will follow around this but it is certain that both these tasks provide a lot of opportunities for all of you who want to be more active in our society. So you are most welcome to contact us if you have some ideas and thoughts on these topics.

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

Björn Wettermark
Chair of EuroDURG
European chapter of ISPE
SIGDUR

Communication with DU researchers

As we informed you previously EuroDURG website has been functioning under the ISPE website, available at:
http://www.pharmacoepi.org/eurodurg/
Some of the requested changes such us setting up a member-only section - available only for registered DURs - is still under construction due to arised technical problems, but updates are continuous
We welcome any contribution with material or other ideas regarding the website.
Please send your reactions to the following address:
elisabetta.poluzzi@unibo.it.

Have you not joined our group yet?
Register as a DUR at:
http://spreadsheets.google.com/viewform?formkey=dE9oeG94dHFwODFDUVhmUmlmakh1M2c6MA

It takes only 5 minutes!

The EuroDURG ExCO has continued the efforts to identify active DU researchers. Last year we distributed our Bulletin, sent out invitations/news and recruited abstract reviewers through our mailing list, which contains roughly 700 people. Our web-based registration questionnaire

TABLE 1. REGISTERED DU RESEARCHERS PER COUNTRY

Armenia	3	Kosovo	2
Australia	11	Lithuania	4
Austria	2	Macedonia	1
Belgium	10	Malaysia	1
Bosnia and Herzegovina	4	Mexico	1
Brazil	5	Montenegro	1
Canada	7	The Netherlands	18
Columbia	1	Nigeria	2
Croatia	5	Norway	4
Czech Republic	3	Pakistan	1
Denmark	16	Palestine	1
Estonia	3	Peru	1
Ethiopia	3	Portugal	4
Finland	4	Qatar	1
France	12	Russia	7
Germany	8	Serbia	3
Hungary	4	Slovakia	2
Iceland	1	Slovenia	2
India	3	South Africa	2
Indonesia	2	Spain	18
Iran	2	Sweden	19
Ireland	8	Switzerland	3
Israel	1	Taiwan	1
Italy	29	Turkey	1
Japan	2	UK	12
Korea	3	USA	10

(still open for registration, see advertisement above) attracted ~250 people. The geographical distribution of DURs is listed in Table 1. Out of the registered people 148 DURs expressed willingness to take up an active role in EuroDURG initiatives.
We would like to use this source and involve these peoples in the future.

Ria Benko

Future of the ATC/DDD classification

Is there a future for the ATC-DDD classification system?

The ATC-DDD classification system has proven its strength in projects such as ESAC (European Surveillance of Antibiotic Consumption) and in a number of annual reports on drug consumption of various European Countries. In many parts of the developing world, the classification is used in drug utilization monitoring programs.

However, with the event of eHEALTH platforms all over the world, and in the name of semantic interoperability, old competitors to the status of internationally accepted classification system for pharmaceutical consumption reassert their position.
In the field of medical registration, SNOMED (Systematic Nomenclature in Medicine) is becoming more and more prominent. SNOMED Clinical Terms (SNOMED CT) positions itself as the most comprehensive, multilingual clinical healthcare terminology in the world, contributing to the improvement of patient care by underpinning the development of Electronic Health Records that record clinical information in ways that enable meaning-based retrieval.
SNOMED CT was a joint development between the National Health System (NHS) in England and the College of American Pathologists (CAP). It was formed in 1999 by the convergence of SNOMED RT and the United Kingdom's Clinical Terms Version 3 (formerly known as the Read Codes).

SNOMED contains also drug group names and drug names which could be a competitor to the ATC-DDD classification, and lead to a breakdown in data-collection networks such as ESAC.

It seems urgent for the keepers of the ATC-DDD methodology to develop multilingual maintenance systems, to provide web-based access to the classification, and to transform the ATC classification to Linked Open Data, bringing the classification into the realm of Web 2.0 and semantic web applications. In addition, help should be given to national bodies to maintain a national register of drugs on the market, linked to the ATC-Classification, in current versions, while maintaining historical files (as proposed in the ATC-international Browser project).

A number of mapping applications between SNOMED, ICD (International Classification of Diseases) and other classifications or nomenclatures are being published. However, the net effect of these resources may be the gradual domination of SNOMED in the field of medical registration. It will be difficult to convince national authorities in (medical) informatics that there is no "one tool that fits all".

The ATC-DDD methodology remains a crucial tool in reliable and comparable collection of drug utilization data, but its future will only be guaranteed if there is a step up in international and national support, resulting in better tools and resources, freely available on the web, under open source licenses.

Robert Vander Stichele

Conferences meetings

…Previous events

ICPE 2012

General summary

The 28th International Conference on Pharmacoepidemiology and Therapeutic Risk Management was held in Barcelona in August 2012. There was strong participation and attendance from across the EuroDURG community. The conference commenced with a key note address by Sir Michael Rawlins, chair of NICE (National Institute of Health and Clinical Excellence, England &Wales) on the uses of pharmacoepidemiology in making decisions about the use of medicines session which provided an excellent stage for the subsequent diverse sessions which covered specific clinical topics (including diabetes, cancer, mental health and cardiovascular disease) and methodological considerations both in specific populations (including pediatrics and pregnancy) and methodological advancements in drug

utilization, safety and effectiveness studies.
Conference ended with a hot topic session on evaluating cancer risk with diabetes treatment: methodological challenges with speakers from across the globe:

Marion Bennie

Plenary sessions/symposiums

ICPE 2012 had a number of interesting plenary sessions and symposiums. Among the once of interest to DU researchers were:

- *ADHD (Attention Deficit Hyperactivity Disorder) Medication and the Risk of Cardiovascular Events*

  This plenary session reviewed the risks and benefit of these medications from academic, clinical and regulatory perspectives. Authors of two major studies on the subject of risk reviewed the results which point to interesting methodological considerations when dealing with rare events. One of the presenters provided an overview of the use of the drugs which has been on the rise internationally, and provided some of the conflicting evidence on the benefits for academic performance.

- *Advanced Methods and Measures for Studying Complex Drug Utilization Patterns with Patient-Level Databases.*

  This was a very timely session considering the increasing availability of databases due to electronization of patient records, both at clinic and pharmacy level. Three main research types were reviewed: 1) how to measure concomitant use, switching patterns, add-on therapy, and polypharmacy; 2) how to study prescribing quality using indicators; and 3) how to measure (non)adherence and persistence to drug therapy.

- *Pharmacoepidemiology: The Essential Discipline in the Provision of Safe and Effective Care for Older Patients with Multimorbidity.*

  This plenary session pointed out the complexity of the morbidity and medication use in this group of patients and was really a call to arms in the pharmacoepi community to start focusing more on the issues of the elderly. Little evidence base exists for treating these patients. Researchers need to start making greater efforts toward developing much needed evidence for their treatment.

- *Globalization of Utilization Research: Current Challenges and Triumphs.*

  This was a DUR/HSR SIG (Drug Utilization research/Health Service research Special Interest Group) endorsed symposium which presented the developments in Africa, Oceania, Asia and Latin America – continents that have until recently not been prominent in drug utilization research. They are however gathering momentum and it was of great interest to hear the speakers from different corners of the globe inform us on the challenges they face regarding issues such access to data, and their significant steps towards solid utilization evidence.
  This session ended on a highly optimistic note that things are moving forward in all regions.

Anna Birna Almarsdóttir

NEXT ICPE CONFERENCE: 25-28 AUGUST 2013, MONTREAL, CANADA

Submit your abstract at: http://www.call4abstracts.com/ispe/
before **February 15, 2013**

Report on 15th ESPACOMP meeting

ESPACOMP, the European Society for Patient Adherence, Compliance, and Persistence, had its 15th annual meeting in Ghent, Belgium from October 25 until 27, 2012. The meeting was held in Poort Ackere, a medieval monastery that provided shelter for old and sick nuns and orphans in the past. Nowadays, the cloister serves as a congress center with accommodation for 113 guests.

The meeting had a total number of 134 attendees including 28 speakers, chairs and coaches. Participants were mainly academics (52%) followed by people from the pharmaceutical industry (26%) and students (22%). A total of 64 abstracts were submitted. Sixteen were selected for oral and 42 for poster presentation.

Prior to the ESPACOMP scientific meeting, an educational day was organized. Participants had the choice between two pre-conference programs. The first, Patient adherence and drug development, was organized especially for the industry involved in Phase I and II. During this workshop, different approaches to the problem of suboptimal adherence in clinical trials were presented and discussed with experts from various backgrounds. The second, the Adherence enhancing educational day, focused on designing successful health behavior change interventions to improve adherence.

The scientific meeting offered a mix of key lectures, selected abstract presentations, a poster session of selected abstracts and a panel discussion. The annual lecture handled recent insights arising from studies on the unreliable link between prescribed and actual drug dosing histories. The other sessions focused on defining and expressing adherence, the consequences of non-adherence, adherence behavioral interventions and adherence support through innovative technologies. The meeting ended with a panel discussion where possible directions for future adherence research were discussed with the keynote lecturers of the different sessions of the meeting. The panel discussed recommendations for integration of adherence research in drug development and applying expertise in behavioral interventions for maximization of adherence in real life clinical practice.

Monique Elseviers

Report on the 6th meeting of the Nordic Pharmacoepidemology Network (NorPEN)

The NorPEN is network supported by a grant from the Nordic Council of Ministers. The Council seeks to support research which draws on major strengths and opportunities of the Nordic countries. One such strength is their drug utilization databases and this is the main focus of the NorPEN.

This 6th meeting under heading Monitoring Safety was held at the Karolinska Institute in Stockholm 25-26 October 2012. The first day was open to NorPEN network members and was divided into two sessions:

- Pharma-Epi Sprint – methods workshop was a novelty to the network. This provided a forum for the PhD students to present very briefly methodological challenges to the network.
  Then each PhD student's challenge was discussed in separate groups and the groups presented their advice to the students in a plenary. This was a fun activity which generated a lot of fruitful discussion and hopefully important take home messages for the students.

- NorPEN – achievements and future strategies was a session that firstly, reviewed what has been achieved so far. The Nordic study on SSRIs (selective serotonin reuptake inhibitors) in pregnancy was shown as a prime example. Secondly, the future strategies were discussed, specifically the opportunities for research using drug data in hospitals and the screening for adverse events in nordic databases.

The second day was open to other participants and was a cornucopia of interesting lectures by distinguished invited speakers supported by a grant from JIM (Journal of Internal Medicine). Among these were Professor Jesper Hallas who reviewed self-controlled designs in pharmaco-epidemiology, Professor Til Stürmer who lead the audience nicely through the ideas behind and the intricacies of propensity scores for confounder adjustment, and Professor Olaf Klungel who gave a good insight into the interplay between pharmaco-epidemiology and pharmaco-genetics. There were also interesting reviews of the General Practice Research Database by Dr. Tjeerd-Pieter van Staa, rheumatoid arthritis registries by Dr. Johan Askling, and the use of multiple databases in one EU project to monitor drug safety given by Dr. Gianluca Trifirò.

Anna Birna Almarsdóttir

Upcoming conferences…

Below we list all fortcoming English language conferences that may interest people engaged with DU researcher

ISPE 2013 Mid-year meeting

ISPE Mid-Year Meeting April 11-13, 2013. Hilton Munich City, Munich, Germany

For more information visit: www.pharmacoepi.org/

ISPE 2013 Annual conference

29th International Conference on Pharmacoepidemiology and Therapeutic Risk Management August 25-28, 2013 Montreal Convention Center, Montreal, Canada

Deadline for abstracts: 11:59pm CST February 15, 2013!

For more information and submission of an abstract: www.pharmacoepi.org/

Health Technology Assessment International

10th Annual Meeting HTAi Seoul 2013: «Evidence, Values, and Decision Making: Science or Art. Pre-conference June 15-16, 2013 Conference June 17-19, 2013

Coex Convention Center, Seoul, Korea

For more information visit: www.htai2013.org

European Association for Clinical Pharmacology and Therapeutics

11th Conference of the European Association for Clinical Pharmacology and Therapeutics (EACPT) August 28-31, 2013 International Congress Centre of Geneva (CICG), Switzerland

Deadline for abstract submission: April 8, 2013

For more information visit: http://www.eacpt.org/

EACPT Summer School 2013

July 4-6 July 2013 . Royal College of Physicians Edinburgh.

The programme will consist of presentations on all aspects of clinical pharmacology by invited expert speakers, workshops, poster presentations, free communications and social events. There will be a strong interactive element and the opportunity for delegates to network with the speakers.

For more information please visit: http://www.eacpt.org/

International Society of Pharmacovigilance

ISoP Annual Meeting: "the Renaissance of Pharmacovigilance" October 1-4, 2013 Pisa, Italy

This meeting will be mostly dedicated to an integrated approach to drug risk management with a particular focus on clinical issues related to adverse drug reactions. During the General Assembly, the 20 year anniversary of ESoP/ISoP will be celebrated. Deadline for abstracts not known yet.

For more information: http://isop2013pisa.org/index.php

European Society of Clinical Pharmacy

The 42nd ESCP symposium "Implementation of Clinical Pharmacy Practice: Research, Education and Management" 16-18 October 2013, Prague, Czech Republic

Abstract Submission Deadline: July 1,2013

For more information please visit: www.escpweb.org/cms/Prague

The International Union of Basic and Clinical Pharmacology

17th World Congress of Basic and Clinical Pharmacology (WCP2014)

July 13-18 2014 Cape Town, South Africa

For more information please visit: www.wcp2014.org

Katja Taxis

European projects

ESAC project

What happened to ESAC (European Surveillance of Antibiotic Consumption)?

Most Drug Utilization researches are familiar with the successful project ESAC, one of the first international collaboration networks able to collect reliable data on antibiotic consumption in most of the European member state.

This project was initiated more than 10 years ago by a management team at the University of Antwerp, Belgium, under the leadership of Herman Goossens, microbiologist, and with the help of two drug utilization researchers, Monique Elseviers and Robert Vander Stichele.

In July 2011, the project changed name to European Surveillance of Antimicrobial Consumption Network (ESAC-Net), and the coordination was transferred to the European Centre for Disease Prevention and Control.

ESAC-Net is a Europe-wide network of national surveillance systems, providing European reference data on antimicrobial consumption. ESAC-Net collects and analyses data on antimicrobial consumption from EU and European Economic Area – European Free Trade Association EEA/EFTA countries, both in the community and in the hospital sector. During annual data calls national networks upload the data to a central database (The European Surveillance System TESSy)

ESAC-NET aims to maintain a continuous, comprehensive and comparable (using ATC/DDD classification) database on antimicrobial consumption, ensuring high standards of data collection, collation and validation (using national registers) in a timely fashion. Additionally, the project aims to deepen the knowledge of antibiotic consumption by focusing on specific consumption groups and/or patterns in collaboration with those countries where the appropriate data are available.

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

Robert Vander Stichele

ARITMO project

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

The Unit of Pharmacology at the University of Bologna, Italy, and the Division of Clinical Pharmacology at the Karolinska Institutet (KI), Stockholm, Sweden, worked together with the ESAC group at the University of Antwerp, Belgium, and health authorities and health insurance companies from across Europe to collect data regarding the exposure of patients in Europe to drugs causing cardiac arrhythmia's (ARITMO drugs). Data collection is now completed with the strong support of many DU reseachers in Europe.

Data were retrieved for the following 19 countries: starting from Northern Europe/ Baltic States: Lithuania, Estonia, Norway, Sweden, Denmark, Scotland, England, Poland, Germany, Holland, Belgium, France, Austria, Slovenia, Croatia, Serbia, Italy, Spain, and Portugal. In summary, 12 countries provided data on antipsychotic drugs, 13 on antihistamines and, in collaboration with the ESAC project, 17 on antiinfectives. The data was collected for 2005-2010, and almost all countries covered at least 5 years for all three therapeutic groups.

The ARITMO project will finish in June 2013. In the next months, specific reports on drug exposure will be available in addition to publications on the ARITMO outcome data (from spontaneous reporting systems and from health care databases). Concerns with the arrhythmogenic potential of antipsychotic drugs including atypical ones have been already included in published/submitted papers (e.g. generic oral risperidone). This data will also be incorporated into the CNC paper on oral risperidone.

Data providers

Austria – Anna Bucsics
Croatia - Ljiljana Sović Brkičic
Estonia – Ott Laius
France – Catherine Sermet
Lithuania – Kristina Garuoliene
Norway – Christian Berg
Scotland – Marion Bennie
Serbia – Marija Kalaba
Slovenia – Jurij Furst
Spain (Catalonia) – Corrine Zara
Sweden – Bjorn Wettermark

We are indebted to them for their cooperation!

Brian Godman, Elisabetta Poluzzi

Cross National Comparison (CNC) studies

Why CNC studies are important and what can they tell us? A European perspective

Pharmaceutical expenditure has risen substantially during the past years, becoming the largest or equal to the largest cost component in ambulatory care. This has led to payers across Europe instigated multiple reforms to maintain the European ideals of equitable and comprehensive healthcare. One of the main activities is enhancing the prescribing of generics at low prices versus originators or patented products in a class or related class. Countries are already learning from each other; however, this needs to continue. This involves payers benchmarking their drug utilisation patterns and health policies with each other. Product classes covered to date using administrative databases include:

- PPIs (proton pump inhibitors), Statins and ezetimibe
- Generic oral atypical antipsychotic drugs, newer antidepressants
- Angiotensin Converting Enzyme inhibitors (single or in combination) – ACEIs – and Angiotensin Receptor Blockers – ARBs. This includes ACEIs vs. ARBs, fixed dose combination products vs. single agents combined, as well as generic (multiple sourced) ARBs vs. single sourced (patented) ARBs

A number of key learning points have arisen from the various CNC studies. These include:

- Payers are willing to contribute to CNC studies to better plan future measures. Their involvement enhances the accuracy of documented information regarding any reforms/ initiatives undertaken as well as enhancing any discussions regarding potential future reforms
- DDDs (and DDDs/1000 inhabitants/year) provide a standardised way of assessing utilisation data across countries
- Data showing too high or too low utilisation in CNC studies should not be automatically dismissed – there is usually a very good explanation!
- It may not always be possible to undertake interrupted time series analyses in CNC studies. However, retrospective observational studies can provide substantial data to guide future activities
- There can be substantial differences in the prices of generics between European countries. However, countries with small populations can obtain appreciable price reductions for generics despite the rhetoric
- Multiple demand-side measures typically have a greater influence on subsequent drug utilisation patterns than limited measures. The intensity of the measures introduced is also important to effect change – this also applies to measures enforcing any prescribing restrictions
- There is no apparent cross-over of learnings from one class to another, i.e. no 'Hawthorne effect'. Consequently, active measures needed to effect change

Overall, CNC studies can provide a wealth of data to payers to analyse the impact/ influence of their current reforms as well as better plan for the future. This will continue.

Further details of published/ submitted CNC studies involving payers in these various classes can be obtained from Brian Godman (see email addresses below).

Brian Godman

News from NATIONAL DURGs

Germany

In November 2012, the Society for Drug Utilization Research and Drug Epidemiology (Gesellschaft für Arzneimittelanwendungs-forschung und Arzneimittel-epidemiologie GAA) has held its 19th Annual Meeting in Jena. Details of the meeting including the abstracts are given under http://www.egms.de/dynamic/en/meetings/gaa2012/index.htm.

For 2013, the 20th Annual Meeting of the GAA is planned to be held from December 5th -6th in Düsseldorf. Please contact Sebastian Harder (harder@em.uni-frankfurt.de) or see our website: http://www.gaa-arzneiforschung.de for further information.

Sebastian Harder
Chair of German -DURG

Italy

In 2012, some different initiatives concerning drug utilization research were placed in Italy.

On November 27, Italian researchers involved in DU studies had a meeting coordinated by Maurizio Bonati and Antonio Clavenna by the Mario Negri institute in Milan to share possible collaboration towards comparisons among different regions and

settings. Clinical pharmacologists, pharmacists, statisticians and regulators were present at the meeting.

On December 10, the 21th conference on Drug Utilisation and Drug Safety was placed in Rome by the Italian Institute of Health. As usual, the most recent report on drug utilization in Italy (Rapporto OsMED) was presented by Roberto Raschetti and Marina Maggini. All editions of the Italian report are available at the following address: http://www.agenziafarmaco.gov.it/it/content/osservatorio-sull'impiego-dei-medicinali-osmed

The Italian Society of Pharmacology created a special interest group of pharmacologists devoted to pharmacoepidemiology, pharmacoeconomics and pharmacovigilance, under the coordination of Achille Caputi, Gianluca Trifirò, Giampiero Mazzaglia and Lorenzo Mantovani. Overall, 56 pharmacologists have expressed their interest to join this working group so far. The kick-off meeting was in December, 2012 in Rome. The objectives of this working group is to organize (graduate and post-graduate) educational activities for the above mentioned disciplines and to create a network of experts from academia, regulatory agencies and drug companies. In addition, this network may put more closely in contacts stakeholders (regulatory agencies, healthcare services, drug companies) and academia thus orientating pharmacologists towards the need of public health environment and healthcare systems.

On July 11, ENCePP partners from Italy had a meeting organized by the Department of Epidemiology of the Regional Health Service – Lazio and coordinated by Ursula Kirchmayer, Marina Davoli and Nicola Magrini (Italian member of the ENCePP Steering Group). The main discussed topics were: 1. initiatives to validate pharmacoepidemiological information from Italian administrative databases, 2. recent changes in Italian privacy rules and relevant consequences in data collection and analysis. Participants expressed their interest in establishing a national network, with the aim to favour information exchange and collaboration between centers.

A specific initiative called "Laboratorio dei sistemi di Babele" was launched by the Italian Institute of Health with the aims to map current health databases in Italy and to share strategies of analysis both for outcome research and for comparison among different geographical areas in terms of health services, including drug prescriptions. More information available at http://www.epicentro.iss.it/babele/

Elisabetta Poluzzi

Scotland

Scotland has been chosen to be one of four e-health research centres of Excellence in the UK. The Scottish centre is a collaborative between the Universities of Dundee (lead), Strathclyde, Edinburgh, Aberdeen, Glasgow and St Andrews and has been awarded the overall networking lead UK role for the four centres. The UK £19 million funding comes from a consortium of 10 UK government and charity funders, lead by the Medical Research Council (MRC). The centre will undertake cutting edge research with e-health records and broader social and educational datasets which will lead to patient and public benefit. A key role will be collaboration across the centres and with international researchers plus providing career development and training opportunities in the use of e-health records.

Within the Scottish Centre, which will officially commence March 2013 there is a defined pharmacoepidemiology work-stream focused on (1) clinical and cost-effectiveness research that includes a more extensive set of clinical and social outcomes of drug treatments and (2) rapid pharmacovigilance studies on licensed drugs. The University of Strathclyde will be fully engaged in these studies which will utilise the prescribing datasets held within National Services Scotland.

Marion Bennie

Norway

The main scientific activity of the Society is the annual meeting where invited speakers present their ongoing research in the field of pharmacoepidemiology. In 2012 this was a half day meeting held 26 April 2012 in Oslo. The number of participants was forty.
In this meeting the main area presented was about drug use in pregnancy. Anders Engeland, Norwegian Institute of Public Health talked about drug use by fathers and pregnancy outcome. Kari Furu, Norwegian Institute of Public Health presented results and plans from a Nordic study on the effects of use of SSRI during pregnancy. Hedvig Nordeng, University of Oslo, presented results from the Norwegian Mother and Child Cohort Study (MoBa) on consequences of use of antidepressives in pregnancy. Randi Selmer from Norwegian Institute of Public Health talked about methodological challenges. There were two presentations on communication and information: Sofia Frost Widnes, RELIS Medicines Information and

Pharmacovigilance Centre, Haukeland University Hospital, Bergen, talked about challenges in communication of risk of drug use in pregnancy and Angela Lupattelli, University of Oslo talked about an international survey on medication use and information needs during pregnancy. The last speaker in the meeting, Gunhild Nyborg from University of Oslo, talked about "Inappropriate drug use among the elderly- a modern epidemic?"
Finally we had the general assembly meeting.
The Society has distributed two Newsletters in 2012 to the members and circulated the Euro DURG Bulletin. The Norwegian Society of Pharmacoepidemiology had 60 members in 2012. The membership fee is from 2013 NOK 200.
The annual meeting 2013 will be held at the Institute of Pharmacy, University of Tromsø April 24.

Randi Selmer
Chair of the Norwegian Society for Parmacoepidemiology

Czech Republic

In Czech Republic (CR) we do not have regular system of rational prescribing support, prescribing doctors do not get any feedback on their drug prescription except financial incentives not to exceed the drug budgets. In 2011 General Health Insurance Fund (GHIF), the largest fund in CR, evaluated prescriptions of 3500 physician in two CR regions (with 1 million inhabitants together) to identify clinical relevant potential drug interactions (PDI) of warfarin, cardiovascular drugs and NSAIDs. „Dear doctor letters" were sent to all physicians where PDIs were identified with the invitation to one of three education seminaries (two in Prague, one in Hradec Kralove), where also the danger of duplication prescribing was mentioned (two drugs with similar action – e.g. two beta-blockers). Then GHIF evaluated the drug data again with the aim to identify any change of prescribing behavior. The total rate of contraindicated PDI (e.g., simvastatin-clarithromycin) descended to 64 % ($p<0,01$) in one region and to 56 % ($p<0,01$) in the second one. The rate of duplication prescribing descended to 71 % in both regions. The total rate of other PDI did not descend significantly, but rates of some particular interactions did (e.g.: co-prescribing of atorvastatin-clarithromycin, amiodaron – verapamil, NSAID – antidepresants SSRI, etc.).
The arrangement of the study, education activities and evaluation of the drug data was conducted by one of the Czech DURG members, M. Prokes.

Michal Prokes
Czech DURG members

Sweden

The Swedish Society for Pharmacoepidemiology promotes pharmacoepidemiology and drug utilization research, mainly through networking and various educational activities. The society has around 100 members representing academia, healthcare, authorties and the pharmaceutical industry. During the year, Susanna Wallerstedt, was appointed as a new chair. She is a clinical pharmacologist from the city of Gothenburg in Western Sweden with a long experience of drug utilization studies.

Our main activity during 2012 was our annual meeting. This year the theme was structured introduction of new medicine" and a number of presentations were held around experience of projects aiming at identifying the right patients and monitor utilization patterns of new drugs during the first years on the market.
Other areas with a great focus in Sweden during 2012 were inappropriate drug use in the elderly and the high antibiotic consumption. Consequently, national agreements were signed between the state and the regions with the aim to reduce antibiotic use as well as inappropriate drug use in the elderly substantially. Some incentives are paid to regions that perform well according to certain quality indicators. Drug utilization research is urgently needed here to develop the good indicators, to identify areas for improvement and to monitor if these interventions will have the intended effect.

Björn Wettermark
Board member and past-chair of the Swedish Society for Pharmacoepidemiology

United Kingdom & Ireland

The Prescribing and Research in Medicines Management PRIMM Annual Scientific Meeting held in January 2012 was on the reducing medication errors at interfaces. Invited speakers covered important studies about errors at admission to and discharge from hospital, win nursing homes and in primary care. There were six oral presentations, covering more studies on errors in paediatric practice, and different types of hospital wards, the elderly in particular. The Hugh McGavock prize was awarded to PhD student, Mr Richard Keers, for his abstract entitled "Systematic review of

direct observation evidence investigating the prevalence and nature of medication administration errors.

Abstracts from PRIMM conference are published in Pharmacoepidemiology and Drug Safety.

In 2012, the PRIMM Committee decided to revise the DUR Handbook originally produced for members in 2000 which was edited by Hugh McGavock. As soon as it became apparent that EuroDURG were also considering producing a similar book, the two organisations joined forces and PRIMM committee members will be contributing to a EuroDURG book on principles and methodology in DUR."

We invite other national groups to report on their activities!

Send your summary to: benkoria@gmail.com

EuroDURG ExCO 2012-2014

Presentation of new members of the board

Anna Birna Almarsdóttir, Ph.D., M.S., M.Sc.(Pharm.)

Dr. Almarsdóttir received her Ph.D. in Health Policy and Administration from the University of North Carolina at Chapel Hill, USA (UNC) in 1994. She trained as a pharmacist in Iceland and holds as M.S. degree in Pharmacy Administration from UNC School of Pharmacy. She is currently Professor of Pharmacoepidemiology at the University of Iceland, but is moving to a new position in March 2013 as Professor of Clinical Pharmacy at the University of Southern Denmark in Odense. Her research interests include drug utilization in the elderly, pharmaceutical care interventions, medication adherence, and the lay perspective on pharmaceuticals.

Marion Bennie, BSc Pharmacy, MSc Clinical Pharmacy, Advanced Diploma Clinical Teaching

Her carrier has centred on contributing to the policy, strategy, service delivery and evaluation of systems focused on the safe and effective use of medicines to support patient care. She currently holds a senior appointment with the NHS in Scotland as Chief Pharmaceutical Adviser, National Services Scotland (NNS). NSS provides national and specialist services across Scotland and is the national repository for NHS health data which includes all prescribing and health care service activity data. NSS provides a national focus for pharmacoepidemiology information and intelligence.

In 2008 she took up a joint appointment as Professor of Pharmacy Practice at the University of Strathclyde www.strath.ac.uk. Her post is positioned to drive forward an evidence base to better inform the safe and effective use of medicines through identifying and developing the synergies between science and practice and building capacity and capability to deliver this agenda. This role has included the establishment of an active research group, Medicines Use and Health and the formation of a new cross faculty initiative, Health Technologies at Strathclyde (HTaS). Pharmacoepidemiology and more broadly health informatics is a key area of developing work at Strathclyde, supported by research funding, studentships and our pharmacoepidemiology network. Current therapeutic areas of activity include infection, long term conditions (chronic disease) and cancer.

Katja Taxis, PhD, MSc Pharmacy

Katja Taxis is an associate professor of pharmacotherapy and clinical pharmacy at the University of Groningen in The Netherlands. She obtained a degree in pharmacy from University of Hamburg, Germany and continued her postgraduate studies at The School of Pharmacy, University of London, with an MSc in Clinical Pharmacy and a PhD about medication safety. She worked as researcher/lecturer at the University of Tubingen, Germany before joining the University of Groningen in 2004. She teaches pharmacotherapy to pharmacy students. Her research focuses on (global) medication safety and drug utilization in hospitals with projects in the Netherlands as well as in Vietnam and Ethiopia. She is also involved in studies in the field of psychiatry and the elderly, especially nursing home patients.

Janet Krska, BSc PhD, FRPharmS

Her interest in drug utilization started at Aberdeen Royal Infirmary in 1985, where she studied the development of formularies and guidelines, working with Professor James C Petrie, the founder of SIGN (Scottish Inter-Collegiate Guidelines Network). Since then her research interests have focused more on ensuring quality use of medicines, through provision of pharmacy intervention services such as medication review and pharmaceutical care, and on the patient experiences of medicines use, such as adverse drug reactions. Previous academic posts include Reader in Clinical Pharmacy,

Robert Gordon University School of Pharmacy, Aberdeen and Professor of Pharmacy Practice, Liverpool John Moores University School of Pharmacy and Biomolecular Sciences. She is currently Professor of Clinical and Professional Pharmacy at Medway School of Pharmacy, Universities of Greenwich and Kent. She has also worked for many years within the National Health Service in both hospital and primary care, acting as a prescribing adviser, providing medication review and evaluating medicines use.

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