

## encapsulate

### Welcome to 'encapsulate'

Welcome to the eleventh edition of **encapsulate**. In this issue we look at research into role of aspirin in the primary prevention of Cardiovascular events; we introduce Prasugrel (Effient®), a thienopyridine, belonging to the same class of drugs as clopidogrel. We also announce the TGA's approval of the H1N1 immunisation vaccine and highlight the recent NPS report into the quality use of medicines in Palliative Care.

You can obtain further copies of **encapsulate** via our website - [www.slade.net.au](http://www.slade.net.au). Please forward any comments or suggested topics for our next issue to [marketing@slade.net.au](mailto:marketing@slade.net.au).

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### Aspirin in the Primary Prevention of Cardiovascular Events

Recent research presented at the European Society of Cardiology (ESC) 2009 congress has cast doubt on the role of aspirin in primary prevention of cardiovascular events.

The evidence comes from a randomised trial of 3350 Scottish patients identified at high risk for cardiovascular and cerebrovascular events. The results indicate that low-dose aspirin had no effect on reducing events compared to a placebo, despite posing bleeding risks for patients.

However the results reported at the ESC congress contradict the findings of a meta-analysis published earlier this year in *The Lancet*.<sup>1</sup> Critics of the study cite insufficient numbers of participants, low rates of compliance in the study, and the inclusion criteria in the study as possible reasons for the results. In light of the conflicting results, further research and evidence is required to better define the benefits of aspirin in the primary prevention of 'at-risk' patients.

The research supports the National Heart Foundation of Australia guidelines on aspirin for cardiovascular disease prevention that recommend the use of aspirin in the primary prevention of cardiovascular disease only after consultation with a clinician and after careful consideration of the risks and benefits of therapy. The research does not apply to the National Heart Foundation guidelines for the secondary prevention of cardiovascular events which state that aspirin is of benefit in nearly all patients with clinical manifestations of coronary heart disease.<sup>2</sup>

#### References

1. *Antithrombotic Trialists (ATT) Collaboration, Aspirin in the primary and secondary prevention of vascular disease: collaborative meta-analysis of individual participant data from randomized trials, The Lancet, Vol 373; Issue 9678; 1849-1860.*
2. *Hung, J., Aspirin for cardiovascular disease prevention, The Medical Journal of Australia, Vol 179; Issue 3; 147-152.*

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### Prasugrel

Prasugrel (Effient®) is a new agent used in the prevention of myocardial infarction, stroke and cardiovascular death in patients with acute coronary syndromes, ST- and non-ST elevated myocardial infarction who are to undergo percutaneous coronary intervention (PCI). Prasugrel is a thienopyridine, belonging to the same class of drugs as clopidogrel, exerting its action by binding to ADP on the surface of platelets which inhibits their activation and aggregation.<sup>1</sup>

In the TRITON study, 13,608 patients with an ST-elevated myocardial infarction and planned primary PCI were randomized to receive either prasugrel with aspirin or clopidogrel with aspirin. The results of the trial showed that prasugrel combined with aspirin demonstrated superior efficacy compared to clopidogrel combined with aspirin for preventing cardiovascular death, non-fatal myocardial infarction and non-fatal stroke. Despite this, patients treated with prasugrel demonstrated higher rates of major bleeding events than those treated with clopidogrel.<sup>1</sup>

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The recommended dosage for prasugrel is 60mg as a loading dose and 10mg daily as a maintenance dose. It should be used in combination with aspirin (75mg to 325mg) daily.<sup>1</sup>

Prasugrel has been approved for use in Australia since June 2009. Although prasugrel is yet to be listed on the Pharmaceutical Benefits Scheme, it received a positive recommendation from the Pharmaceutical Benefits Advisory Committee in July.<sup>2,3</sup>

### References

1. <http://www.mimsonline.com.au> [Accessed 21/09/2009]
2. <http://www.pbs.gov.au> [Accessed 21/09/2009]
3. <http://www.tga.gov.au/ndpsc/record/rr200906.htm> [Accessed 21/09/2009]

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## H1N1 Vaccine Approved

In September, the Therapeutic Goods Administration (TGA) approved the use of the Panvax H1N1 influenza vaccine in adults and children over 10 years of age. The vaccine is produced by Australian manufacturer, CSL Limited, using the same processes used to manufacture seasonal influenza vaccines.<sup>1</sup>

The vaccine is well tolerated in most patients, with a side-effect profile similar to that of the seasonal flu vaccine. Studies have shown that it effectively elicits an immune response in most healthy adult patients 8 to 10 days after administration.<sup>1</sup>

The initial roll-out of the vaccine will concentrate on vaccinating front-line health workers and vulnerable people who may experience severe effects from pandemic influenza. The wider population will also be able to access the vaccine.<sup>2</sup>

### References

1. <http://www.tga.gov.au/alerts/medicines/h1n1vaccine.htm> [Accessed 21/09/2009]
2. <http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf> [Accessed 21/09/2009]

## Quality Use of Medicines in Palliative Care

The National Prescribing Service (NPS) has tackled the issue of quality use of medicines (QUM) in palliative care, releasing a report at the Australian Palliative Care Conference in Perth in September.

The ground breaking report was compiled following the collation of submissions from more than 70 health care organisations and individuals. Noted as being the first document to incorporate multidisciplinary opinions of factors that influence the most appropriate use of medicines at the final stages of life, the paper identifies important medication issues in palliative care and proposes ways to address them. These issues include:

- Deprescribing;
- 'Opioid-phobia';
- Disposal of unwanted medications;
- Access and utilisation of palliative care medications; and
- Identification of clinical skills gaps for nurses, pharmacists and doctors.

The report also highlights the requirement for detailed guidelines for patients and their carers for the safe use, storage and disposal of medicines in the home.

It is hoped that key stakeholders will work towards addressing the issues raised to provide better outcomes for palliative care patients.

1. <http://www.palliativecare.org.au/Default.aspx?tabid=1943> [Accessed 28/09/2009]