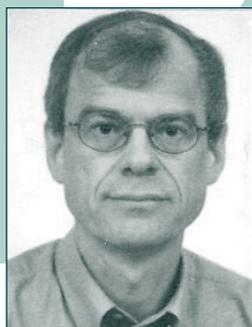


# ESCP

The bi-monthly newsletter  
of the European Society  
of Clinical Pharmacy

# News

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**Gert Laekeman, ESCP President, shares his reflections on the evolution of ESCP over the next two years.**

*Dear Members of ESCP,*

The General Assembly held on Friday 20 October 2006 in Vienna confirmed Frank Jørgensen and myself as vice-president and president of ESCP respectively. We are grateful to all of you for your confidence. The heritage can be considered as mixed. In this editorial we will share our views with you at the start of a two year period.

### GC resolutions

Due to a deficit in 2005 the financial reserves built up from 2000 to 2004 are melting down more quickly than the polar ice. This fact has led to a collective reflection by the General Committee (GC) members. We have opted for a breakeven budget in 2007. All GC members have accepted responsibility for the target set. Attracting structural sponsorship, reinforcing networking, diversifying our products, cutting expenses and transparent spending in close collaboration with the International Office, are all standing high on the agenda.

## Agenda for the Years to Come

### The real capital

Apart from the fiscal side there is the human one. ESCP members are human beings of flesh and blood, with knowledge and thoughts. You are the real capital of the Society. We are very indebted to all of you for your engagement. Following the activities of ESCP by repeatedly landing on the website, reading the newsletter, coming to the conferences, sending abstracts, sharing responsibility in the committees and giving us feedback on our activities are all guaranteeing a continuous output.

### Scientific reflection

A third element consists of clinical pharmacy itself. ESCP is devoted to scientific reflection on the health environment. This reflection can lead to investigations emerging from a sound curiosity, asking questions behind solutions and solving problems after well planned interventions. Pharmacology and pharmacotherapy are important basic sciences in this process. These disciplines can bridge the ever welling rivers between pharmacists and patients, between pharmacists and other health professionals. Transparent and workable definitions on clinical pharmacy have to be written. Actually an ad hoc working party was started in Vienna and is working out a proposal in close collaboration with the European Association of Hospital Pharmacists (EAHP). They will continue their work during the next EAHP conference in Bordeaux, France.

ESCP was founded in 1979. The pioneering spirit of the builders at that time must inspire us. Until 2001 the International Office (IO) was in The Netherlands. Five years ago it was decided to move it to Brussels and to ask MCI for logistic assistance. The professional support by MCI in organising conferences and in the daily whereabouts of the Society has to go hand in hand with our own responsibility for ESCP. Complementary logistic support and taking responsibility are a guarantee against the quicksand of evasion.

“ESCP was founded  
in 1979.

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must inspire us.”

From the concern of harmony between content (intellectual values) and form (management) some changes may occur in the near future. We keep you informed and count upon your commitment for the Society.

I am looking forward to a fruitful cooperation with all the committee members and the IO. Being active in ESCP is no picnic, but nevertheless it can be pleasant if we all care. ●

**Gert Laekeman**  
ESCP President

## News from the RESP

**The Research, Education, SIG Council and Publications Committees (RESP) is responsible for the co-ordination and oversight of ESCP's main activities. The chairmen of the Education and the Publications committees report on activities undertaken and share the committees' agendas.**

### Education committee

During the ESCP Symposium in Vienna, the Education committee has replaced two members and welcomed its new members: Fikret Vehbi Izzetin from the University of Marmara, Turkey and Anna Carollo from ISMETT, Italy.

In 2004, the committee had set out objectives for the scientific aspects of ESCP conferences and symposia which have now been implemented. The objectives, highly appreciated by conferences participants, were: pharmacotherapy update; release of handouts before the meeting; further development of workshops available; afternoon session for participants not interested in workshops.

Other projects are currently planned but not yet fully accomplished:

■ Programme exchange

Responsible: Hanne Stenberg-Nilsen, Norway

Mails were sent to ESCP members to identify potential sites to train and practise clinical pharmacy. The collection of the information is somehow difficult and the financial support of this program is not yet resolved.

■ ESCP database

Responsible: Frank Jørgensen, Norway

The idea is to provide conferences' Scientific Committee members with a database of past and potential speakers relevant for the topic of the event. Guidelines have been written and the database is expected to be available for the conference in Toulouse, France in 2008.

■ Patient Centred Teaching

Responsible: Moira Kinnear, UK  
This is an interactive way of teaching the practice of clinical pharmacy or to support clinical pharmacy teachers how to present practical teaching sessions. The ESCP course in Stockholm, as well as the Malta course, were very much appreciated. However, the

learning objectives of this kind of interactive teaching can be more easily achieved when run in the native languages for all the participants.

The European Fellowship for Pharmacists (EFP) has run a Patient Centred Teaching course endorsed by ESCP at national level, at the Grenoble University Hospital, France with the presence of Prof. Demange, Dean of the School of Pharmacy and Prof. Calop, Head of the very active pharmacy team of Grenoble. Thanks to the support of Chugai Pharma, 13 French pharmacists had the opportunity to practice clinical pharmacy in the department of nephrology on "real" patients, and the chance to benefit from the expertise and tutoring of Dr Thierry Romanet, clinical pharmacist in Nephrology.



Professors Calop and Demange at the opening of the Patient Centred Teaching course.



Dr Thierry Romanet, Clinical Pharmacist in Nephrology, developing therapeutic and clinical issues of the case studies with the participants.

In collaboration with ESCP and SFPC (Société Française de Pharmacie Clinique), the EFP has planned a second course in April 2007, in Toulouse, France on Haematology.

We all hope that the French Model could be disseminated throughout Europe and in this way further promote Clinical Pharmacy. ●

**André Rieutord**

Chairman, Education committee

### Publications committee

The Publications committee coordinates and stimulates all sorts of communications.

The main focus is currently on the revision of the "ESCP Guidelines for successful scientific presentations". The revision of this document should be terminated in 2007. The revised document will be printed and made available on the ESCP website.

The ESCP website is also being discussed, particularly the layout and the navigation. The target audience should be better defined: only members or also other interested parties? Other ESCP's communications are overseen by the Publications committee: the Newsletter and the journal *Pharmacy World & Science*.

Due to publication delays, the last publication in 2006 of *Pharmacy World & Science* caused some concerns. These problems should soon be resolved.

The committee is also responsible for the procedure of handling the conference abstracts. Although that important task, co-ordinated by Marie Caroline Husson and Jean Baptiste Rey, is partially automated, it does require constant attention.

The committee recently decided that the internal communication in ESCP should be further improved and strives to draw up a strategic plan to better cope with the co-ordinating demands of ESCP. ●

**Foppe van Mil**

Chairman, Publications committee

## Meeting Pharmacists from Czech Republic

In the spirit of getting ESCP Members closer and to know each other, *ESCP News* met with three young pharmacists from Czech Republic who benefited from ESCP's financial support to attend the 35<sup>th</sup> European Symposium held in Vienna last October.



Petr Cerveny, Eva Tlusta and Josef Maly at the ESCP Symposium in Vienna.

Last year's annual symposium was the first ESCP "experience" for Eva Tlusta, Petr Cerveny and Josef Maly, who found the symposium's theme very exciting and relevant to their studies. Eva, Petr and Josef are in their final year of their studies leading to a Doctor of Philosophy degree in clinical pharmacy at the faculty of pharmacy at Charles University in Prague. They are working with Professor Jiri Vlcek, ESCP Past President, within the department of social and clinical pharmacy. Eva, Petr and Josef participate in teaching sessions as well as practice in a community pharmacy.

### Eva Tlusta

Eva presented a poster on the psychometric properties of the Czech version of the Quality of Life in Epilepsy Inventory (QOLIE-31). The QOLIE-31 was translated into Czech and administered to 221 patients attending the neurology clinic of the University Hospital of Hradec Kralove. Internal consistency of each domain was assessed using Cronbach's alpha. It was concluded that the psychometric properties of the Czech version of QOLIE-13 were good and similar to the original version in the English language except for the Social Functioning domain.

### Petr Cerveny

Petr presented a poster on patient non-adherence to the pharmacologic treatment of inflammatory bowel disease. The study was carried out amongst 396 patients suffering from inflammatory bowel disease receiving treatment from ten gastroenterology centres in the Czech Republic. Patients were asked to complete a questionnaire to assess the non-adherence with treatment. Non-adherence was reported in 32% of the patients. The most common reasons for non-adherence were deliberate stopping of treatment, dose reduction and delay in refilling medicine supply.

### Josef Maly

Josef presented a poster on the analysis of diabetic patient needs of pharmaceutical care. The prevalence rate for diabetes in the Czech Republic is about 6-7%. The aim of the study was to evaluate the patient's interest in receiving pharmaceutical care. A questionnaire was used to assess opinion of 555 diabetic patients on receiving monitoring of blood pressure, blood glucose levels by pharmacists and on discussing disease and drug therapy with the pharmacists. Fifty-two percent of the patients were willing to have at least one of the following parameters monitored by pharmacists: blood pressure, blood glucose, lipid profile, body weight. In addition 42.5% of the patients would like to consult the pharmacists on diabetes and drug therapy used. ●

## Financial Support for the 7<sup>th</sup> ESCP Spring Conference

To assist in the education of clinical pharmacists in developing countries, ESCP increases accessibility to its scientific meetings by offering financial support, in the form of free registrations.

Should you wish to benefit from such support for the 7<sup>th</sup> ESCP Spring Conference, to be held next May in Edinburgh, UK visit [www.escpweb.org/edinburgh](http://www.escpweb.org/edinburgh) (select General Information - Financial Support), verify the conditions and send your application **before 15 April 2007**.

## The Czech Clinical Pharmacy Section

**E**SCP News continues the series of articles dedicated to clinical pharmacy across European countries. This time, Jiri Vlcek, ESCP Immediate Past President, presents thoughts on the foundation of the Czech clinical pharmacy section and the development of clinical pharmacy in Czech Republic throughout the years.



The Czech Clinical Pharmacy Section (CZCPS) is part of the Czech pharmaceutical society which in its turn is part of the J.E. Purkyne Medical association. CZCPS, founded in 1984, includes about 230 members. In the year of its foundation the Czech pharmaceutical society chairman, Jan Solich nominated the first CZCPS leaders, who started organising a series of scientific meetings and workshops: Jiri Netocny as chairman, Jiri Vlcek as scientific secretary, and Josef Suchopar, Dobroslava Cupova and Rostislav Simek as members. In 1988 CZCPS started cooperating with ESCP, hosting A. Sheford, G. Carstens and JP Delporte at its symposia.

### The eighties

The study of pharmacy in the Czech Republic was divided in three branches: clinical, community, and technological pharmacy. The state healthcare system allowed a good cooperation amongst all healthcare workers, and pharmaceutical care was managed by district pharmacists (a role that disappeared in the nineties). It was possible to apply postgraduate education programme for attestation in clinical pharmacy. No pharmacy was private, the system of wholesaler services was rigid, but in the majority of pharmacies dispensation boxes were built, where individual pharmaceutical care was provided: a good condition for implementing clinical pharmacy knowledge in pharmaceutical care. Many pharmacists were afraid of

clinical pharmacy (like nowadays!) and holders of a clinical pharmacy attestation were not allowed to lead a pharmacy (some kind of discrimination)! No systematic places for clinical pharmacy services were available in the Czech healthcare system. So some pharmacists started clinical pharmacy activities on a voluntary basis (this still happens nowadays). The joint system of post-graduate education of physicians and pharmacists - established in 1953 - has favoured the relation between these two professions. In the Czech Republic pharmacists have always been considered as healthcare workers, which has not been the case in other European countries. At that time citizens did not have to pay for healthcare treatments.

### After 1989

In 1989 the Czech political system changed, and the country went through economic reforms and privatizations, with the intention of creating a market economy. Ambulatory care, including pharmaceutical care, was privatised. At the faculty of pharmacy a non-differentiated course was introduced to face the problem of employing people with different specialisations.

New private pharmacists destroyed dispensation boxes in the majority of pharmacies. Pharmacists became dependent on margin – so they had an interest in selling a big volume of drugs and medical devices.

An increased necessity of co-payment stimulated the pharmaceutical industry to establish an agreement with pharmacists to reduce the co-payment. Drugs' prices could therefore be different from a pharmacy to another. Patients started looking for the lowest co-payment, and not necessarily for better pharmaceutical care. Pharmacies turned out to be a profitable business. No regulation was in place for the pharmaceutical chains, and no pharmaceutical education was required to become a pharmacy owner. These conditions led to a situation where an increasing number of pharmacies competed exclusively on price.

In addition the concept of self medication increased enormously. These changes lead to prosperity for the majority of pharmacists, but at the same time to a decrease of clinical pharmacy services. The public opinion on the pharmacist's profession worsened. A PhD program in clinical pharmacy started in 1994 and 9 students have completed it so far.

### CZCPS in market economy times

The cooperation between CZCPS and ESCP has been constant: CZCPS members took part in the organisation of ESCP events held in Hradec Kralove in 1993, and in Prague in 1995 and 2004.

At a national level, a series of new educational activities were put in place to debate on the development and the role of clinical pharmacy: the Working Days in Clinical Pharmacy have been held from 1996 in Hradec Kralove, and Wine Harvest on Clinical Pharmacy from 1998 in Valtice - Mikulov.

A regular activity of CZCPS, in cooperation with the Pharmaceutical Chamber, is the organisation of workshops in different areas of Czech Republic. Workshops aim at preparing workshops' leaders to provide open training on clinical pharmacy and on clinical pharmacy

# Management of Severe Systemic Fungal Infections

**A** report on the information presented on the ESCP Research Project on management of severe systemic fungal infections during the pharmacotherapy update lectures held at the last ESCP Symposium in Vienna.

Veronica Scurti and Francesca Venturini from Italy provided background information on the epidemiology of systemic fungal infections and on the drug therapy available.

## Situation in the USA

In the USA, the mortality rates for invasive fungal infections mainly candidal infections and infections caused by *Aspergillus* species have increased over the period 1980 to 1997. Patients who are at an increased risk to develop systemic fungal infections are patients in intensive care units, HIV patients, patients with haematologic malignancies and solid tumours and patients who have undergone transplantation. Opportunistic invasive fungal infections occurring in immunocompromised patients with carcinoma and haematopoietic stem cell transplants may be classified according to a proven, probable or possible diagnosis. The classification is based on the occurrence of host factors such as neutropenia, persistent fever, prolonged steroid use as well as microbiological evidence and clinical criteria such as meningitis, positive CT scan.

## Antifungal agents

Amphotericin B is an antifungal which causes damage to the cell membrane leading to leakage of cellular contents of the fungal cells. It has a broad spectrum of activity. However, its use is limited with infusion-related toxicity presented with fever and chills and with dose-related toxicity where nephrotoxicity may occur. Lipid formulations of amphotericin B have been developed and these decrease probability of occurrence of nephrotoxicity. Studies comparing the different lipid complexes have shown that there is no difference in efficacy but they are all less nephrotoxic. Since they are more expensive they are usually used as second or third line therapy. To reduce occurrence of infusion-related

toxicity, a pre-medication regimen which consists of hydrocortisone, acetaminophen, chlorphenamine and meperidine is suggested. Amphotericin should be given by slow infusion and good hydration has to be ensured.

Voriconazole and itraconazole are azole antifungal agents which decrease the synthesis of ergosterol that is required for cell membrane function. Voriconazole is used in invasive aspergillosis and oesophageal candidiasis. Its use is associated with reversible vision problems in around 45 % of patients. There is limited clinical data to support the use of itraconazole in invasive fungal infections and its use in clinical practice is still not clear. It should be used with caution in patients with reduced renal function.

## Drugs' licensing

There are a number of drugs that are still waiting for licensing in Europe. These include micafungin, anidulafungin and ravuconazole. When clinical trials for drugs used in invasive fungal infections are reviewed, a number of methodological issues are identified namely lack of a control group, multiple end points. This problem was recognized by EMEA and in fact in 2003 guidelines for conducting clinical trials for the management of invasive fungal infections were drawn up. However, methodological issues still arise.

## Project's results

The objective of the ESCP Research Project was to describe management of patients with or at risk of invasive fungal infections in Europe. A survey in six European countries was carried out over six months. The participating countries were Czech Republic, Estonia, Germany, Italy, Portugal and Spain. Data was collected for patients with haematological malignant disease who were started on antifungal agents. Patient data

was collected when patient was started on treatment, after 7 days, after 15 days and at discharge. From all the sites data on 185 patients (40% females, 60% males) with a mean age of 49 years was compiled. In 61.6% of the cases the patients received the antifungals as prophylactic therapy after they showed a clinical sign, the most common sign being fever of unknown origin. The antifungals administered as monotherapy were fluconazole, voriconazole, itraconazole and amphotericin. After 7 days of treatment, 74 patients had therapy variation due to deterioration in the fungal infection, an adverse reaction or due to laboratory results. After 15 days of starting treatment, 61 patients had a variation due to deterioration of the condition. The mean hospitalization period was 22.7 days. There were 19 deaths out of which 7 were due to invasive fungal infection. ●

To learn more about  
ESCP Research  
Projects visit  
[www.escpweb.org](http://www.escpweb.org)



# Research Studies at ESCP Meetings

**A**bout 30 projects were presented during posters discussion sessions at last year's ESCP Symposium in Austria: *ESCP News* presents a selection of key findings.

## Pharmacoepidemiology and Public Health

### Prevention of corticosteroid-induced osteoporosis: practice patterns in The Netherlands



**Koos Brouwers, The Netherlands**

In The Netherlands, guidelines state that patients receiving >7.5 mg daily of prednisolone or equivalent for more than 90 days should receive osteoporosis prophylaxis. Patients receiving corticosteroids were reviewed and requirement for osteoporosis prophylaxis determined. The pharmacists discussed with the prescribers the requirement for prophylaxis. During the period of the study the number of patients receiving prophylaxis increased from 45% to 59%. Male patients were found to be markedly under-treated with anti-resorptive agents.

### Does the availability of health-related quality of life information during consultation influence treatment decision-making?



**Sam Salek, UK**

The aims of the study were to determine whether clinicians in a dermatology clinic used formal quality-of-life information if provided and if so to what extent does the information influence treatment decision-making. It resulted that in 15.3% of the consultations observed, the data generated by the quality of life instrument influenced the clinician's treatment decision-making. Quality of life discussions took place in 87% of the consultations and these were mostly related to the impact of the symptoms of the disease.

## Pharmacoeconomics

### Treatment of cystic fibrosis: drugs, consumption and cost



**Christel Lupo, France**

The study aimed to evaluate the consumption and cost of drugs for the treatment of cystic fibrosis in a paediatric hospital in Lyon. A 6-month prospective study was undertaken where 15 patients were followed. The cost for the hospital stay was 1090 Euro (64-4482 Euro), the mean cost/day of treatment was 107 Euro (30-320 Euro) and the mean duration of stay was 8 days. The antibacterial drug meropenem was highly used.

### Outcome of patients with acute lymphoblastic leukaemia in first complete remission treated with allogeneic transplantation: an intention-to-treat analysis of clinical trials



**Andrea Messori, Italy**

A meta-analysis of studies carried out as clinical trials to evaluate allogeneic transplantation in patients with acute lymphoblastic leukaemia in first complete remission. After reviewing 4 studies with a total of 293 patients, it was concluded that there is a statistical significant advantage in favour of allogeneic transplantation.

## Pharmaceutical Care

### A prospective, randomized, controlled trial to evaluate the impact of pharmaceutical care on liver transplant patients' outcome



**Anja Klein, Germany**

The study was intended to evaluate the impact of pharmaceutical care in liver transplant patients by assessing compliance with immunosuppressive therapy. Compliance was recorded using an electronic device placed in the tablet container. The results showed a significant increase in compliance in patients in the intervention group after one year of receiving pharmacist intervention within the developed pharmaceutical care programme. Knowledge of the patients on the drug therapy also increased.



## Clinical Pharmacokinetics

### Update of gentamicin dosage in neonates



#### Natalia Carrasco, Spain

Since gentamicin levels with the dosage schedule adopted at the Hospital de Santa Creu I San Pau in Barcelona, were not reaching optimal levels in a significant number of neonates, new initial dosage schedules for the administration of gentamicin in neonates were proposed. The new dosage schedule presented extended dosing intervals which resulted in optimal levels of gentamicin in a higher number of neonates from the very beginning of therapy.

## Pharmacotherapy

### Orally administered chemotherapy: assessing adherence in capecitabine patients



#### Sven Simons, Germany

The aim of the study was to assess patient compliance with capecitabine therapy which is used in the treatment of colorectal and breast cancers. Capecitabine was administered as twice daily doses for 14 days with a 7 days break between the cycles. Compliance was measured by using an electronic device in the tablet container. The results showed that 20% of patients showed a compliance below 90%.

### Use of drotrecogin alfa for severe sepsis in a Spanish acute care hospital



#### Iria Blanco, Spain

The aim of the study was to assess the clinical effectiveness and safety data of drotrecogin alfa when used for severe sepsis. The use of drotrecogin alfa was according to protocol in all the 22 patients included in the study. The mortality rate within 28 days post-treatment was slightly higher than the reported rate in other studies.

### Development of pain protocols for community pharmacy



#### Lilian M. Azzopardi, Malta

The aims of the study were to develop protocols for the management of headache and back pain in the community pharmacy setting and to evaluate the practicality and applicability of the protocols. The two protocols were developed and a prospective study was carried out in ten community pharmacies selected by stratified random sampling. The average compliance with the developed protocols was 52% (range 6-100%) indicating that the protocols are sufficiently oriented for professional practice. The protocols could be used to improve on the professional services offered by the pharmacists.

➤ CONTINUED FROM PAGE 4

implementation in pharmaceutical care to individual pharmacists. Another CZCPS project aims at enlarging the clinical thinking of pharmacists and pharmaceutical assistants by organising special educational programmes called Pharmacy 2010, developed by Edukapharm. CZSPS believes that regular education increases interest in implementing clinical pharmacy in pharmaceutical care.

Finally, CZCFS members participate in educational programmes for attestation in clinical pharmacy and try to lobby on different bodies and support clinical pharmacy specialisation.

Every year CZCFS' Working Days attract about 400 pharmacists, and the about 24 yearly workshops attract each about 20 participants. We try to find partners willing to support

clinical pharmacy and increase its responsibility in different sectors: healthcare, health insurance, pharmaceutical industry... We are open for cooperation. ●

**Jiri Vlcek**  
CZCFS, Member of the Board

# For Your Diary

2007

<b>16-19 May</b>	Edinburgh UK	7 <sup>th</sup> Spring Conference on Clinical Pharmacy <b>Tackling Inequalities in the Delivery of Pharmaceutical Care</b>
<b>16 May</b>	Edinburgh UK	Masterclass in Search of Experience <b>Introduction to Paediatric Pharmaceutical Care</b>
<b>25 - 27 October</b>	Istanbul Turkey	36 <sup>th</sup> European Symposium on Clinical Pharmacy <b>Implementing Clinical Pharmacy in Community and Hospital Settings: Sharing the Experience</b>

## Important Reminders

7<sup>th</sup> Spring Conference on Clinical Pharmacy, Edinburgh, UK

**Early Registration** 30 March 2007

Learn more at  
[www.escpweb.org](http://www.escpweb.org)

## PHARMACEUTICAL SCIENCES WORLD CONGRESS

3rd World Congress of the Board of  
Pharmaceutical Sciences of FIP (PSWC2007)

### Optimising Drug Therapy: An Imperative for World Health



#### Organisation and Exhibition:

International Pharmaceutical Federation (FIP)  
in co-operation with EUFEPS:

#### Sponsoring Organisations

- European Federation for Pharmaceutical Sciences (EUFEPS)
- American Association of Pharmaceutical Scientists (AAPS)
- Association de Pharmacie Galénique Industrielle (APGI)
- Academy of Pharmaceutical Sciences of Great Britain (APSGB)
- Academy of Pharmaceutical Science and Technology, Japan (APSTJ)
- Australasian Pharmaceutical Science Association (APSA)
- Controlled Release Society (CRS)
- Pharmaceutical Society of Japan (PSJ)

#### Supporting organisations

- International Society for the Study of Xenobiotics
- International Society for Pharmacoepidemiology
- European Society of Clinical Pharmacy

#### CORE TOPICS:

- **Functional Genomics and Proteomics**
- **Pharmacology**
- **Medicinal Chemistry, Natural Product Research**
- **Drug Metabolism and Transport**
- **Pharmacokinetics and Pharmacodynamics**
- **Drug Delivery and Pharmaceutical Technology**
- **Pharmaceutical Analysis and Quality Control**
- **Clinical Pharmacology and Pharmaco-epidemiology**
- **Regulatory Affairs**

#### POST-SATELLITE WORKSHOP

Monoclonal Antibodies  
April 26-27, 2007  
Amsterdam, The Netherlands  
For more information contact: [conferences@eufeps.org](mailto:conferences@eufeps.org)

**Information:** [congress@fip.org](mailto:congress@fip.org)  
**Venue:** RAI Congress Centre,  
Amsterdam, The Netherlands

**Date:**  
**22 - 25 April**  
**2007**

## Announcements

#### Erratum

In ESCP News 133 two mistakes slipped in at page 3. Martin Schulz, representative for Germany on the ESCP General Committee, is from Germany, not from Switzerland as stated in the Who's Who section. In the article about the Disrupted Appearance of PWS, the third sentence should read: "Authors have noticed that the publishing process has not been as smooth as it should have: only four printed issues have now appeared over 2006, and accepted papers are not published online as quickly as expected."



European Society of Clinical Pharmacy

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Deadline for the submission of material for issue number 136 is 26 July 2007.