



Department of Health,
P.O. Box 5013,
Wellington.

18 November 1977.

CLINICAL SERVICES LETTER NO. 173

To Medical and Dental Practitioners

(Copy to Proprietors of Retail Pharmacies)

Phenformin Hydrochloride (Insoral, Insoral TD)

In Clinical Services Letter No. 164 reference was made to the possible deletion of phenformin from the Drug Tariff. The Director-General of Health and the Registrar of Poisons issued a statement about phenformin and lactic acidosis on 20 December 1976.

The availability of phenformin under the Drug Tariff was considered further at the last meeting of the Pharmacology and Therapeutics Advisory Committee and it was recommended that it be deleted. The amendment to the Drug Tariff is effective from 1 December 1977. A report of two further deaths from lactic acidosis in patients who had apparently been well stabilised on phenformin treatment dictated this decision which was advised in our circular of 16 September. Since then we have been advised of another two deaths.

It is strongly recommended that all patients should be changed to alternative therapy immediately. It would appear, however, that there may be a very limited number of patients for whom the benefits of continuing treatment with phenformin clearly outweigh the risks involved. Free supplies of phenformin for such patients may be made available after 1 December as a supplementary pharmaceutical benefit. The procedure to be followed in making application is set out in Clinical Services Letter No. 159, except that in this instance *full* clinical details will be required in justification.

Clonidine (Catapres)

A rebound hypertensive phenomenon is a well recognised possible result of sudden withdrawal of clonidine during therapy for hypertension. It may occur 24-48 hours after sudden withdrawal and is more likely to appear in the presence of high dosage and following long-term therapy.

Attention has recently been drawn to such a problem occurring as the result of poor patient compliance with therapy. Patients should be adequately warned of the danger which may result from abrupt cessation of therapy. Consideration should be given to the possibility of other forms of therapy when patient compliance is thought to be unreliable.

CSL Item: Strip Packaging of Certain Medicines

Four thousand eight hundred and thirty-seven cases of poisoning by therapeutic substances required treatment at hospitals during 1976; 3364 of them were admitted and 55 died.

Twenty-eight percent or 1384 of the cases were under 5 years of age.

In an endeavour to reduce the number of children poisoned, regulations were introduced early in 1976 requiring tablet and capsule forms of six groups of medicines commonly associated with poisonings in childhood to be supplied in strip packaged form by the end of 1977.

Details of the medicines involved are as follows:

Aspirin and its salts; and preparations containing aspirin or its salts.

Iron in preparations for human use containing more than 24 mg of elemental iron.

Paracetamol and preparations containing paracetamol.

Barbiturates.

Phenothiazine, and derivatives of phenothiazine and their salts, except dimethothiazine, methdilazine, promethazine, and trimeprazine, and their salts and molecular compounds.

Tricyclic, tetracyclic, and analogous antidepressants.

It is considered that strip packaging offers the best protection against the serious effects of accidental poisoning in children. The Curly Lock bottle top and the Palm-n-turn vial will continue to be available free of charge for other tablets and capsules, if desired.

Provision has been made in the regulations for the prescriber to direct that the medicine is not to be supplied in the strip packaged form. The dispensing pharmacist has a similar discretion where it is felt that because of age or infirmity the patient would not be able to open the strip package. It is hoped that these exemptions will be used only in very exceptional circumstances.

New Zealand Institute of Medical Representatives Incorporated

Since 1976 this institute has steadily been gaining strength in its efforts to foster education for medical representatives. The Department of Health has welcomed this move which is regarded as one important aspect of improving standards of medical prescribing. While it would be expected that doctors should gain the greater part of their information from professional sources, it is nevertheless important that information from manufacturers' representatives should be factual and reliable and should be presented to the doctor in a knowledgeable manner.

A 2-year course in anatomy and physiology, pharmacology, and Department of Health legislation and procedures, leads the successful candidate to a diploma of M.N.Z.I.M.R. (Member of the New Zealand Institute of Medical Representatives). The examination board consists of one representative of the institute, one from the Pharmaceutical Manufacturers' Association, one from the Central Institute of Technology, and two doctors, one representing the New Zealand Medical Association and one from the Department of Health. The standard of knowledge expected of the candidates would severely test many doctors.

It is suggested that practitioners might take note of those representatives who have gained their membership and encourage this rise in standards.

Intensive Adverse Drug Reaction Reporting Scheme

As they become available on the market, two new products will be included in the above monitoring scheme. They are cimetidine (Tagamet) and labetalol (Trandate). As neither is restricted in distribution they will be available from both retail and hospital pharmacies but will not be free under the Drug Tariff. All pharmacies have been asked to supply the number of patients who have been treated with these medicines to the Medical Assessor, Committee on Adverse Drug Reactions.

The co-operation of practitioners is sought in reporting all adverse reactions and events noted during use of these products.

Cimetidine is a histamine H_2 receptor antagonist recommended for treatment of peptic ulceration and management of upper gastro-intestinal haemorrhage problems. Attention is drawn to the comparative lack of long-term experience with this medicine. It is reported to be mildly anti-androgenic and some cases of gynaecomastia have occurred.

Labetalol is an anti-hypertensive therapeutic agent with combined alpha and beta blocking activity. Its hypotensive effect is primarily due to its alpha blockage, and the beta blocking effect is claimed to modify unwanted haemodynamic sequelae. Hence it is more effective in the upright position but there have been some suggestions of resultant postural hypotension.

Pharmaceutical Benefits

Total expenditure on pharmaceutical benefits for the year 1976-77 was \$84,850,000, an increase of 21.4 percent on the previous year. The total number of prescriptions priced for the year was 25,370,000, or 8.08 per head of population. This was marginally less than the previous year. Approximately 90 percent of these prescriptions were written by general practitioners.

The cost of individual medicines, however, continued to rise with the result that the average cost of a prescription rose from \$2.59 to \$3.34. The average cost of pharmaceutical benefits per head of population was \$27.02.

These figures underline the continuing need for careful prescribing and the avoidance of waste. Reports that up to 50 percent of medicines may be unused or incorrectly used as a result of patient non-compliance, indicate an area where there is ample potential for further economy.

Pharmaceutical Benefits: Special Approvals

To avoid delay in issuing approvals and consequent inconvenience to patients, practitioners are reminded that applications should be sent to the Director, Division of Clinical Services, and not to the Medical Officer of Health.

The following item has been included at the request of the Chief Health Statistician to whom all inquiries should be addressed P.O. Box 6314, Te Aro, Wellington. Phone Wellington 844.167.

New Infant/Perinatal Death Certificate

The perinatal death certificate form RG 167 has been redesigned in line with guidelines set by World Health Organisation.

Whereas the present certificate is completed for intermediate and late fetal deaths plus infant deaths in the first week of life, the new certificate will also include all infant deaths within 28 days of life.

The new form will be introduced on 1 January 1978 and supplies will be issued in November 1977. When the new form is introduced, stocks of the old certificate should be destroyed because they will not be accepted by registrars after 31 December 1977.

D. A. Andrews.

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Division of Clinical Services.