

Contents :	A Few words	1
	ESCP life	2
	Articles & Reports	4
	Announcements	8

# ESCP

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

# News

## Welcome in Croatia ! A beautiful coast... A central European country... A clinical pharmacy in development



**Maja Jakševac Mikša, Ph.D.**  
ESCP Symposium President

### Croatia, one of the most beautiful coast...

Croatia certainly has one of the most beautiful coasts in the world and most people spend their annual leaves there in July or August, enjoying the sunshine, bathing in the crystal-clear Adriatic Sea and the air imbued with the scents of Mediterranean vegetation.

Thus I also went to the coast at the beginning of July and am now writing these few words in a summer house close to the sea on the northern Adriatic coast. Watching the gently undulating sea at sunset, with the sun sinking into the sea like a glowing sphere, I am thinking with joy and anticipation about the forthcoming 37th European Symposium on Clinical Pharmacy to be held in October in the most beautiful city on our coast - in Dubrovnik. I recall the first contacts with the ESCP president, Prof. Gert Laekeman, last November, when I was told that ESCP plans to hold its annual symposium 2008 in Dubrovnik, which made me very happy. We have thus far hosted several international pharmaceutical conferences in Dubrovnik and they were very successful also owing to the unique

beauty and charm of that historic city. My only concern was whether we could find a hotel that could accommodate more than 500 participants on the scheduled dates (21-24 October, 2008) and provide all the necessary amenities for such a big conference. Namely, this is the time of the year when numerous gatherings are held in Dubrovnik and there are only a few large hotels with congress halls. We were, however, lucky; the travel agency Atlas, which we engaged as a Professional Congress Organizer (PCO), soon informed us that the just opened Hotel Rixos Libertas could be the venue of the European Symposium on Clinical Pharmacy.

The first meeting with the ESCP president took place in Zagreb, in December 2007. As Croatia has one Faculty of Pharmacy and two pharmaceutical professional organizations - Croatian Pharmaceutical Society and Croatian Chamber of Pharmacists, we agreed that all three institutions (for convenience referred to as Pharmacists' Associations) will participate in symposium organization with two representatives each.

In February 2008, the ESCP delegation with a few members of our local organizing committee (LOC) and a PCO representative went to Dubrovnik to inspect the symposium venue and make all the necessary arrangements on the spot. We found the hotel and its amenities to our satisfaction and we believe that it will be a good host to the symposium participants. We the members of the LOC (Aleksandra, Danijela, Iva, Maja, Nikola and Tihana) and the Croatian members of the scientific committee (Jelena and Vesna) will do our best to make the symposium a rewarding and memorable experience.

### About the programme

The Symposium will deal with new pharmaceutical care models and therapeutic innovations. The diverse three-day programme with numerous lectures and poster presentations, round table discussions, workshops and SIG meetings will be of interest to all pharmacists regardless of whether they work in the clinical, hospital or community pharmacy practice. The programme is intended for pharmacy practitioners, who must possess extensive knowledge and numerous skills and always be at the source of new information to effectively conduct their practices.

Today, the priorities of health care systems of all countries are patient safety and enhancement of their adherence to therapies as well as ways of balancing therapy costs and effectiveness. Pharmacists, as the most accessible health care professionals, can give an appreciable contribution to these goals. These and many other themes are included in the symposium programme, which will be soon sent out. We therefore advise you to read the programme and decide to participate in the symposium and become a member of our large clinical pharmacy family.

### About Dubrovnik

Situated in the southern part of Dalmatia, surrounded by limpid waters of the Adriatic Sea, Dubrovnik is one of the top international tourist destinations, known for the beauty of its monuments, its magnificent walls and welcoming atmosphere. It was founded by fugitives from Roman Epidaurum (now Cavtat) in the 7th century. It later came under Byzantine,

*To be continued p.2*



### About Croatia and its health care and pharmacy system

Croatia is a Central European country which gained its independence and sovereignty in May 1991. It covers an area of 56,600 km<sup>2</sup> and has about 4.4 million inhabitants. The capital is Zagreb with about 800,000 inhabitants. In 2007, the GDP per capita was 8,450 €, with a growth rate of 6.2% and the total health expenditure amounted to 8% of GDP. Average spending on health care per capita is about 550 € and about 130 € on medicines.

Venetian and Hungarian rule, and attained formal independence after 1382, when it became the Republic of Ragusa. In the 15th and 16th centuries its fleet had over 500 ships. A large part of the old town centre dates from the rebuilding after the earthquake of 1667. Of special interest to the pharmaceutical profession is the Franciscan monastery "Little Brethren", situated within the city walls, the erection of which started in 1317. Since that year and up to the present day, a pharmacy has been operative in the monastery (continuity of over 690 years), with a museum where alembics, mortars, measuring apparatus, instruments from the pharmaceutical laboratory and beautifully decorated jars are displayed on the old shelves. This is why Dubrovnik is often called the cradle of Croatian pharmacy.

All citizens of Croatia have basic health insurance. Croatia is not yet a member of the EU but membership negotiations started in October 2005 and we hope to become full members in the near future. Although the first pharmacies in the Croatian territory appeared as early as in the 13th century in Dalmatia (Trogir, 1271), more significant development of pharmacy dates from the 18th and 19th centuries. The first professional pharmaceutical organization was established in Zagreb in 1858 and pharmacy studies started in 1882 within the University of Zagreb. In the former state system, up to 1991, all pharmacies were state owned.

Today, the total number of community pharmacies in Croatia is 980 (1 pharmacy per 4500 inhabitants) with the following

proprietary structure: 63% private, 14% under private lease, 23% state owned. More than 60% of pharmacies operate in pharmacy chains. The pharmacy network is demographically and geographically regulated. Each pharmacy has to employ at least 2 pharmacists and one pharmacy technician, and minimal area for a pharmacy is 85 sq.m.

There are 52 hospital pharmacies administering only in-patient services and they are not foreseen for privatization.

To keep the licence for independent work in a pharmacy, issued by the Croatian Chamber of Pharmacists, continuing professional education is compulsory. Pharmacy can be studied at the Faculty of Pharmacy and Biochemistry of the Zagreb University, where clinical pharmacy and new subjects dealing with pharmaceutical care were introduced as part of the reforms according to the Bologna process. New postgraduate clinical pharmacy programmes and specialties are currently being developed.

These are merely some notes on Croatian pharmacy; if you want to learn more, we will be glad to tell you all in Dubrovnik where we look forward to meeting you at the 37th European Symposium on Clinical Pharmacy, 21-24 October 2008.

Maja Jakševac Mikša, Ph.D.  
ESCP Symposium President

## Who's Who: Vesna Bacic Vrca

ESCP News met with Vesna Bacic Vrca who is an associate professor of clinical pharmacy at the Faculty of Pharmacy and Biochemistry at the University of Zagreb. Vesna is a member of the Scientific Committee of the 37<sup>th</sup> ESCP annual conference that will be held in Dubrovnik next October. Vesna describes some activities of clinical pharmacy in Zagreb.

Clinical pharmacy practice was started at the University Hospital Dubrava in Zagreb in 1996 as a result of the successful co-operation with Texas Heart Institute in Houston. Through this co-operation Vesna and her colleagues could get acquainted with clinical pharmacy practice in the USA.

At that time, the pilot project "Unit Dose Drug Distribution System" was launched for patients of Cardiac Surgery Department. The pharmacist needed to follow prescribed therapy by participating in the identification of the right drug, choosing the appropriate pharmaceutical form, right dose, dosing interval and predict and avoid clinically significant drug interactions.

The pharmacist became an active member of the health team. The quality of pharmaceutical and health care in general was increased.



Vesna Bacic Vrca

In 1998 the Faculty of Pharmacy and Biochemistry in Zagreb introduced Clinical Pharmacy as optional subject and a few years later as obligatory subject in the 8th semester. The students are introduced to "Problem Based Learning" and are learning on actual problems drawn from clinical practice. The module Clinical Pharmacy consists of 15 hours of lecturing and 15 hours of practice. With an aim to improve tutoring in Clinical

Pharmacy, the Faculty set up a "Tempus Project" and has co-operation with the Faculty of Pharmacy in London, United Kingdom. Our faculty is now introducing a post-graduate specialist study in Clinical Pharmacy, which has a duration of two semesters with 300 hours of obligatory and optional subjects. Students are required to obtain 60 ECTS (40 for obligatory and 20 for optional subjects). The study is supposed to be a theoretical base of Clinical Pharmacy specialization. We hope that the Ministry of Health will support our proposition for the specialization.

I should also mention some numbers, although they are not big at the moment. We have three senior clinical pharmacy specialists who finished their specialisation training in Ljubljana (Slovenia) and three young colleagues who finished postgraduate studies in clinical pharmacy in London.



## About ESCP

The European Society of Clinical Pharmacy is an international association founded in 1979 by clinical practitioners, researchers and educators from several European countries.

Its overall mission is to develop and promote the rational and appropriate use of medicines (medical products and devices) by the individual and by society.

Members include clinical pharmacists, hospital pharmacists, community pharmacists, researchers and educators from 53 countries.

Pharmacists, pharmacy students or other healthcare professionals working in the community, hospital, academic setting, industry or any other healthcare setting are eligible to become members of ESCP.

## Membership

Membership in ESCP is open to clinical pharmacists, researchers and other healthcare professionals who work in any of the following environments: community, hospital, academic, industry or any other healthcare setting. Pharmacy students are also invited to become members of ESCP.

Close to 1.000 professionals from more than 50 countries are members of ESCP.

Being a member of ESCP allows you to contribute towards and actively participate in the growth of the clinical pharmacy profession. Young pharmacists are especially encouraged to join ESCP to ensure the future development of the profession.

The Society has five different categories of membership:

- **Ordinary Members:** individuals who are actively involved in pursuing the objectives of the Society
- **Joint Members:** individuals (as per Ordinary Members) who are members of an affiliated ESCP association.
- **Student Members:** individual students or educational institutes.
- **Honorary Members:** individual who have distinguished themselves in a particularly honourable way towards the Society.
- **Sponsors or Patrons:** individuals or companies who have expressed their willingness to support the Society financially.



## Drugs & Pregnancy or Lactation

### Cybele: an aid in clinical pharmacy practice

Medication is prescribed in 86% of pregnancies and in 79% during labour (WHO, 1991). Pharmacists who want to give advice need easy access to sources of information.

'Cybele' has been launched in Belgium as a supportive tool in medical and pharmacy practice. It is currently available in French and Dutch.

The data base contains most of the DCI drug names commercialised in Europe. Starting from the title page the user gets:

- A search instrument on chemical name
- A lexicon related to pregnancy and lactation
- An index of the system.

Clicking on a drug substance opens the page of the corresponding monograph. This monograph contains:

- An overview table of the substance requested
- A code for each trimester and the perinatal and breast feeding period.
- An explanation of the codes.
- A table with an overview of the risks related to all the agents belonging to the same therapeutic class.
- Risk assessment during pregnancy according to international standards: FDA (USA), FASS (Sweden) and ADEC (Australia).
- Information on breast feeding according to the FDA standards.

A short text giving information about the risks during pregnancy and lactation with literature references quoted.

Both versions French and Dutch are offered in the ESCP web platform, with the purpose to look for partnerships in order to compare 'Cybele' with possible existing databases in other countries, translate the database in English and other European languages and to update it with information from international sources. An ad hoc working party can be installed.

Suggestions, willingness to co-operate and correspondence can be sent to Prof. Gert Laekeman through the ESCP International Office: info@escpweb.org

## Echoes from the GC meeting Leiden, 29th and 30th May 2008

### General Committee's members:

Gert Laekeman, President (Belgium)  
Frank Jorgensen, Vice-Pdt. (Norway)  
Erik Gerbrands, Treasurer (Netherlands)

Johnny Beney (Swiss)  
Cecilia Bernsten (Sweden)  
Mara Pereira Guerreiro (Portugal)  
Marie-Caroline Husson (France)  
Pat Murray (UK)  
Piera Polidori (Italy)  
Martin Schulz (Germany)  
Maria Skouraliakou (Greece)

From the last GC meeting in Leiden, 29th and 30th May 2008, these few points could be underlined:

- Piera Polidori from Italy has been introduced as a new GC member. She works in a hospital in Palermo. She has been active in ESCP since the Antwerp conference in 2001.
- Cecilia Bernsten from Sweden has been unanimously elected as the next ESCP vice president.
- Gert Laekeman ESCP President, gave a report from the Leuven workshop. This was a focused workshop where

everything was related to the theme 'the Oncological Patient and the Clinical Pharmacist'. The target of 200 delegates was nearly met with 198 paying participants. And the good news, the financial balance is positive !!!

- The new ESCP News which is realised since August 2007 with no cost for ESCP, seems to be very appreciated. MC Husson warmly thanked her French colleague Corinne Tollier for her support in this work.

Marie Caroline Husson



Workshop on Oncology, Leuven (Belgium), 26-28 May 2008

## The precious oncological patient

*It started with an idea following the decision that from 2008 on, there would be only one ESCP conference a year. This was decided during the fall symposium in Vienna. Nevertheless, instead of a spring conference, smaller meetings could be considered. With this concept, ESCP was moving to an old tradition of international workshops. During the last spring conference in Edinburgh the General Committee (GC) accepted a concept paper for an international ESCP workshop at the university campus of Leuven in Belgium). It had to be considered as a test case on the form as well as on the content. Herewith a reporting on the event that took place in Leuven from 26 to 28 May 2008.*

### A SONG FOR CARING (Land of hope and glory)

We are coming together 🎵  
To share and to meet  
To investigate whether  
We fulfill the need  
🎵 🎵 🎵  
We will not live forever  
We don't know when and where  
But we will no never  
Forget those who need care  
But we will no never  
Forget those who need care

### Cancer patients, chronic patients

The workshop concentrated on 'the Oncological Patient and the Clinical Pharmacist'. The general schedule followed the 'sandwich' principle with plenary lectures in the morning and the late afternoon and in between interactive working session, oral communications and discussion of posters.

The messages delivered during the plenary lectures were related to 'Economic, Clinical and Human Outcomes: i.e. the so called ECHO approach.

Due to combination of surgery with advanced radio- and chemotherapy, cancer patients have to be considered more and more as chronic patients. The market of antitumoral agents increases with 12-15% every year. Within the coming 15 years, 20 to 30 new substances will be registered in Europe. It is hard to economically evaluate new cancer medicines. There may be a benefit for capicitabine for the treatment of colorectal carcinoma, but too many variables have to be taken into account and can interfere with a straightforward pharmacoeconomic evaluation. Risk / benefit analysis is not that simple. Pharmacogenetics can be used to avoid serious adverse events for 5-FU, but with a cost of 350,000 euro per life saved this approach is simply unrealistic.

Orphan drugs are more and more developed, but their cost could postpone reimbursement.

From the clinical side, continued clinical research leads to progress. Cetuximab and panitumab are examples, creating perspectives in the treatment of colorectal cancer. Also bevacizumab can be considered as a progress, Unfortunately, cardiovascular toxicity has to be taken into account. As breast cancer is concerned, one should not rely upon medical imaging only: biopsies must complete the examination. We can accept a 10 year survival rate of at least 50%, although chemotherapy is questioned above the age of 70. Nevertheless, treatment of breast cancer can be tailored according to manageable variables, among them the menopausal status.



### Supportive care

Nutritional plays a supportive role in the treatment of cancer. However it turns out to be difficult to apply evidence based medicine on the measures to be taken. Often positive results obtained in small scale studies are not confirmed in larger ones. The possible beneficial use of polyunsaturated fatty acids can be cited as an example. As supportive care is concerned, there is big interest in the dramatic tissue damage caused by extravasation. Attention is focused upon desrazoxane as a useful therapeutic tool. We learned that fever is an important indicator in order to control early signs of infections that complicate further the treatment of cancer patients.

### What about 'new therapies' ?

And what about 'new therapies'? In the development of new anticancer agents, quite a lot of interest goes to angiogenesis. The patient may benefit from stopping the formation of blood vessels in the early phase of a malign disease. Research is concentrated on certain receptors such as HER, VEGFR, PDGFR. Inhibiting the expression of such receptors, or neutralizing their activity can help in the containment of tumors. Monoclonal antibodies seem to be compatible with other cancer chemotherapy, whereas the newer 'small molecules' (the so-called 'nibs') have to be given in monotherapy. Talking about new therapies in cancer means talking about the end of the beginning. Drugs made through biotechnological means are categorized as 'biologicals'. Mostly they have complex structures and their manufacturing takes a complicated process. According to the European regulatory authorities, due to the many variables in the manufacturing process, the same medicines made by biotechnology are not interchangeable. As a consequence no generic approach can be made for this category of drugs.

Last but not least, the human component comes in. Nearly 3.2 million patients are yearly diagnosed with cancer within the community. Approaching patients brings in quantitative as well as qualitative aspects. The human being has a mostly irrational behavior, whereas we try to squeeze the patient



To be continued p. 5



## Workshop on Oncology, Leuven (Belgium), 26-28 May 2008

### The precious oncological patient *(continued)*

within a quantitative framework. Studying patients' behavior and their way of thinking is an important complement to the technical concept an anticancer therapy. Once the diagnosis of cancer has been made, a complex communication process starts. Optimally this communication should go on a one to one base: i.e. one person of the family or the patient himself on the one side, and one member of the professional team on the other side. It is not clear how the clinical pharmacist fits into this care model: a hot topic for the coming years.

The switch from therapeutic intervention to palliative care should not be postponed unnecessarily. The majority of patients stay only one week in the palliative care unit of the University Hospital of Leuven. When the time is short, important decisions must be made. Killing the eventual pain comes first. Here, the dose of morphine has no real ceiling. Some-

times doses have to be given in a supratherapeutic range to make the patient's life still supportable. Food and fluids have to be given on patient's demands: i.e. not according to the perception of the caring environment. If the patient does not want any more drinks or infusions, his kidney will slowly stop functioning and the patient will pass away quietly. Feeding can unnecessarily prolong life and lead to serious discomfort. In these hours people are as medicines for each other. Small things like having a drink together can be of great value when the patient faces the end.

#### 248 participants

The subject 'the Oncological Patient and the Clinical Pharmacist' brought 248 participants from 26 countries together at the university hospital complex 'Gasthuisberg' in Leuven (Belgium). Linking plenary lectures to interactive work-

ing sessions revealed to be feasible, on the intellectual as well on the material side. Presentations will be made available for participants and ESCP members by the ESCP website.

The concept of an instrument for distance learning will be studied as quite a lot of interesting scientific data were collected. The ESCP workshop in Leuven can serve as a model to be repeated on other subjects in the future. We thank everybody who cooperated on the scene and behind it to make the event happen. Our thanks go also to all participants who came to Leuven for three or more days. May cancer patients benefit from the reflective efforts.

On behalf of the Organising Committee  
**Gert Laekeman**  
Chair of the workshop  
President of ESCP

## Behind the registration desk



Seven o'clock in the morning. University hospital campus ('teaching and research complex'): nearly empty at dawn. Near the conference venue, it is very quiet and the lights are not yet turned on. With my colleagues, the team of the registration desk, I witness the waking up of the university campus.

It does not last long before this peace and tranquility vanish by speakers, workshop leaders, chairs, delegates, committee members and sponsor delegates arriving at the conference venue. We welcome them all in Leuven for the ESCP workshop 'The Oncological Patient and the Clinical Pharmacist'. Almost everyone is surprised to receive a flashy green backpack containing the workshop materials. Never seen that before! They are

ready to learn more about different themes in oncology and discuss the role of the pharmacist into this specific field.

Some of the delegates unfortunately miss the start of the workshop as the direct train between Brussels airport and Leuven is cancelled due to the crash of a Boeing 747 cargo of Kalitta Air at the end of the runway, next to the railway, the day before the workshop started. Finally, everyone manages to participate at the workshop.

In the mean time, there is a pleasant atmosphere at the conference venue during the lectures, workshops, breaks as well as during the social activities. The crowd buzzes with excitement. It is the ideal place for meeting colleagues and to chat with friends!



Under the expert guidance of Momentum, our professional conference organiser, the workshop runs smoothly. Everyone and everything comes on the right moment on the right place. The registration team assists speakers, workshop leaders and delegates whenever necessary.

Small problems (calling a taxi to get back to the hotel in the city center) as well as urgent problems (one speaker arriving just in time to be too late) are solved from Monday morning until Wednesday evening. Three pleasant workshop days will be kept in our memories!

On behalf of the registration desk team  
**Siska Desplenter**



37th ESCP European Symposium Clinical Pharmacy  
Dubrovnik, Croatia, 22-24 October 2008

## Pharmaceutical Care Models & Therapeutic Innovations

*In the scientific programme of the next ESCP conference in Dubrovnik, 22-24 October, a large place is given to the workshops. The variety of the themes and the content of each workshop are very attractive as you could see in this presentation.*

### Workshop 1: The role of antioxidants in thalassaemia

Maria Skouliakou, Greece  
Kostara Christina, Greece

Thalassaemia is a complex condition that is characterised by the absence or reduction in the production of haemoglobin. While oxidant production is markedly elevated, as indicated by increased lipid peroxidation product, malondialdehyde (MOA), endogenous antioxidants are depleted in thalassaemia. The level of antioxidants such as glutathione is markedly decreased while activities of antioxidant enzymes including catalase and glutathione peroxidase are increased. Natural or synthetic antioxidants can alleviate the oxidative stress in thalassaemic patients. The workshop will review the use of dietary supplements and dietary action plans for thalassaemic patients.

### Workshop 2: Point-of-care testing in out-patient pharmacies and community pharmacies

Lilian M. Azzopardi, Malta ; Kirsten Buhagiar, Malta ; Anthony Serracino-Inglott, Malta ; Philip Schneider, USA ; Francesca Wirth, Malta

The key objective of point-of-care testing is to generate a result quickly so that appropriate treatment can be implemented leading to an improved clinical or economic outcome. Some examples of improved clinical outcomes from using point-of-care testing include starting treatment earlier, improved adherence to treatment, reduced incidence of complications, quicker optimization of treatment, reduced readmission rate and patient satisfaction. The provision of point-of-care testing in pharmacies requires the use of robust and reliable devices that present a cost-effective system which can be implemented within out-patient pharmacies or community pharmacies. The workshop will present clinical experiences of point-of-care testing in different scenarios and review factors that are required to plan and develop a good quality service.

### Workshop 3: Systematic approach to re-view medications in the elderly

Louise Mallet, Canada  
Annemie Somers, Belgium

Persons over the age of 65 years are the fastest growing segment of the population. Drug usage in this population is important. Drug-related problems have been reported to account for at least 25% of hospital admissions. Elderly patients are at high risk

of presenting with drug interactions. This workshop presents a systematic approach to reviewing medications in elderly patients.

### Workshop 4: Clinical pharmacy and quality of care in Croatia

Vesna Bacic Vrca, Croatia ; Maja Ortner Hadziabdic, Croatia ; Iva Jankovic, Croatia

Clinical pharmacy practice and education have started to develop over the last decade in Croatia. The workshop presents a brainstorming session on the concept of clinical pharmacy in different health-care settings. The application of practice skills in the screening for pharmaceutical care issues and prioritising and resolving medication related problems particularly in chronic disease management will be discussed.

### Workshop 5: Successful scientific writing: original research papers

Foppe van Mil, The Netherlands

Results of scientific research are only valuable for society if they can be shared with others in an understandable written or oral format. There are several possible formats for written information such as abstracts or scientific articles. The workshop focuses on scientific articles in journals with particular reference to the Pharmacy World and Science journal.

### Workshop 6: Therapeutic innovations in critically ill children

Sara Arenas-Lopez, United Kingdom ; Sue Jarvis, United Kingdom

Children are not 'small adults'. Many drugs used in children are designed for adult indications only. Initiatives at the European and WHO level to resolve the lack of medicines available for the treatment of conditions in children have started only very recently in January 2007 with the new European Regulation and the WHO Essential Drug List for Children. Information to families about the use of novel therapies in critically ill children may be very complex. The workshop identifies issues concerning the use of novel drugs in paediatric and paediatric critical care settings and presents a discussion on different approaches to ensure medicines are used in a safe, cost-effective and ethical manner.

### Workshop 7: Clinical pharmacists and the management of adverse reactions

Yolande Hanssens, Qatar ; Sophie Sarre, Belgium

An adverse drug reaction (ADR) is defined by the World Health Organisation (WHO) as 'a response to a medicinal product which is noxious and unintended and which occurs at doses normally used in man for the prophylaxis, diagnosis or therapy of disease or for the restoration, correction or modification of physiological function'. This workshop will provide the attendees with the necessary insight in ADRs and provide them with the tools required to ensure safe medicine usage.

### Workshop 8: Risks and safety of drugs

Margarida Caramona, Portugal ; Nikica Mirosevic, Croatia

When innovative drugs are approved by regulatory agencies, data that is available on the product's safety is based on the responses of a few thousand individuals who participated in the clinical trials. When the drug is made available on the market, the real risk and safety profile emerges. The aims of the workshop are to present fundamentals behind product safety and risk management and to discuss the development of an effective risk management programme.

### Workshop 9: Improving clinical effectiveness of lifestyle modifications in chronic diseases: focus on diabetes and hypertension

Barbara Andria, Italy ; John McAnaw, United Kingdom ; Piera Polidori, Italy ; Daniela Scala, Italy ; Maria Grazia Sidoti, Italy

Although therapeutic strategies are extremely effective in acute situations, they are insufficient for patients with chronic diseases. Many chronic diseases originate from lifestyle risks such as lack of physical activity, unbalanced diet, mental stress or low quality of sleep. Lifestyle modifications are important adjunctive issues to be considered in the management of chronic diseases such as diabetes and hypertension. The intervention of the pharmacists to educate patients to better manage their treatment and achieve optimal lifestyle modifications will be discussed.

### Workshop 10: Study design in quantitative methods

Marcel Bouvy, The Netherlands



## 37th European symposium on Clinical Pharmacy

Dubrovnik, Croatia,  
22-24 October 2008

### Abstract Review

We are very pleased to announce that we received a total of 306 abstracts for the symposium. The abstracts review process is well under way.

#### Summary abstract submission

The 306 submitted abstracts are classified as follow:

Pharmacoepidemiology & Public Health: 28  
Pharmacotherapy: 67  
Clinical Pharmacokinetics: 13  
Pharmacoeconomics: 22  
Pharmaceutical Care: 113  
Nutritional Support & Intravenous Therapy: 5  
Education in Clinical Pharmacy: 27  
Drug Information: 31

#### Abstract Reviewers Guidelines

All these abstracts have been allocated to the members of the abstract review committee for their review during the summer.

Each abstract review committee member has a personal login and password to access the abstracts for his review on the website.

There are two ways for each reviewer to score the abstracts in his specific topic area, On-line or Off-line.

#### Scoring

As we have explained in detail in a previous ESCP News, abstracts are now scored numerically based on the 5 criteria and degrees of acceptability below:

A – Originality of the research

1 = Not original at all  
5 = Very original

B – Methodological quality of the research

1 = Low methodological quality  
5 = High methodological quality

C – Extent to which project aims were achieved

1 = Project aims not achieved at all  
5 = Project aims fully achieved

D – Quality of the abstract (clarity of the presentation)

1 = Chaotic and unclear abstract  
5 = Clear and well structured abstract

E – Importance of the results for clinical pharmacy practice

1 = Results unimportant for practice  
5 = Results highly important for practice

The scores and recommendations of each reviewer will be added to the selection of the other reviewers. The average score will then be taken for each abstract.

Abstract reviewers are required to insert comments for the abstract submitter. If the abstract is rejected, they are required to give the reasons for the rejection of the abstract as well as suggestions for improving the abstract, should the author decide to re-submit it for future conferences.

**Marie-Caroline Husson**

ESCP Publication committee member,  
Reviewer



Venue: Hotel Rixos Libertas

31 March 2008  
Registration open

31 March 2008  
Abstract submission  
open

27 June 2008  
Abstract submission  
deadline

2 September 2008  
Early bird registration  
deadline

22 October 2008  
Late registration  
deadline

To learn more about the  
programme and register, visit:

[www.escpweb.org](http://www.escpweb.org)

or mail

[info@escpweb.org](mailto:info@escpweb.org)



The International Office of ESCP can now be found in  
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**Adis Drugs & Therapy Perspectives** is a concise, authoritative aid to drug decision making. The journal provides you with the latest drug knowledge presented in an easy to read form. The current personal subscription rate is \$US 315. Members of ESCP are being offered a discounted personal subscription rate of US\$99. To subscribe, go to the ESCP website >Publications>Adis Publications (where ESCP members can find the code needed for this discount).

2008

For Your Diary

22-24 October Dubrovnik (Croatia) 37<sup>th</sup> ESCP European Symposium on Clinical Pharmacy

2009

23-25 April Orlando (USA) 2009 ACCP/ESCP International Congress on Clinical Pharmacy

4-6 November Geneva (Switzerland) 38<sup>th</sup> ESCP European Symposium on Clinical Pharmacy

2010

21-23 October Lyon (France) 39<sup>th</sup> ESCP European Symposium on Clinical Pharmacy

Announcements

New members

France:

Françoise Marie Bergier..... Chatou  
 Valérie Bertholle..... Bron Cedex  
 Amélie Liou-Schischmanoff ... Paris

Italy:

Francesca Bacchetto ..... Cornuda  
 Paola Crosasso..... Torino  
 Valentina Francia ..... Rovereto  
 Elena Galfrascoli ..... Cairate  
 Sabata Germinario ..... Canosa di Puglia

Norway:

Hege Kersten..... Oslo

Slovakia:

Adriana Durcanska..... Bratislava

ESCP

European Society of Clinical Pharmacy

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