CHEMIST & DRUGGIST

the newsweekly for pharmacy

May 11, 1991

MCA asked why no action on counterfeits

Warning for dispensed paracetamol

Astill at the NPA: ten years in the hot seat

Cosmoprof '91: fashion scents

Unichem add five franchises

Wellcome up 11pc pre-tax

THE RANGE.  THE QUALITY.  THE SUPPORT.

Griptight brings you the selling power of the British Standards Kitemark on most of our soothers too! A standard of quality which carries over into all our other products. With national advertising, PR and big sponsorship promotions, Griptight is the brand whole generations know and prefer. So make Griptight the brand you stock and display.

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Nicorette® goes O.T.C.

Nicorette®, the only extensively clinically proven smoking cessation aid is now available OTC.

This major POM to P deregulation for Nicorette 2 mg has been supported by senior members of the pharmacy and medical professions.

A massive £2m advertising and promotional launch will provide enormous extra sales for retail pharmacists as the UK’s 14 million smokers get the message that with Nicorette’s help they really can give up smoking.

To obtain your stocks contact your local Lundbeck OTC representative or your usual wholesaler. For further information contact the Lundbeck Sales Office tel: 0582 416565.
COMMENT

This week’s announcement by Unichem that they have purchased another five independents is further evidence of the diminishing stock of truly independent community pharmacies. Their stock now stands at 11 and chairman Lord Rippon told shareholders recently the company was planning a rapid development of their franchise scheme. Last week seven new franchisees came into the AAH fold — they now boast 129 pharmacies.

While the top two wholesalers are making in-roads into Great Britain’s pharmacies, they are not alone. Rowlands of Wrexham have around 40 pharmacies on their books. Macarthy, out of the wholesale environment, have a retail arm of some 180 pharmacies, not forgetting the supermarket pharmacies of Tesco (around 30 franchises) and Safeway (around 50). Meanwhile Sainsbury are on the starting block with just one to their name. And parallel importer Stephar is into double figures with recent Welsh purchases.

And then there is Allen Lloyd, the biggest player of them all. In what Mr Lloyd expected to be a financial year of consolidation, he was on-hand last month to snap up the Kingwood-GK group of 191 pharmacies from Booker, taking his pharmacy total to 617.

The other major multiples are presently less upwardly mobile in the numbers game, with Boots still way ahead of the rest with over 1,000. But, nonetheless, the independent stockpile is diminishing inexorably. There are around 3,000 pharmacies in 90 groups of five or more.

All this is not necessarily bad for pharmacy or patients. The major multiples have, over the years, been in the vanguard of pharmaceutical development. While many might feel that Boots have used rather too much muscle on the residential homes front, or in moving Gsls onto open display away from the pharmacists immediate ‘ken’, few would deny that they and others have set standards in pharmacy premises and practice that many an independent would aspire to.

The loss of so many independents means a loss of pharmacy character in the High Street, to be replaced by a certain uniformity, if not blandness. Managers, if not franchisees or members of Vtos, necessarily must add the company message to their own professionalism. Provided the quality is up, the public will not suffer, but a little zest might go out of the service.
Why no action on counterfeits?

The Royal Pharmaceutical Society’s Council has agreed to write to the Medicines Control Agency drawing attention to the apparent lack of progress on procedures to prevent counterfeit medicines from returning to the market.

The Science Committee has considered the report of a meeting on counterfeit medicines held on February 28 and attended by representatives of the Society, the MCA and manufacturers, importers and distributors of medicines. Although the incidence of counterfeit products on the British market was very low, the Committee agreed last week that there was a need for the collection and quarantine of suspect products, as the practice of returning them to the supplier was not acceptable.

At a meeting on June 27, 1990, the MCA agreed to review the procedure for ensuring that discovered counterfeit medicines did not leak back on to the market and the Committee was disappointed that there appeared to have been no progress.

Drugged for teething...

An advertisement for Nelsons teething granules featuring the headline: “Drugged because he’s teething. Where’s the sense?” was recently criticised by the Committee of Advertising Practice. The advertisement described the product as providing “safe, effective relief from teething...”, while pointing out that most other teething medicines contain paracetamol.

The Wellcome Foundation complained to the Committee that the advertisement was misleading and objected to the connotation that children would be “drugged” by medicinal teething products.

The advertisers stated that since medicinal products contained drugs, a child given such products could be said to have been “drugged”. However, the Committee considered the term had emotive overtones which could cause unjustified fear and distress. It also considered that the phrasing could imply that paracetamol was inherently unsafe, an unsupported claim.

R&D for NHS

A new Research & Development programme for the NHS is to be introduced, utilising up to 1.5 per cent of NHS expenditure, replied Health Secretary William Waldegrave last week in a written answer to a parliamentary question. The aim is to provide a scientific basis for improving health, with emphasis on the prompt introduction of any improved practical methods. Responsibility for R&D, including the preparation, publication and implementation of plans, will be conducted by regional health authorities where possible, within a national framework. A Central Research and Development Committee will be formed.

Judgment on Lancs pharmacist to follow

A Lancashire pharmacist was cleared by the Royal Pharmaceutical Society’s Statutory Committee of supplying Controlled Drugs without authority and giving repeat supplies of POMs without first consulting a GP. But Stuart Blake of Whitefield, Manchester, and his Salford based pharmacy, were found guilty of supplying tablets and an inhaler, contrary to the 1968 Medicines Act.

The Statutory Committee also heard that Mr Blake, his wife, and a superintendent pharmacist of a company called Validur Ltd, supplied at least 79 POMs on unsigned prescriptions between July 1986 and October 1989.

Miss Katrina Wingfield, solicitor to the Committee, and Validur Ltd also operated a system resulting in the prescription of medicines which “might be considered unsafe and unsatisfactory.” The Committee found this charge, described by chairman Mr Gary Flather QC as “far the most serious facing Mr Blake”, not proved.

The Committee heard that on October 3, 1989 at Salford Magistrates Court, Mr Blake pleaded guilty to supplying controlled tablets contrary to the Medicines Act and supplying temazepam and other tablets and an inhaler on an unsigned prescription, also contrary to the Medicines Act. Miss Wingfield said Mr Blake had already had two reprimands before the Committee for disciplinary offences.

Committee chairman Mr Flather announced that a final decision on what to do about Mr Blake’s registration would be announced at a later date.
**Best way for pharmacy?**

Experimenting on a local basis with different methods of supplying medicines and related information could help identify the best way forward for pharmacy, suggests a report published this week.

But the network of regulations and carefully guarded professional interests affecting this area means that the practical opportunities for primary care research could be limited, says the Kings Fund Institute research report 10 on "Developing Primary Care: Opportunities for the 1990s" (55).

The report, written by David Taylor, fellow in health policy analysis at the Institute, draws together the conclusions of 14 studies financed by the Primary Care Development Fund. Evidence from a study based at Nottingham University Medical School suggests the role of practice-based nurses can be expanded in caring for people with chronic illnesses such as hypertension and asthma.

Ultimately, practice nurses and other health professionals will need a partnership status in primary health practices alongside doctors, the author suggests. He observes that the familiar GP-practice is an attractive kernel around which to build better care for groups such as the elderly and chronically ill.

Research in Bromley and Harrow involving established local treatment protocols between GPs, consultants and other hospital and community staff for diabetes, asthma and hypertension. In time, such protocols might contribute significantly to patient care quality, the report concludes, but may drive up treatment costs in some cases, for example, in Southampton a protocol-based approach to dyspepsia increases prescribing costs, particularly among those doctors who were formerly very low cost medicine users.

In a section on the changing role of pharmacy, the report briefly mentions the options currently under discussion, such as increased emphasis on the advisory role, more sophisticated record keeping and more P medicines. Another option could be closer physical integration of the general medical services and the community pharmacy sector. Further PCDF projects could look at the potential for increased collaboration between GPs and other independent contractors such as pharmacists, dentists and opticians, the report suggests.
The Joint Formulary Committee is to be urged to ensure that all dispensed preparations containing paracetamol carry a warning label that they contain paracetamol.

The decision arose at this month's Royal Pharmaceutical Society meeting following Council discussion of a motion to be put to the national conference of women's institutes in June. The motion read: 'This meeting urges that more publicity be given to the dangers of proprietary drugs containing paracetamol which taken in excess may lead to liver/kidney damage and possibly death.' It was reported that a number of women's institutes had asked local pharmacists to provide information on paracetamol and the president had been invited to attend the national conference to answer any specific questions on the motion. Council agreed that the Society should support the motion in principle and give publicity to its support.

No to medicine advice by phone Council agreed to express disapproval of a proposed telephone information service offering the public recorded messages about specific medications. The Practice Committee had examined a specimen script for a recording about naproxen sodium and felt that the public should seek information about medicines from pharmacists or the medical profession rather than obtaining a general message by telephone. When the matter came before the Council, Alan Nathan said he could not understand why there should be concern. There were already several books available with detailed information on drugs and the public could buy the British National Formulary and the Data Sheet Compendium if they wished. And the Society had approved a number of telephone health information services.

Ian Caldwell, Practice Committee chairman, said that the committee felt that information on specific medicines was best provided through interaction between the questioner and the information source. In addition, if the Society was to endorse the proposed service it would need a considerable investment in manpower and finance. The president, Linda Stone, added that the problems concerned with providing specific product information were different from providing general health care information.

Council accepted the Committee's recommendation that the Society should inform the company concerned of its disapproval and also advise British Telecom and the medical profession that it could not support such a service.

Community group survey approved Council approved a proposed survey of community pharmacists to establish the level of support for the formation of a community pharmacists membership group.

The survey would involve a questionnaire with a document containing background information. The survey sample would be 1,000. The background document would describe the Society's current arrangements for dealing with issues affecting community pharmacy and would point out that Council's options included the establishment of a membership group, the election of a number of members of the community pharmacy subcommittee or the continuation of the current arrangements.

Council members made a number of comments on a draft questionnaire form and a revised questionnaire will be considered at the June Council meeting.

**Warning urged on dispensed paracetamol**

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**See pharmacist' advice**

The Royal Pharmaceutical Society has issued a Press release encouraging women to seek their pharmacist's advice on medicines and minor ailments.

Welcoming the Government's plans to boost women's health, the Society's president, Linda Stone, says that pharmacists have an important contribution to make to women's health and family health as a whole. She points out that, every day, pharmacists deal with a million requests for free, expert, on-the-spot advice about medicines, and she draws attention to the leaflets on women's health topics in the Pharmacy Healthcare Scheme.

"Our message to anyone with a question about medicines or health is: speak to your pharmacist. We particularly want to get this message across to women, who tend to be most concerned with family health.

The Committee agreed that there would be a need to monitor standards if family health services authorities were to pay for cholesterol testing in future and asked the officers to prepare a protocol and a paper on monitoring standards.

**Nurse prescribing support**

Council agreed that a letter should be sent to the Minister for Health to show the Society's support for the Nurse Prescribing Bill, which was due to have its second reading on May 3. The letter would, however, indicate concern about the word "supply" within the Bill and suggest that "administration" would be more suitable. The letter would also refer to discussions that had taken place between representatives of the pharmaceutical, nursing and medical professions on the drafting of future protocols and nurse formularies, and that it would offer help and involvement by pharmacy academics and nurses who undertook prescribing.

Council further agreed that a meeting should be arranged between representatives of the Society and the Royal College of Nursing.

**Smaller certificate**

Council agreed that the Society should produce an A4 size membership certificate, to be available on request to members who would find a smaller size more convenient (such as when working as locums). The small certificate would be issued only to pharmacists who returned their standard certificates for destruction, as no member can possess more than one certificate at a time.

**Registration exam**

Council agreed that the registration examination for pharmacy graduates should be provided by the London Pharmaceutical Consortium, which was a partnership between the University of London school examinations board and the School of Pharmacy, University of London. Council accepted the consortium's tender for the development phase and for the provision of the first three years of examinations.

**Academics group**

Council accepted a proposal from the Academic Pharmacy Group Committee for criteria for admission to membership of the group. Membership would be open to "those persons making a significant contribution to pharmacy teaching and research" and the committee would normally only accept applications for membership "from those persons formally and specifically contracted to teach or research at or from UK schools of pharmacy or recognised centres of academic pharmacy units". These requirements excluded postgraduate research students undertaking demonstration duties.
**UVA screen support**

Support for sunscreens which filter out UVA as well as UVB has come in an article in the British Medical Journal (May 4).

Dr J Hawk, of the Photobiology Unit, St Thomas’s Hospital, warns of the dangers to sunbathers of relying on high UVB sunscreens to prevent them burning.

“Day after day and vacation after vacation, sunbathers may expose themselves almost exclusively to ultraviolet A,” he says. “Although they may obtain a tan without burning, they nevertheless suffer cutaneous damage similar to that from ultraviolet B.”

Dr Hawk’s advice echoes the views expressed at the recent seminar on sunscreen co-sponsored by Windsor Pharmaceuticals and Chemist & Druggist (see p706). Protecting from UVB alone does not ensure the skin is free from the solar ageing effects of UVA.

Dr Hawk says that the current confusion over measuring UVA filter strengths, is being reflected on packs by “varied and uncertain terminology.”

“Though perfection has yet to be attained, come Summer and the next vacation, choose a cream combining a high sun protection factor with good protection against ultraviolet A seems well worthwhile,” he says.

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**TOPICAL REFLECTIONS**

by Xrayes

**Filey GP brigants?**

The problems in Filey, where the GP’s computer is issuing illegal prescriptions by signing its own scripts with perfectly forged signatures, is not as amusing as it sounds (C&D May 4, p736).

If both the Royal Pharmaceutical Society and the Department of Health state that a facsimile signature is unacceptable on a doctor’s prescription, then that should be the end of the matter. It says little for interprofessional relations in Filey that this problem, either ever arose, or that it has been allowed to rumble on for so long.

In general there appears to be little control over the programmes produced to run GP computers, but the responsibility for the prescription generated ultimately rests with the GP and, when dispensed, with the pharmacist. If the doctor has actually signed the prescription, then he must have witnessed its contents, but a facsimile signature would give an open cheque book to all computer-competent fraudsters or drug addicts.

The consequences are obvious, but the law is clear and these scripts are illegal. If, as reported, the FHSA is sitting on the fence, it must rapidly dismount and send its medical and pharmaceutical advisors hot-foot to Filey in order to sort out this unholy mess.

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**Tofranil recall**

Geigy are recalling Tofranil syrup 150ml, batch N761, because further in-house analysis has demonstrated that it falls outside the Product Licence specification for content uniformity.

All packs should be returned, for appropriate credit, to the distribution manager, Geigy Pharmaceuticals, Wimbledhurst Road, West Sussex RH12 4AB.

**Phosphate enemas** should not be used in children under the age of three and only used with caution, in reduced doses, in older children, concludes an article in the May issue of the British Medical Journal.

The advice, similar to that suggested by manufacturers Pharmax but different to the British National Formulary, follows a case of severe toxicity due to absorption of the contents of a phosphate enema in a girl aged two years and eight months with **cri du chat syndrome**.

The advice in the BNF states only that the dose should be reduced in children, say the authors.

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**Charity by coupon?**

We live in a world where the plight of the underprivileged is a constant media headline. Successive emotional appeals for help eventually dull our sense of moral responsibility to the extent that, however deserving the cause, the response from individuals and Governments is insufficient for any one disaster.

Ideally charity funds should flow at a steady rate so that they are instantly available in times of need and for continuing programmes of assistance.

Guiltily, I seem only to respond to emotive appeal, from my own particular one-off charities and to the constant demand for local raffle prizes. An idea for a more sustained contribution has, however, been suggested by a contributor from Northern Ireland.

This gentleman puts the problems of the redemption of money off coupons firmly in the NPA’s Coupex schemes lap, but then requests that the proceeds be sent automatically to a charity of his choice. What a brilliant idea! If the NPA would agree to sending out mandate forms, and 10,000 pharmacies all co-operated, a high steady flow of funds could be generated for deserving charities. The loss of revenue would be slight and painless, but the result could become a lifeline to the needy.

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**Labelling paracetamol...**

The problems of accidental paracetamol poisoning have been of particular concern to me ever since the sad death of a young lady, in December 1989, from the ingestion of a lethal dose of paracetamol from a cocktail of different analgesic and flu preparations.

Prescription medicines may also contain "hidden" paracetamol, and I also suggested a cautionary dispensing label for these preparations, but with little response. At last, the NPA has taken up the challenge (C&D May 4, p735), and is to seek the views of the Society on the need for such a label. There is a need — accidental paracetamol poisoning is a particularly nasty death — and even if only one life is saved this must be sufficient justification.
Clearblue gets new One Step

Unipath have added a one-step testing kit to their Clearblue product.

Clearblue One Step (£6.99) is said to be aimed at women who have experienced pregnancy and just want confirmation. The original two test strip (£9.49, say Unipath, is aimed at women experiencing their first pregnancy. Unipath Ltd, Tel: 0224 317761.

Improved Predictor

Chefaro believe their latest development for the Predictor home pregnancy testing kit is "set to snatch market share".

Predictor has been re-packaged in a soft pink carton with charcoal accents (double test £9.35), selling through pharmacies only. It uses advanced technology which has improved its performance in terms of speed and convenience and an accuracy which Chefaro claim is unsurpassed in the market.

Other benefits include: a simple-to-use, single test step; clear yes or no result within four minutes; can be used to test a urine sample taken at any time of day or night; can be used from the day the period is due.

The new test, in matt, white plastic, looks similar to a slim fountain pen, say Chefaro. This is placed in a sample of urine, and both of the test windows turn pink for a positive result, whereas only the control window goes pink if the result is negative. The result can be preserved to show to a GP by removing from the sample and replacing the cap.

The launch will be supported by a £400,000 advertising campaign — the biggest ever for the brand — in "high-circulation" women's magazines.

To assist with product knowledge and consumer advice, Chefaro representatives will be distributing 3-D training slides and viewer.

In addition, showcards and supplies of boxed consumer leaflets can be obtained from reps or via the Predictor Advice Line, at Chefaro Proprietaries. Tel: 0223 126956.

Breast pump with battery

The Avent battery breast pump is the latest addition to Cannon Babysafe's range of breastfeeding products (£39.95).

The pump, which can also run from a mains adaptor, is lightweight, portable, quiet in operation and said to be effortless to use, because no hand action is required. Rigid inserts press around the nipple and help to stimulate the let-down reflex of breast milk into the 4oz Avent bottle. By pressing a button the mother can temporarily release the suction to imitate the baby's intermittent sucking action.

Cannon Babysafe say that breast care products and pumps are a growth area, with the trend towards breastfeeding.

A new Avent microwave steam steriliser, which holds three bottles, teats and accessories (£19.95) and comes complete with one 8oz and one 4oz bottle, is available from major Boots branches. Distribution will be extended to other pharmacies in six months time. Cannon Babysafe Ltd. Tel: 0787 289191.

Robinson Healthcare have become the first British cotton wool manufacturers to receive BS5750 accreditation, the UK standard for quality. Robinson Healthcare. Tel: 0246 220022.

J&J add Fact Plus test kit

Johnson & Johnson have launched Fact Plus pregnancy testing kit, available in either a single test pack (£6.08) or a two test pack (£8.94). The test format is already established in the professional sector and has proven a success in other world markets, says the company.

Fact Plus will be supported with a £200,000 TV & Press campaign commencing June-July, and a PR programme aimed at family planning clinics, says Johnson & Johnson. Tel: 0628 422222.

Emergency pack from Sancare

Sancare Products have introduced an emergency feminine hygiene pack, Simply Fresh.

Retailing at £1.95, it contains cotton briefs, deodorising cleansing wipes, a tampon, a sanitary pad, two safety pins and a wet proof sachet. The company expects it to become an essential item for the handbag, desk or glove compartment.

As part of the launch promotion Sancare Products are calling for other "save the day" suggestions from women across the country, to be included in a new book called "Does anyone have a safety plan?" Sancare Products Ltd. Tel: 0623 25066.

The first screening of the Milupa television campaigns breaks this week (C&D April 16). Entitled, "Balance", the £2 million commercial promotes the "nutritional value and natural taste of Milupa Infant Foods", says the company. Milupa Ltd. Tel: 01-573 9666.

The retail price for Nicorette 2mg 105 pieces is £12.41 and not as stated in last week's C&D (p738).

Bonjela news

Reckitt & Colman Products have announced that the proposed launch of Bonjela Pastilles (Counterpoints, last week) has been postponed due to manufacturing difficulties.

Vitabiotics Ltd have announced the removal of tartrazine from their Orajel mouth ulcer treatment. The gellets are now cream in colour and not the previous light green. Vitabiotics Ltd. Tel: 084-903 5511.

Money off Ultra Togs

Swaddlers are promoting their Ultra Togs with an on-pack offer.

Starting this week, Ultra Togs standard pack will feature a £0.75 money off coupon and £1.50 on large packs. The offer will run for six weeks.

All promotional packs will be clearly marked with a yellow and blue sticker. Swaddlers Ltd. Tel: 091 4825566.

CHEMIST & DRUGGIST 11 MAY 1991
NUMBER ONE
FOR
QUALITY GENERICS

1ST
ON THE MARKET WITH GENERIC DIFLUNISAL

Manufactured in the UK under APS product licence

ONE REPRESENTATIVE
For Complete
采购服务
Keyline target pharmacies

Keyline Brands are running a special promotion directed at pharmacists which runs until June.

The company has selected five of its top selling products and is offering them to pharmacists for $0.99 each. The five are Caiman Sodium Talcum powder, Cutter's dried skin emulsion, Topol's Esmarin super foam and medicated super foam. The are available through Unichem, AAM, Namark and other wholesalers, say Keyline Brands.

Coordinating with this is an advertising campaign in the national press for the rest of this month. Half-page spreads will appear in the Daily Mirror, Daily Mail, Daily Express and Today newspapers, highlighting the products and mentioning the names of Unichem, Vantage and Namark. Point of sale showcards are available. Keyline Brands Ltd. Tel: 081-579 8961.

‘Neutralise nasty niffs’

The next burst of the Colrets television campaign breaks nationally on June 3.

The campaign features Hale and Pace and continues the “neutralise nasty niffs” theme.

The June advertising forms part of the £3.5 million spend planned for the brand throughout the year. A consumer sampling campaign also begins in June, when over one million samples of mints and gum and 5p money off coupons are being given away. Warner Lambert Consumer. Tel: 061-770 6547.

Bad news for fleas!

Sergeants have repackaged their Pet Care range and added two new products.

Carpet Patrol (£2.99) is a freshener designed to keep carpets fresh-smelling and fleas and insect-free. It is simply sprinkled on the carpet and vacuumed up.

Car Pet Patrol (£1.65) does the same job in the car, keeping upholstery fresh-smelling and insect-free, say Sergeants.

A full promotional programme, including a consumer competition, to support the relaunched range is planned. Comagpa Pet Care Products. Tel: 0636 237147.

Roche add Starflower oil capsule

Roche have launched Lifespan Starflower Oil capsules, each containing 250mg borage oil.

Borage oil contains more than double the concentration of gamma linolenic acid found in evening primrose oil, says senior product manager Richard Simpson. He says that the benefits of the oil as the richest source of GLA have previously been hidden, although it has been used to supplement various evening primrose oil products.

The product and packaging focuses on the source of borage oil, the starflower, which is expected to be more appealing to consumers than borage oil itself.

The discapsules are recommended at a dosage of one a day, offering consumers the most cost-effective GLA source available, say Roche. They are blister-packed and retail at £0.50 for 60.

Some £500,000 will be spent on consumer advertising in the women’s Press. There will also be an introductory bonus discount for pharmacists, and training sessions available for pharmacy assistants.

Starflower oil is the first product that Roche have launched under the Lifespan brand of non-vitamin, dietary supplements, and they are currently investigating further products. Roche Consumer Products. Tel: 0707 328128.

Seven Seas expand EPO

Seven Seas have launched High Strength Super Evening Primrose Oil capsules (50, $5.99). Each capsule provides the equivalent of 750mg of evening primrose oil, but contains 500mg of blended evening primrose oil and borage oil. The capsules are introduced for sufferers of eczema, chronic PMT, mastalgia, and joint pain, who are often recommended to take up to four normal dosage capsules a day.

An economy tub containing 200 Evening Primrose Oil capsules has also been introduced. Retailing at $11.99, it gives a saving of $5.37 on the cost of four regular size tubs.

The launch of the expanded range will be backed by a £500,000 campaign of TV and women’s Press advertising. Counter displays offer a free packet of evening primrose flower seeds with purchase. An estimated 6 million women in the UK now take evening primrose oil, say Seven Seas Health Care Ltd. Tel: 0458 75585.

Régina poster

Following comments from the Consumers’ Association about royal jelly (C&D April 13 p383), Regina have produced a poster, available to all retail outlets.

The poster reads: “Ten out of 10 queen bees prefer royal jelly to Cornellia. (Amongst its energetic supporters are Susan Hampshire, Cliff Richard, Katie Boyle, Wayne Sleep, Chris de Burgh, Sir James Saville and most of the Millwall Football Team. Which may just tell you something.)” Ernest Jackson & Co Ltd. Tel: 0963 772251.

Beaetton are offering their Colors de Benetton fragrance for $8.50 each in four crystal shades — red, yellow, green and blue, from July while stocks last. Maurice Douc. Ltd. Tel: 071-328 1036.

Lec have launched a range of pharmacy refrigerators designed for the storage of vaccines, insulins and general drugs in the pharmacy. The range features an adjustable air sensing thermostat and an externally read dial thermometer. The floor is fitted with a pin tumbler security lock for added safety. Plastic coated wire mesh shelves are designed to stop even the smallest items falling through, says Lec Refrigeration Ltd. Tel: 0243 863 161.

Bioconcepts are advertising their diet product Bio-Light in national Press over the next three months. The advertisements will be featured in include Wright Watchers, Vogue, She, Woman's Own, Daily Mail, Daily Express and Daily Star, in monthly doses for $11.99. Bioconcepts Ltd. Tel: 0705 678 131.

International Laboratories have produced a tear-off pad of 25 letters entitled “Helpful Hints on Head Lice”, as an educational service for schools and teachers, included in their Suleo and Derrbac preparations. The pads have been mailed to school nurses and head teachers of 8,000 primary schools, to be given to pupils to hand on to their parents. International Laboratories Ltd. Tel: 061 945 4161.

Allergan Optical have introduced preservative-free LC-65. The new formulation has the same cleaning power, says the company, but in a non-preserved form. It comes in three sizes — 15ml, 30ml and 2x30ml and will be included in all Allergan starter kits. The yellow packaging will be retained, Allergan Ltd. Tel: 0494 444722.

Anne French have repackaged their Glow 5 face masks in 75g tubs and sachets to complement the Deep Cleansing Milk range. The tubes retail at $1.59 and the single-sachets at $0.49. Whitehall Laboratories. Tel: 071-636 8080.

Agfa are offering a free 8x10 magnifier to consumers buying a twin pack of Agfachrome CT 200 slide film. The twin pack worth $5.95, comes blister-packed with the film, and packaging is included in the price. Agfa-Gevaert Ltd. Tel: 081 569 2131.

Tinadema powder aerosol is now packaged in a $0.55 (trade $2.05) sachet, and is available in case sizes of six (trade $8.01). Old product — 120ml in 12s will filter through until sold out, says Schering Consumer Affairs. Tel: 081 826 1098.

A free Deep Fresh shower gel, worth $1.19, will be given to every consumer buying a shower through Gas and Electricity showrooms until August. Rockit & Coleman. Tel: 0488 232 141.
Now we’re on TV, we’re set to go even higher.

Milupa, the number one dry babyfood brand is on television for the first time in May.

The £2 million television campaign is supported by a £1 million expenditure in women’s magazines and specialist press.

The commercial entitled ‘Balance’ promotes the nutritional value and natural taste of Milupa Infant Foods.

It demonstrates in a compelling and entertaining way how Milupa provides mums with naturally balanced meals for their babies.

In fact, it’s sure to appeal to mums everywhere, so ordering extra stocks now would be a great idea.

On balance, we think you’ll agree.

Carefully balanced meals for your baby.

See your representative or ring our Sales Department on 081-573 9966. Milupa Ltd, Milupa House, Uxbridge Road, Hillingdon, Uxbridge, Middlesex UB10 0NE.
Four new profit makers

Slim-Fast is now brand leader with 70% share - AND DOUBLES THE SLIMMING MARKET IN 10 MONTHS.

A.C. Nielsen data confirms it.*
Slim-Fast now accounts for 70% of the slimming market in value and outsells the number two slimming brand by over 5 to 1! And Slim-Fast outsells the number three brand by fifteen to one! Slim-Fast has doubled the value of the slimming market in less than a year.

*(A.C. Nielsen HBA Pharmacy Index ND 1990)

Massive TV advertising support throughout the year

In 1990 Slim-Fast out-spent every other slimming brand. In 1991 Slim-Fast will be piling on even more pressure. Your customers will be seeing the Slim-Fast commercials continuously throughout the year.

DON'T BE CAUGHT OUT - STOCK

Thompson Medical Company Limited, PO Box 681, Salisbury House, 302-308 High Street
from the Brand Leader

Slim-Fast No.1 in pharmacy

Maximise your slimming department profit. Allocate 70% of shelf space to the Slim Fast range. Slim-Fast should now account for at least 70% of your slimming product orders. Many pharmacies missed out at the end of 1990.

70% of pharmacy shelf and display stocks should be for Slim Fast, the brand leader.

Remember, Slim-Fast outsells the No.2 slimming brand by over 5 to 1. Contact your wholesaler now and place your order for the complete Slim-Fast range.

THE FULL SLIM-FAST RANGE!

Rushleigh, Berkshire SL1 1LY. Telephone: (0753) 693600. Fax: (0753) 693508. Telex: 846230
In the fast-growing baby drinks market, one brand stands head-and-shoulders above the rest. Robinsons.

And with record levels of promotional activity planned, that's the way we intend to stay.

Finesse gets Maxima hold

Helene Curtis have updated their Finesse range and introduced the Maxima variant to their collection. Maxima, available for all Finesse styling products (mousse, gel spray, styling spray, hair spray), is said to contain styling agents to give extra holding power without flaking or drying.

The new packaging comprises updated graphics, a bolder vignette bar and a deeper blue bottle.

The Finesse range will be supported with a Press, television and radio campaign. The Press advertisements, in women's magazines, will break in July and are planned to run for six months. The television campaign runs from June 3 until October. Food Brokers Ltd. Tel: 0765 219900.

Lynx gets new Alaska

Elida Gibbs have added another variant to their Lynx male toiletries range - making a total of six variants.

Lynx Alaska will be available in body spray, shower gel and after shave. The new fragrance has been described as a "modern spicy fragrance with a fresh, lively top note". The new variant will be advertised on television from mid-June.

Lynx bodyspray now comes in six fragrances and the after shave and shower gel in four. The brand was worth £40.2 million in 1990, making it the largest male toiletries brand with a market share of 8.7 per cent (sterling), say Elida Gibbs Ltd. Tel: 071-486 1290.

All the rage from Wella

Wella are offering consumers a free copy of Rage magazines with two purchases of products from their Shockwaves range.

During the promotion the 200ml wet, super firm and hard rock gels, 200ml hard rock hairspray and 300ml super firm mousse will include a promotional collar and token. On presentation of two tokens on a neck collar consumers can exchange it for a copy of Rage at any newsagent.

The offer lists until December. Wella Great Britain. Tel: 0256 26262.

Ladybird

ON TV NEXT WEEK

| GTV (Grampian) | C4 Channel 4 | TV-am Regional Television |
| BSkyB British Sky Broadcasting | SKY | STV Scotland (central) |
| Central C4 | Ulster STV |
| Central C4 | Hampshire YTV |
| Medicine Channel Islands | Meridian HTV Wales |
| The London Weekend | Thames Television |
| TSB North West | Tyne Tees |

Anadin Extra: All areas except Y, JHTV, CTV, & TTV

Dentist: C4 & TV-am

Impulse Bodyspray: All areas except TVS & TV-am

Kyomi: All areas except TV-am & Sky

Libra Bodyform: All areas except CTV, JHTV, TTV, CTV, C4

Macleans Mouthguard: All areas except U, CTV, CTV, C4 & TV-am

Mentadent toothpaste: All areas except TVS, TV-am & Sky

Mum deodorant: All areas

Nurofen/Nurofen Soluble: All areas

Slim-Fast: C, Y, A, TT, C4, TV-am

Synergie: All areas

Tums: All areas

Wella Colour Confidence: STV, B, G, Y, A, HTV, TSW, TT & C4

Wrigley's Extra/Orbit sugar-free chewing gum: G

Limara gets new look

Smith & Nephew are relaunching their body spray range, Limara. Currently number two in the market, S&N say the brand will benefit from a new range of fragrances and packaging.

Targeted at 14-19 year old women, the new fragrances are said to match the trend for light, floral scents. The new fragrances include Cool Surprise, Motivation, Twilight and Romantic Fantasy. The original Enchanted Moments will remain as the fifth variant.

The new packaging will incorporate pastel colours with a metallic finish. The body sprays will retail at £1.92 each. Smith & Nephew Consumer Products Ltd. Tel: 021 327 4750.

Braun Summer backing

Braun are supporting all their brands with a £2.2 million campaign this Summer.

National television advertising will run from now until August for Braun flex control shaver, independent gas curlers, Silk Epil and Oral-B plaque remover.

In addition Braun will be linked with music channel MTV in a promotion and with Cosmopolitan magazine in a Press campaign. Readers will have the chance to win a three month subscription to the magazine on purchase of any Braun hairdryer priced over £15.

Braun are also sponsoring the Tyrell Formula One team, promoting their men's shavers. Braun UK Ltd. Tel: 0832 285614.

Anyone for tennis?

Former Italian tennis star Sergio Tacchini has brought his male fragrance range to Britain.

To increase trial an introductory offer giving a Sergio Tacchini t-shirt with every 50ml eau de toilette spray will run from June 1, coinciding with Wimbledon.

The range comprises aftershave, eau de toilette, deodorant, hair and body shampoo and after shave emulsion. Prices range from £8.17 to £27.08. Evian Noble Ltd. Tel: 0783 515694

Firm up

Elancyl have introduced a bust firming treatment. The gel contains allomoin and elastin and collagen, says Elancyl.

Other ingredients include vitamin E and peppermint extract to leave skin feeling refreshed.

The treatment is hypoallergenic and oil-free. It comes in a 50ml pump-dispenser bottle and retails at around £16.95. Pierre Fabre Ltd. Tel: 0885 72525.

Rubinson have introduced two larger size packs in their waspwash and stretch fabric plasters. Each contains an assortment of 40 individually wrapped plasters. They come in a mixture of six. Robinson Healthcare. Tel: 024 229022.

The New Zealand Natural Food Company have introduced a mouthwash to the Comvita range of propolis containing products. Oral Propolis Mouthwash 50ml £3.65 also contains oils of myrrh, clove and peppermint. New Zealand Natural Food Co Ltd. Tel: 061-414 5400.
Swaddler revamp their nappies

Swaddlers have relaunched the Ultra Togs and Cares disposable nappy ranges with improved fit and new packaging.

Their Ultra Togs now feature a stay-dry tab said to keep wetness from the baby's skin. The pack design in the range has been made more compact, taking up 21% of retail shelf space, say Swaddlers.

The company has also introduced larger pack sizes—toddlers (80s), child size (72) and infant (52).

Support for Ultra Togs includes a new national television campaign this month in which a "nappy expert" will explain the benefits of the new stay-dry panel to the Togs babies. Further support includes press advertising, posters, national sampling and an on-pack offer.

Swaddlers' economy Cares brand is to be renamed Standard Cares and features an improved crotch giving a better fit and higher absorbency. Three-piece tabs and new wider leg elastic is claimed to give a better fit.

The higher absorbency nappy will now be called Ultra Cares and have a two-piece tape tab and super absorbency pad.

New packaging will include child-like graphics and clear colour coding for the different nappy sizes.

For the promotional period retailers purchasing a full pallet of stock will get one case free. Swaddlers Ltd. Tel: 081 485 5566.

Save the Dolphins

Montague Jeunesse have joined up with the Environmental Investigation Agency (EIA) to launch a Dolphin Friends campaign, coinciding with Environmental week (May 11-19).

Customers are asked to collect receipts for four fork-topped products and join the EIA's campaign at a reduced rate of £7.50 (full price). Each new member will receive a free Montague Jeunesse soap. In addition the company will donate a further £1 to the campaign for every new member.

Retailers will receive in-store support, including a dispenser, leaflets and wobblers. Addis Ltd. Tel: 0692 384 221.

Slim with chocolate!

The Bodyline range now includes Chocolate Crunch (tsp £3.59 for six sticks) which, at 100-calorie per stick, is ideal for the cravings of the chocholic slimmer, say Reckitt & Colman. Their research indicated that chocolate is the preferred flavour among weight watchers.

The product is made with a blend of powdered low fat yoghurt and wheat bran, and is rich in protein, vitamins, minerals and fibre, says the company.

Bodyline Chocolate Crunch is being supported by a national advertising campaign in the slimming Press and selected women's media, along with PR activities and sampling throughout the year, say Reckitt & Colman. Tel: 0482 26151.

Baby foods grow 14pc

1990 was a welcome respite from crisis and controversy for the babyfood industry, says Cow & Gate's latest market review.

Public confidence was restored after the malicious contaminations of 1989 and there were virtually no sensationalised accounts of potential health risks involving babyfoods. The result was a year of growth in almost every product category.

But no sooner were these words printed than the media was publicising the Food Commission's slamming report that babyfoods were "unnecessary and potentially hazardous". This made 1990 seem like "an oasis of calm", commented Niall Bowen, medical sales and marketing director, at last week's launch of Cow & Gate's review. Dismissing the Food Commission's report as "ridiculed with error", he said that all the independent authorities consulted had disagreed with its conclusions.

The total babyfood market grew 14 per cent in 1990 to be worth £229 million. Babymilks account for £110m, increasing from £91m the previous year, meals reach £90m (from £77m) and drinks £23m (from £20m), while wobblers were static at £13m. Cow & Gate remained overall leaders with £89m worth of sales, followed by Wyeth with £43m.

Pharmacies continued to command the highest babyfood sales but grocers showed the most growth (19 per cent). Pharmacies and drugstores accounted for £145m of sales compared with grocers' £86m.

"In the longer term, the ability of the supermarket to devote greater fixture space to products as their popularity and therefore, profitability increases, may determine long-term leadership. For the time being, the reinsurance factor of the pharmacy is still a powerful influence on the choice of outlet, particularly by first-time mothers," the report says.

Extended use of babymilks up to 12 months of age contributed to strong volume growth in this sector. But the general economic downturn indicated that ready-to-feedings being more expensive continued to slow growth as well as they might otherwise have done.

The growth of Olvair proved that babymilks are not a price-led market, said the company, adding a significant following of mothers to whom quality and taste are paramount. Babydrinks are expected to reach £26m this year.

Agfa prrizes

Agfa are introducing a new reward programme for any dealer selling Agfa film. Staff can work as a team or individuals, keeping record cards and placing stamps in as film is sold. When a goal is reached the claim form is completed and the selected prize sent back.

Prizes range from t-shirts and sweatshirts to a CD player. A 16-page brochure contains details of all the items on offer.

As a further incentive, dealers who beat their targets will be offered free trips, including hot air ballooning, yachting or racing. Agfa-Gevaert Ltd. Tel: 081 560 2131.

Free tapes

Windsor Pharmaceuticals are running an on-pack promotion on their Uviset Bambus range. With a single purchase of the factor 22, 12 or Babyson after, consumers can send away for a set of four children's cassettes for just £4.50. Windsor Pharmaceuticals Ltd. Tel: 0344 484484.

Agfa have added two new point of sale items. A floor standing unit for Agfacolor XRG film holds 48 carded twin packs of XRG 100 at the top, and single film packs in a giant film cassette below. A Perspex counter unit holds 60 Agfacolor XRG films. Agfa Gevaert. Tel: 081 560 2131.

CHEMIST & DRUGGIST 11 MAY 1991
Smog, smoke, dirt, grit, dust. Thank goodness for Optrex.

Last year, our advertising campaign was so successful that one in four adults reaped the benefits of Optrex. And this year we expect even healthier figures, with a compelling £1.75 million TV and radio campaign, running May to August.

Make sure you're ready for the sales uplift. Join us in the fight against sore and tired eyes, and demand more Optrex.
Cilest — combined oral contraceptive

Ortho Division of Cilag have launched a new combined oral contraceptive pill— Cilest. The product combines ethinyl-oestradiol 35 micrograms with a new progestogen norgestim ate (0.25mg).

Norgestim ate, according to the company, is the least androgenic progestogen available to date. The combination has been developed in an attempt to maintain efficacy and to minimise side effects, say Ortho.

The official launch of Cilest is May 22 although the product is already with wholesalers. Special reporting to the Committee on Safety of Medicines is requested.

Manufacturer Ortho Division of Cilag Ltd, Saunderton, High Wycombe, Buckinghamshire HP11 4LJ

Description Dark blue circular tablets containing 0.25mg norgestim ate and 35 micrograms ethinyl-oestradiol, engraved C250 on each face

Uses Contraception and the recognised indications for such oestrogen/progestogen combinations

Dosage One tablet to be taken daily at the same time, preferably in the evening, without interruption for 21 days followed by a break of seven tablet-free days. Each subsequent pack is started after the seventh tablet-free days have elapsed.

Contra- indications, warnings etc. see Data Sheet

Side-effects Serious: see Data Sheet. Others: Rise in blood pressure, intermenstrual bleeding, post-medication amenorrhoea, changes in cervical secretion, aggravation of endometriosis, vaginal infections. Breast tenderness, pain, enlargement, secretion. Nausea, vomiting, rash, headache, migraine, mood changes, depression, fluid retention, change in body weight, reduced glucose tolerance. Discomfort of the cornea if contact lenses are used, (see Data Sheet)

Pack Carton containing three push packs of 21 tablets sufficient for three cycles (£5.70 trade)

Supply restrictions POM

Product licence 0076/0124

Issued May 1991

Welcome say the markmans for Zy lone 100mg tablets will be changing as new stock comes in over the next few weeks. Currently the tablets are imprinted "Zy lone 100" and coded U4A. The new tablets will just be coded and scored, with no branding imprint. The Welcome Foundation, Tel: 0270 583151

Price service correction: Klarcad is £10.30, not as stated last week: we apologise.

Salbutamol Cyclocaps

Pharbita are launching Salbutamol Cyclocaps, dry powder inhalation salbutamol capsules which are intended for use in their Cyclohaler.

Together these present an alternative system for administering salbutamol as a breath actuated dry powder inhalation that is effective at relatively low inspiratory flow rates, says the company.

It should be used in a similar manner as other dry powder inhalation systems: dosage, contra-indications, and side-effects are as for similar salbutamol products.

Salbutamol Cyclocaps are blister-packed as 200mcg capsules with a light green opaque cap and clear transparent body (100 £4.36). The 400mcg capsules come with a dark green opaque cap and similar opaque body (100 £5.45). The Cyclohaler costs £0.75. Pharbita Ltd. Tel: 0027 349076.

Boots launch Brufen Retard

Brufen Retard, the first once daily ibuprofen for rheumatoid arthritis and osteoarthritis, has been developed in response to the growing prescriber preference for once-daily therapy and its resultant improvement in patient compliance, says Boots.

They recommend that Brufen tablets should be used for acute conditions and Brufen Retard for the chronic disease.

The sustained release tablets are designed to deliver consistent levels of ibuprofen over a 24 hour period. The mechanism used is a newly patented expanding gel matrix formulation.

The release of ibuprofen is controlled by diffusion through a gel layer formed on contact with the aqueous medium of the stomach and its gradual dispersion as the tablet moves through the gastro-intestinal tract. Eventually this weakens the tablet sufficiently for it to fragment and disintegrate with no residual skeleton.

The recommended daily dose is two 800mg tablets taken as a single dose with a glass of water in the early evening well before going to bed. This is so the peak plasma levels of ibuprofen coincide with the night-time pain and early morning stiffness which many sufferers experience.

Clinical trials show that tolerability is not compromised: Brufen Retard is as well tolerated as the equivalent dose of divided-dose Brufen and GI effects are also equivalent. There is no evidence of accumulation or adhesion to the GI tract, says Boots.

The white, pillow-shaped, film-coated tablets are overprinted "Brufen Retard" in red, and come in blister packs of 36 (£11.76, trade). Boots Pharmaceuticals Ltd. Tel: 0020 506111.
Guaranteed to make you more attractive to women

Introducing VIVE from Impulse, the brand new variant that women will find irresistible. WHY?...

- £3 million advertising campaign including TV, cinema and press.
- Special 25ml trial size pack.
- Press Campaign featuring 5 million vouchers for a free 25ml Trial Size, redeemable at any store where trial size is available.

That's why VIVE alone will outsell Impulse's nearest competitor in its totality.

Not surprising, given that Impulse holds 68% of the branded female bodyspray market, being over ten times bigger than its nearest rival.*

So increase your popularity and your turnover by stocking VIVE.

WOMEN CAN'T HELP BUYING IT

*AGB 1990 (Value)
Astra launch Roxiam for schizofrenic psychoses

Astra Pharmaceuticals have launched Roxiam (remoxipride), a selective D2 receptor antagonist for the treatment of schizophrenia.

The new product, available in extended release capsules, combines the benefits of effective anti-psychotic control, a low level of side effects and a once-daily dosage, say Astra.

Roxiam is available in calendar packs of 28 and in bottles of 100 capsules, the latter being restricted to hospital use only.

Bottles of 100 capsules will be introduced during the week beginning May 6 and the calendar packs of 28 capsules during the week beginning May 20.

Manufacturer Astra Pharmaceuticals Ltd, Home Park, Kings Langley, Herts WD4 8DH

Description Opaque, blue hard gelatin capsules containing 150mg remoxipride hydrochloride (equiv. to 231mg remoxipride base) and 300mg remoxipride hydrochloride (equiv. to 262.4mg base). 150mg capsules marked with RMX, 150c and Astra logo; 300mg capsules marked with RMX, 300c and Astra logo.

Uses Treatment of acute and chronic schizophrenic psychoses and other psychoses where delusions, hallucinations and thought disorders are prominent symptoms, except those due to depressive illness.

Dosage Adults: initially 300mg once daily, adjusted according to response, to a maximum of 600mg daily. Usual maintenance dose, 150-300mg daily. Capsules should be swallowed whole. Elderly and those with severe renal or hepatic impairment: reduce initial dose to 150mg. Not recommended for children.

Contra-indications, warnings etc No absolute contra-indications are known. Caution is advised in patients with Parkinson's disease, unstable epilepsy, existing or history of breast cancer or lactation.

Drug interactions Remoxipride causes induction of liver microsomal enzymes in animals. Pharmacokinetic interactions with other drugs being metabolised by these enzymes cannot be excluded.

Side-effects Roxiam is generally well tolerated, undesirable effects reported include: tiredness, insomnia, concentration difficulties, anxiety, agitation, aggressiveness, nausea, headache and changes in body weight, extrapyramidal effects, automatic effects, menstrual disorders, increase in liver transaminases, skin rash and urticaria (see Data Sheet).

Roxiam has a low potential for causing drowsiness and does not generally impair co-ordination or motor performance. However, patients are advised not to drive or operate machinery until their individual susceptibility is known.

Supply restrictions POM Pack Both 150mg and 300mg are available in blister packs of 28 (150mg £12.80; 300mg £21.56) and in bottles of 100 (150mg £45.71; 300mg £77, all prices trade).

Product licence Roxiam 150 0017/0281; Roxiam 300 0017/0282

Withdrawn May 1991

PRESCRIPTION SPECIALTIES

Abbott's Klaricid is new erythromycin derivative

Klaricid is the first of a new generation of antibiotics evolved from erythromycin.

It contains clarithromycin, which Abbott say is more active than erythromycin, particularly in the treatment of community-acquired lower respiratory tract infections.

Traditional antibiotics are now less effective due to bacterial resistance and the presence of major new pathogens. Klaricid is said to have a wide spectrum of activity than the beta-lactam antibiotics against many common and atypical respiratory pathogens.

Compared with erythromycin, it is 100 times more stable to gastric acid, more reliably absorbed by mouth, better tolerated, and has a bid dosage, say Abbott.

Manufacturer Abbott Laboratories Ltd, Queckenborough, Kent ME11 5EL

Description Yellow, ovaloid film-coated tablets each containing 250mg clarithromycin and embossed with the Abbott logo.

Uses Treatment of infections caused by susceptible organisms in lower and upper respiratory tract infections, skin and soft tissue infections.

Dosage Adults, the elderly, and children over 12. One tablet twice daily for seven days, or two tablets twice daily for up to 14 days in severe infections. Children under 12. Not recommended.

Contra-indications, warnings, etc. Hypersensitivity to macrolide antibiotics. Caution in patients with impaired hepatic and renal function. Prolonged or repeated use may result in overgrowth of non-susceptible bacteria or fungi. If this occurs discontinue use and institute appropriate therapy. Does not interact with oral contraceptives; may potentiate the effects of theophylline, warfarin, digoxin and carbamazepine (see Data Sheet). Should not be used during pregnancy or lactation unless the benefit considerably outweighs the risk.

Side-effects Generally well tolerated. Nausea, vomiting, diarrhoea and abdominal pain; rarely headache and skin rash.

Supply restrictions POM Packs blister pack of 14 tablets £16.36 trade.

Product licence 0037/0211

Issued May 1991

Celance for Parkinson's

Celance (pergolide mesylate) is an ergot derivative or dopamine, launched by Eli Lilly for use as an adjunctive treatment with levodopa in the management of the signs and symptoms of Parkinson's disease.

The active ingredient is a dopamine agonist at both D1 and D2 receptor sites. It has actions and uses similar to bromocriptine.

Celance is available in tablets of 50, 250 and 1000 micrograms of pergolide mesylate. Pack sizes are: 50 micrograms - bottles of 30 (£10); 250 micrograms – bottles of 100 (£37.78); 1000 micrograms – bottles of 100 (£150, all prices trade).

Eli Lilly & Co Ltd, Kingsclere Road, Basingstoke, Hants. Tel: 0256 473241

Cymbac say that the Dansac Combil D 19mm opaque pack will be deleted from the Drug Tariff with effect from September 1.

Cymbac Instruments Ltd, Tel: 0223 411414

The Guardian 5 two-piece ostomy system synthetic skin barrier with microporous adhesive and stationary flange, series 442X, in 25mm, 85mm, 51mm and 64mm (all £310.70 trade) will be included in the June Drug Tariff, say Hollister Ltd, Tel: 0734 597211.

Ovidip is no longer licensed for use as a scab-approved dip, say MSD Agvet. Tel: 0902 607272.

Syntex Pharmaceuticals are introducing an original pack of Cardene 300mg capsules (nicardipine hydrochloride) with effect from June 1. The 56 capsule pack will be available at a trade price of £9.89. Syntex Pharmaceuticals Ltd, Tel: 0628 33191.

Kabi Pharmacia have announced that Fragmin pre-filled syringes, containing dailuparam sodium (2,500iu 10 £25.55; 5,000iu 10 £36.95, both prices trade) now have an additional licensed indication for use in thrombo-endarteritis. Kabi Pharmacia Ltd, Tel: 0908 601101.
When customers come to you for advice on relieving the discomfort of their constipation, they may well expect you to recommend a laxative. But most simple constipation is caused by a lack of fibre in the diet. Doesn't it make sense then, to recommend that they relieve their constipation by increasing the amount of fibre they eat?

Unfortunately, many people may be unwilling or unable to change their diets to include more high fibre foods. This is where you can help, by recommending fibre in a glass — Fybogel Orange.

Because it contains Ispaghula husk, Fybogel Orange can help to replace the fibre missing from so many modern diets, easing the discomfort of constipation and restoring regularity. Fybogel Orange is a convenient, palatable drink, flavoured with natural orange. A natural choice for the management of constipation.
IF YOU WANT YOUR SALES FIGURES TO SOAR WITH THIS SUMMER’S TEMPERATURES, STOCK UP ON BERGASOL. WE'RE GOING TO BE SPENDING £600,000 ON A NATIONAL WOMEN’S PRESS AND SUNDAY SUPPLEMENT CAMPAIGN. OUR TUBE CARDS IN LONDON WILL EVEN ADD COLOUR WHERE THE SKIN DOESN'T SHINE. AND OUR SMART NEW PACKAGING IS PRETTY EXCITING TOO. BUT THERE'S NO POINT IN LOOKING GOOD IF BERGASOL CAN'T HELP YOU GET MORE BROWN THIS SUMMER.

IF YOU DON'T FEEL GOOD, WHICH IS WHY BERGASOL INCLUDES A UNIQUE FILTER SYSTEM TO SCREEN OUT ALL THOSE HARMFUL UVA AND UVB RAYS, AND A NEW VITAMIN COMPLEX TO HELP PREVENT DRYNESS AND WRINKLING. IT IS ALSO AVAILABLE FOR 4 SKIN TYPES, EACH ONE DESIGNED TO MAXIMISE THE RELEVANT SKIN TYPES TANNING ABILITY AND MINIMISE THE CHANCES OF BURNING. IN FACT, BERGASOL WORKS SO WELL IT COULD EVEN HELP STOP YOUR BANK ACCOUNT FROM GOING INTO THE RED THIS SUMMER.
How do you improve the leading family of head lice treatments?

Complete the range with...

PRIODERM® & CARYLDERM® Lotions
Recommend first line in accordance with health authority rotational policy.

FULL MARKS® Lotion
In response to expert demand – the first pyrethroid lotion.

FULL MARKS® Shampoo
A simple, pleasant alternative for those who cannot tolerate alcohol based lotions.

NEW

FULL MARKS® LOTION
Continuing commitment to pharmacy support and consumer education with sales force back-up, videos and information leaflets.

FULL MARKS Lotion contains phenothrin 0.2% w/v in an aqueous alcohol base.

No standard for CLO dose

We were disappointed to read X-rayer's comments (C&D April 27) on our new High Strength Cod Liver Oil capsules, and can see little reason why he should be confused. This product has recently received a product licence from the Medicines Control Agency, and as a consequence we are allowed to put the claim "Helps relieve joint pains and stiffness" on the front of the pack. The MCA was satisfied on the efficacy and we can reassure X-rayer that this dosage will be helpful to his customers.

I think that we all need to remind ourselves that there is no "standard" for joint pains and stiffness. The condition ranges from mild morning discomfort in the joints, to a severe condition which will leave a patient bedridden. For different people, the appropriate dosage will therefore vary and for this reason Seven Seas offer a choice.

A G Clements
European sales & marketing director,
Seven Seas Health Care Ltd

Pay deal: well done, PSNC!

The members and full-time executives of the Pharmaceutical Services Negotiating Committee are to be congratulated on the remuneration settlement for 1991-92.

Being a keen supporter of community pharmacy, in its actual and not literal and pharmaceutical form, the effects of the changes in the fee structure are further steps to support those group II and III contractors who are the backbone of the present pharmaceutical service.

With the prospect of an alteration to the discount system due to changes to be made by manufacturers via the wholesalers, this protection for the smaller contractor is to be welcomed.

The obvious and extra discount available only to the larger contractor means they are financially more secure by their muscle and savings in scale.

David Thomas
Wolverhampton

PSNC on trial over tests

May I say how profoundly I disagree with the philosophy of PSNC when it comes to the "extended role"? Their approach appears to be that first a service (cholesterol testing, for example) should be established, and then the Department of Health should be asked to provide funds to extend the service.

The forthcoming trial on diabetes screening is an extension of this philosophy. Its purpose appears to be limited to persuading pharmacists that it is worth their while to provide such a service because their time will be rewarded by charging a £6 fee.

I was amazed to learn that in constituting the trial there had been no consultation with anybody experienced in practice research. My impression is that little thought has gone into the methodology or protocol that would enable valid and useful conclusions to be drawn from the trial. The key phrase these days is "patient outcomes". What would be the patient outcomes of this trial? How can we be sure of a representative population if those on low incomes are excluded from the trial by being unable to afford to pay for the privilege?

The approach that I would advocate is that we should use opportunities like this to identify a need, and then to demonstrate that pharmacists can meet that need effectively. With this kind of data it should prove much easier to persuade the DoH to provide funds for the extended role. This is the approach that we have adopted with some success in Liverpool. It is only by demonstrating that pharmacists can provide new services cost-effectively that we can expect to make progress, and the PSNC diabetes trial will make no contribution to this process. Indeed, it provides ammunition to those who argue that screening services are best carried out in GP's health promotion clinics, where the service is provided free of charge to the client.

With more thought given to the outcome of this trial, it could make a very useful contribution to the process of implementing the extended role. But in its present form, it will have little value beyond demonstrating that pharmacies in affluent areas can profit from providing a screening service, and I would question whether this is a valid role for PSNC?

J M Donoghue
Liverpool

Ban strychnine

I would appreciate the chance to appeal to pharmacists in Northern Ireland to consider the situation in that part of the UK in respect of supplies of strychnine for the killing of foxes. This is illegal in England, Scotland and Wales where its use is strictly controlled for killing moles.

The Royal Society for the Protection of Birds is rightly concerned about the use of strychnine in Northern Ireland, where it is apparently laid as bait above ground, thus presenting a hazard to people, pets and all forms of wildlife, especially protected and highly endangered birds of prey. I also have a letter from the Royal College of Veterinary Surgeons which endorses the cruel death that strychnine poisoning causes in mammals with the exception of moles.

I believe this highly indiscriminate and cruel method of controlling foxes should be strongly condemned. Because of the cruelty aspect and the fact that illegal use apparently occurs in spite of legal controls, I refuse to be a party to its supply.

Malcolm Espley
Tattenhall, Chester

Not the first...

I refer to your article in the C&D of April 20 regarding the AAH launch on their Lunitop computer.

I would like to mention that we have been using a laptop computer for wholesaler ordering for almost a year now. This is in connection with our "Order-line" produc in which some wholesalers have taken an interest and which was first adopted by George Foster (Burnley) Ltd. Therefore, I'm afraid that the AAH claim to the first in pharmacy with a laptop ordering system is incorrect. However we appreciate that this may have been an honest mistake on their part.

T Flanders
Managing director, Chemtec Systems Ltd

CHEMIST & DRUGGIST 1 MAY 1991
Original pack dispensing

Vrayser’s views on the lack of progress towards original pack dispensing must be shared by many pharmacists. Certainly, I feel the same frustration that the bodies within the pharmaceutical profession and industry steadfastly refuse to be anything other than passive in principle to OPD.

The Department of Health has left the way open to those involved: the Society regards it as an industry problem, the ABIPI is not strong enough to dictate to its members, and the companies each favour a different approach.

The time has come for the Royal Pharmaceutical Society to take the lead on behalf of the vast majority of its members who will have to dispense whatever system of OPD is eventually imposed, and there is no doubt that imposition of a standard is the only way in which this saga will ever be concluded.

Pharmacists engaged in dispensing have experience of the whole range of packaging gimmicks tried by manufacturers and know the practical problems which some can cause. They are therefore ideally placed to design a standard for a workable OPD system. I suggest the Society conducts a competition to find the ideal OPD system, and then makes the winning design to the Department of Health for the establishment of a British Standard.

The first step would be for a committee of the Society to establish guidelines to help entrants. Secondly, adequate prize money should be found to encourage entries of the necessary standard. A first prize of £1 million, five finalist prizes of £100,000 and consolation prizes of £100 for the best 1,000 entries would not be unreasonable given the importance of the result and the industry’s turnover. I see no reason why the pharmaceutical industry should not make a major contribution towards the prize money.

A competition on this scale would attract the best brains and encourage entrants to give their designs the detailed attention necessary to ensure that all aspects were covered. It would also be a dramatic enough event to attract the attention of the media and bring much needed positive publicity.

Once all the competition entries had been received and scrutinised by an expert committee representing all those involved in pharmaceutical packaging, distribution and dispensing, the designs of the six finalists should be published in professional and trade journals and readers invited to submit their own preferences and criticisms.

With an OPD packaging system chosen by such an open process, with all sectors of the industry and profession involved throughout, the Society could confidently take the winning design to the Department of Health and insist that it be imposed on the industry and profession by means of a British Standard specification to be applied to all packaging of prescription medicines from a fixed date.

Original pack dispensing is a subject where the Society must exert its authority on behalf of the profession and cut through the vacillation which has bedevilled progress so far. Finally I must declare a special interest which prompted me to write: my entry for the competition is already prepared and I confidently expect to win the first prize!

J.B. Paige
Vale, Guernsey

Ostomists — lost cause?

For years we have supplied a dear old lady living a few hundred yards away with her colostomy appliances. I had a script awaiting collection for a few months, and I bumped into the lady in the street and mentioned this. She told me of her visit to her relative and a hospital appointment to solve a problem. “I now use something else and they post it to me direct in two days now.” On inquiring about the make, I was told it was Chicumed!

I could have mentioned that we have two deliveries a day, and her appliances were in stock at our warehouse at £38 a time, but I can’t think that I’d make a profit on the script. I have boxes of unused appliances in the cellar! Someone is always changing them to another make. The Drug Tariff is devoted to pages of appliances — but not for us to earn a living from.

Perhaps they’ll supply the either BP direct to the lady when a repeat is wanted of that!

P.J. Rose
North Taunton, Devon

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CHEMIST & DRUGGIST 11 MAY 1991
The skin is the largest organ of the body. As well as providing a complete waterproof cover, the skin controls body temperature and contains nerve endings for the sensations of touch, heat, cold, itch and pain. It consists of two layers: the outer epidermis and the inner dermis (see diagram).

- **The epidermis** contains layers of cells derived from a basal layer. The cells are continually dividing to provide new epidermal cells which move upwards, replacing old cells which are shed. As the cells rise to the surface, they undergo a number of changes. The nucleus disintegrates, and the interior becomes filled with a substance called keratin. As long as the keratin in the skin contains an adequate amount of water it remains strong, supple and flexible. As well as acting as a waterproof layer, the keratin layer (stratum corneum) resists the entrance of harmful substances and infective agents.

  Also contained within the epidermis are two other types of cell: the langerhans cell, concerned with immunity, and the melanocyte, which manufacturer's the skin pigment melanin. This pigment provides some protection from the harmful effects of the ultraviolet light present in the sun's radiation. The melanocyte makes melanin in the form of granules which travel up tubes linking each melanocyte to other epidermal cells.

- **The dermis** is the inner layer of the skin and contains blood vessels, nerves and nerve endings. Embedded in it (although really part of the epidermis which has been pushed downwards) are the hair follicles and sweat glands. It is the dermis that gives the skin its structure and shape as well as its elasticity. Structure and shape are provided by collagen fibres which possess great strength and which, after the skin has been bent or stretched, are returned to their previous position by elastic fibres. When these elastic fibres and the collagen are damaged the ability of the skin to return to its usual position is impaired leading to wrinkles.

### Tanning

When the skin is exposed to sufficient ultraviolet light from the
sun (or ultraviolet lamp), the melanocytes are stimulated to produce more melamin granules, increasing the pigmentation — a tan. The process takes about two days and can last up to about a fortnight, depending on how rapidly the surface cells are shed.

The amount of sunburn necessary to start the tanning process varies between individuals. At one extreme, those who burn easily may suffer difficulty and, in extreme cases, even blisters, these tan rapidly and burn little; if the other end, those are of a skin tone somewhere between these times. Those with fair skin and little tend to burn rather than tan but a better guide to skin type is eye colour. Dark blue and grey-green hazel eyes tend to belong to "burners" rather than "tamers".

**Ultraviolet light**

The sun's rays consist of electromagnetic waves, the longest wavelengths being radio waves. At a shorter wavelength are infrared rays and at shorter wavelengths still is light. At still shorter wavelengths is ultraviolet light. Despite being described as "light", ultraviolet cannot be seen and the human body has no means of detecting it.

The ultraviolet is divided into three bands: UVC, UVB and UVA. UVC has wavelengths shorter than 290 nanometres (nm) and is filtered out by the atmosphere so that it does not reach the earth's surface.

UVB extends from 290 to 320nm and only about 5-10 per cent penetrates to the dermis. This is responsible for sunburn and for tanning. Exposure to UVB over many years causes damage to collagen and to the elastic tissue, so contributing to the development of signs usually attributed to ageing — wrinkles, enlarged blood vessels, brown patches and sagging skin. These effects are not true ageing but the results of "solar damage". The most severe damage is the development of skin cancer such as malignant melanoma. UVB also contributes to the skin's production of vitamin D. This beneficial effect is, for most people, superfluous because more than enough vitamin D is provided in the diet.

UVA extends from 320 to 400nm. There is about 100 times as much UVA as UVB in sunlight but it is about 1,000 times less effective, dose for dose, in producing sunburn.

Unlike UVB, UVA does penetrate to the dermis. In the long term, UVA brings about deep damage to the elastic tissue, changing it into an abnormal substance called elastosis. Elastosis does not provide the normal elastic recoil that the skin needs to retain its shape, hence the development of wrinkles and sagging skin.

**Screening**

Protection from ultraviolet rays is necessary both in the short and long term. Short term protection is the commonest reason for the use of a sunscreen. People wish to avoid sunburn whether or not they also wish to tan.

All sunscreens filter out UVB, some more than others. The stronger the filtering, the longer the user can stay in the sun without burning.

The power of a sunscreen to prevent burning is given by a number called a sun protection factor (SPF). If an individual could stay in the sun, for example, 20 minutes before getting burnt, a sunscreen of SPF 10 would increase the time to burning to 200 minutes (20 x 10). People who burn easily should always start their sun-exposure by using a high factor sunscreen (SPF 12 or 15). As a tan develops, this provides some protection of its own so a lower factor could now be used (SPF 10, 8 or later, 6).

The time of year is important since, outside the tropics, the amount of UVB is much less in the Winter than in the Summer, with the exception of Winter skiing. Because this is usually a mountain holiday, the thinner atmosphere allows more UVB through and snow reflects up to 95 per cent of the UV light. So, even in Winter a skiing holiday needs high SPF sunscreens.

In the tropics, there are no seasons and the intensity of UVB is very high. It is essential, even for those who do not usually burn easily, to start off with a high SPF sunscreen.

Children have thinner skin than adults until they reach their teens. In addition, tanning mechanisms are not fully developed in young children. Babies under six months should never be exposed to direct sunlight. Older infants should be protected by a wide-brimmed hat and suitable light clothing. All elderly and infirm areas should be protected with a high SPF sunscreen (Uvistat Babysun 22). Older children may progress to a lower factor if they are tanned.

**The pharmacy**

The pharmacist and the pharmacy assistant are well-placed to offer information in advance to the consumer. Indeed, because the subject is quite complex, the professionalism available only in a pharmacy provides a safeguard to the value and accuracy of the advice that the consumer receives.

The two wavebands of UV light that reach earth are UVB and UVA. UVB enters the skin but most is absorbed by the epidermis. UVB causes the skin to become inflamed, at its least causing reddening (erythema), at most causing sunburn. The inflammation starts the process of tanning where an increased amount of melanin is produced. Provided the effect of UVB is kept to a minimum, it produces little, if any, discomfort. Any greater inflammation, while uncomfortable, soon heals. However, the process of inflammation also causes the cells of the epidermis to produce chemicals which give rise to long term damage in the epidermis and the dermis.

This results in changes in the collagen, the skin's supporting substance, leading to some of the changes usually thought of as due to ageing but, in reality, due to damage from the sun.

UVA, in contrast to UVB, does penetrate into the dermis. On its own, UVA does not cause noticeable effects in the short term. In the long term, however, it affects the elastin of the skin, responsible for maintaining the shape of the skin, resulting in elastosis. When elastosis predominates over normal elastic tissue, the parts of the skin that move do not return to their original position, resulting in wrinkles.

Consequently, although protection from UVB alone will prevent sunburn it will not prevent long term sun damage and may actually make it worse. This is because preventing sunburn allows a longer time in the sun so increasing the amount of UVA the skin receives.

**UVA and UVB protection**

When sunscreens first came into use their purpose was to prevent sunburn. Consequently, while protecting well against UVB, most sunscreens protected poorly, if at all, against UVA.

**Suncare — the market and the products**

The suncare market, trends and merchandising are discussed by Andrew Dixon, marketing manager for Windsor Pharmaceuticals.

The market size for suncare at the end of 1990 was £255 million, showing a growth of 11 per cent over the previous 12 months. This growth has been consistent over the past few years and, with many new developments taking place in this area, the market is set to grow further. Although the market is relatively seasonal, Winter holidays and long haul holidays are on the increase, so the sun propels market will continue to grow.

In terms of formulation types, thick creams are still the fastest growing sector with a 12 per cent value growth. Mills and lotions have increased by 9 per cent but oils have shown a decline of 4 per cent.

But just how aware are the public of sun protection factors? Last year, independent research showed that six out of ten adults sunbathed during 1990. Worryingly, two out of every ten women, and three out of every ten men claimed they never used a sun protection product. However, 50 per cent of women and 30 per cent of men said they used a higher factor product than five years ago.

**Communication**

Last year a report by the Consumers' Association stated: "Following independent tests on leading sunscreens, the Drug & Therapeutics Bulletin only recommends two products as offering high protection against both UVA and UVB. These are Uvistat Factor 20 and Uvistat Factor 15 made by Windsor Pharmaceuticals, and Boots
UVB was an exception because it was produced in a medical purpose. Some people develop an allergy to sunlight so that exposure causes a rash. Often this is caused by UVB rather than UVA and a sunscreen, to be effective, must be UVB and UVA.

Three or four years ago, dermatologists noticed that some patients suffering from sun allergy (photodermatosis) who had used standard sunscreens were developing worse rashes than if they did not use a sunscreen at all. This was because the sunscreens, by filtering out UVB, allowed patients exposure to UVA, which without burning, while at the same time they were receiving an overdose of UVA.

It was realised that a well-formulated sunscreen should provide protection against both UVAs as well as UVB. In addition to preventing rashes, this would also help prevent long-term skin damage.

### Measuring effectiveness

Because UVB exposure causes the skin to become red, it is possible to use this to measure the effectiveness of a sunscreen. The test consists of exposing the skin to UV light from a specially designed lamp which imitates sunlight. The length of time needed for the exposed skin just to become red is measured. A fixed amount of the sunscreen is then applied to a nearby area and the test repeated.

- Recently, new methods have enabled the UVA potency to be evaluated using an apparatus which measures the amount of UV light absorbed by the sunscreen at wavelengths right across the spectrum. A formula is then applied which gives a protection factor at 5 mm intervals across the whole UV wavelength.

### Desired properties

It is not sufficient for a sunscreen simply to filter out UV light. The formulation as a whole must be bland, non-irritant and not cause allergic reactions. A sunscreen only filters UV light when it is present on the skin. During and after swimming and when there is a lot of sweating, a sunscreen may be washed off. Good sunscreen formulations are therefore designed to be water resistant.

An important factor is for the skin to be in a good state of moisturising (hydration). Exposure to the heat of the sun, particularly if it is a wind, can lead to dehydration. The skin will then become dry and flaky with more rapid loss of an existing tan. Good sunscreens prevent this as they have a moisturising formula.

### Solar ageing

Long term damage caused by the sun does not become visible until after many years of exposure. Children and young adults usually have unblemished skins; it is only in mid-life that the skin of exposed parts, the face and the back of the hands, begins to show changes due to solar damage.

Over millions of years of evolution the skins of mammals, including man, have developed mechanisms to repair damage almost as soon as it occurs. The energy of UV light comes in packets called photons. When a photon penetrates the skin it may strike DNA. If the DNA involved in the reproduction of a new cell has been damaged, the new cell may be imperfect. The skin's natural repair mechanisms detect damaged DNA and correct any faults.

The repair mechanisms are themselves produced by DNA and if this is damaged, repair may become faulty or less efficient. Following many years of exposure to the sun, the ability of the skin to repair damage may have declined to the degree that it can no longer repair new damage. This allows abnormal changes, such as the development of elastosis, to become significant.

### The ideal sunscreen

It is possible that the skin's repair mechanisms work most efficiently when the spectrum of UV light reaching the skin is as occurs in natural sunlight. A sunscreen designed to be as potent at filtering UVA as it is in filtering UVB will cause little alteration of the sun's natural UV spectrum. The use of such a "balanced" sunscreen may allow the skin's natural repair mechanisms to work to the best advantage.

An "ideal" sunscreen therefore, should effectively filter UVB and UVA to the degree required and in a balanced way. It should provide a high degree of skin tolerance and be both water resistant and moisturising.

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**SUNCARE MARKET**

(12 months to Dec 90)

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**Note:**

- **Calypso**
- **Desired properties**

- **Selling opportunities**

At the end of last Summer it was reported that only 30 per cent of pharmacists only re-ordered sun prep stock after they had run out. Over 30 per cent did not think staff knowledge of sun protection was very important - yet 35 per cent left the responsibility to the pharmacists assistants! Some 40 per cent of pharmacy outlets said they did not use any window display material promoting sun preps during the Summer.

It is not surprising, therefore, that nearly 40 per cent of independent pharmacists wrongly believed that the sun prep market was static or in decline. As a result of this research a "suncare stocking strategy" has been created for 1991:

- **Stock only four or five complementary ranges.** The majority of pharmacists questioned stocked six or more sunscreens stocked as many as nine. Windsor recommends that the following only need to be stocked:
  - The number one brand (eg Nexa/Ambré Solaire)
  - A protection brand (eg Uvistat)
  - A cosmetic range (eg Vita-Kroc)
  - A specialist baby range (eg Uvistat Baby/Sunjohns)
  - A budget range (eg Malibu/Calypso)

- **Display from March to October.** This is the prime sales period, which a significant percentage of pharmacies did not recognise. Most begin later and finish earlier - missing out on sales.

- **Commercial on the shelf and in the window and restock regularly.** Window and shelf displays can make a dramatic difference to profits but must be supported by the shelves inside the shop being restocked regularly.

- **Both pharmacist and staff should have full product knowledge.**

- **Always recommend an aftersun lotion.**

This simple strategy, if followed, provides the basis for a successful Summer season.

In conclusion, the suncare market holds great potential for the pharmacy. With the correct strategy, every pharmacy should be able to maximise sales and reinforce their position as healthcare advisors.
IT WOULD APPEAR THAT PUBLIC CONCERN ABOUT UVA INCREASED BY 41% LAST YEAR

SALES

1989  1990

UVISTAT
SUN CREAM
15
VERY HIGH PROTECTION
FOR UVA & UVB
WATER RESISTANT
HYPO-ALLERGENIC

UVISTAT has already established itself as a sunscreen that offers superior UVB and UVA protection.

It is now the third largest brand in pharmacies, having grown by 41% last year compared with a market growth of 15%.

We are going to build on this success with the introduction of our Factor 30 Ultrablock. This offers total protection from UVA as well as UVB in a 1:1 ratio.

In the light of recent events we think it will be extremely popular.

Add to this the success of our Babysun range and £½ million support, and the outlook for next year is brighter than ever.

For more details of our special bonus offers contact your Windsor Pharmaceuticals territory manager or telephone 0344 484448.

UVISTAT
THE GENTLE ART OF SUN CONTROL

More and more people are becoming aware of the long term skin ageing and damage caused by UVA rays.

Consequently, they are turning to sunscreens that offer more balanced protection.

UVISTAT SUN CARE

Source: Nielsen July/August 1990.

*All pharmacies excluding Boots.
Bologna beauties

The beginning of the show was marked by a freak snowfall the first in 53 years and the outside stands had to be abandoned. Undeterred, the Italians cleared the car parks and surrounding areas in a matter of hours.

The end of the Gulf war was a subject on many exhibitors’ lips, who drew comparisons with the quiet Premier show in Frankfurt.

Earlier this year, Italian company Schiaparelli Benessiere Piu said they had been surprised by the number of Arab visitors. ‘We were expecting the hostilities in the Middle East to deter most of them, but obviously it hasn’t,’ said a sales representative.

No revolution

Although there was little sign of revolutionary launches, new products were fairly widespread. In the cosmetics field the sixties revival seems to have been European-wide, and pale, matt shades for lips, nails and eyes were popular, despite the Italian preference for reds.

At L’Oreal Mr Abruzzo reported hi-liners and eyeliners had been selling well in Italy. Other trends he noted were moving towards a more specific skincare and haircare market. In Italy, he said, there are some 14 million women with curly hair, a market which L’Oreal books well poised to capture. They are not so keen on do-it-yourself perming kits and colorants though. ‘We don’t sell permtype in Italy,’ said Mr Abruzzo simply because Italian women prefer going to salons. ‘It seems to be an area of opportunity — we are not on any kind of DIY.’

The fragrance hall was awash with celebrity brands and many stands had television screens showing recent advertisements in an attempt to promote the image. ‘This year’s finalists for the second Accademia Del Profumo international awards were Kenzo, Tresor and V.E in the women’s fragrances sector and Boss Spirit, Tenere Di Paco Rabanne and Trussardi Action Uomo.

Among the British exhibitors Constance Carroll Holdings looked particularly angelic, as they displayed many new products. ‘They have a lot more prestige now, and have started to distribute through high street stores,’ said a representative.

Professional inquiries

Chief executive at L’Oreal Mr Jatama, showing the Celsius International range, said: ‘The show has been marvellous for us. We’ve had some very professional inquiries.’ The newest addition was a Celsius shower gel. His only complaint was not seeing enough British exhibitors.

Salon haircare company Daniel Galvin revealed they will be selling ‘to the top 2,000 pharmacies’ from August. They are launching a hair serum next month.

On the Original Additions stand there was a new nail strengthening kit, employing the manicurist’s technique of nail wrapping in silk fibres. Many Italian exhibitors said they were looking for openings into the UK market, via distributors over here, but few had been successful. One that had been working with a British tissue company was Franco who claimed that one particular Italian company had been interested in distributing their make-up remover pads in the UK.

French company Home Institut had managed to find an Italian distributor for their entire range, which included water sprays, depilatory creams and haircare products. The Mavala stand was always busy, with the attraction of a free manicure which was popular with the Italians. They had several new products on show, including Barier Base Coat, said to protect, moisturise and strengthen delicate nails. Also new was Eyelith, a waterproof mascara. Their Mavala Dry spray, which speeds up nail polish drying, will also be relaunched to the UK. About 50 per cent of their products are sold through pharmacies, he said.

As for the lack of British presence, Mavala had received a much increased number of visitors from the Eastern bloc. Certainly a potential growth area to watch.
Alterative therapy for cancer: survival and quality of life

Alternative medicine is increasingly popular. In the USA it has been estimated that expenditure on non-conventional therapy for cancer alone is running at $10 billion annually. Many would agree that alternative medicine can claim an advantage over conventional chemotherapy for cancer; it is no less effective in some cases, and quality of life is superior.

These claims have been evaluated in 78 pairs of patients with cancer who were expected to survive less than one year. The pairs were matched for diagnosis, age, sex and disease progression. One subject received conventional care, including in some cases chemotherapy with cytotoxic drugs; the other received alternative therapy but also attended a clinic using immunotherapy with Calmette-Guérin vaccine, a meat-exclusion diet and coffee enemas.

Survival was comparable between the groups, with a median of 15 months after the diagnosis of metastatic disease. Quality of life, based on self-assessments of physical and psychological well-being, social activity, the effect on the family, and nausea, also declined at exactly similar rates although more subjects treated conventionally reported adverse effects.

This study shows that adding this type of alternative therapy to conventional medicine, with or without chemotherapy, confers none of the expected advantages; whether patients would have fared better on conventional therapy alone is uncertain.


Best uses of allopurinol in epilepsy

Allopurinol, a xanthine oxidase inhibitor, was first identified as an effective anticonvulsant in 1974, when it was used to treat epilepsy in patients with hyperuricemia. Since then, it has proved effective in patients without abnormalities of uric acid metabolism. Now, research from Japan has identified which types of seizures respond best to allopurinol.

A total of 31 children and young adults who experienced seizures despite optimal treatment with anticonvulsants were given allopurinol, initially 3-10 mg/kg/day, increasing to 15 mg/kg/day according to response and tolerance, a range comparable with that used to treat gout.

The frequency of seizures was reduced in 17 patients (55 per cent), achieving complete control in eight, and there was a 75 per cent reduction in frequency in a further eight and a greater than 30 per cent reduction in two patients. When allopurinol was withdrawn in two patients, seizure frequency returned to the initial levels.

In ten patients who did not respond to an initial low dose, an increase in dose achieved complete control in three and a reduced frequency in five. Both observations provide strong evidence of a dose-dependent effect.

Allopurinol was most effective in controlling tonic-clonic seizures, improving or abolishing symptoms in 75 per cent of affected patients, compared with 63 per cent with complex partial seizures and only 29 per cent with minor seizures. At follow-up, 1-2.5 years, efficacy was maintained in eight of the 12 patients who showed early improvement and a further two responded to an increase in dose. The overall success rate in this group with intractable epilepsy was 71 per cent; in most cases, this was achieved within two weeks. Adverse reactions were mild and included headache, drowsiness and decreased appetite.

Mechanism uncertain

The mechanism of the anticonvulsant action of allopurinol is uncertain. A pharmacokinetic interaction with other anticonvulsants cannot be excluded, though it seems unlikely because the blood levels of these agents were unchanged; similarly, a pharmacodynamic interaction cannot be ruled out. A more likely explanation is that allopurinol inhibits the oxidation of tryptophan and may therefore reduce the synthesis of neuroexcitatory metabolites.

Epilepsia 1991;32:270-83

New approaches in Parkinson’s disease

It may take up to 30 minutes for levodopa to relieve the symptoms of Parkinson’s disease, during which time severely affected patients must endure the disabling motor impairment. More rapid absorption might achieve a quicker response, perhaps offering the prospect of immediate relief. Two new routes of administration of levodopa have now been evaluated, with disappointing results.

Rapid absorption can be achieved by injection or sublingual administration. Levodopa itself is unsuitable for parenteral administration as it is acidic and poorly soluble. However, LDME, its metabolism, is highly soluble and can be given by subcutaneous injection. Seven patients with severe Parkinson’s disease were given a single subcutaneous or sublingual dose of LDME in place of their customary morning dose of levodopa. After subcutaneous injection, two patients experienced the same therapeutic effect they achieved with oral levodopa although the time to onset of activity was 60 minutes; a further two derived no benefit.

All patients suffered burning sensations at the injection site and developed nodules which took two to four days to resolve. Sublingual administration produced no benefit in any patient who managed to keep the tablet under the tongue. Parenteral and sublingual administration of levodopa therefore does not appear to offer an alternative to slow-acting oral administration.

More encouragingly, the dopamine agonist apomorphine has now been shown to be well tolerated in patients whose control is limited by drug-induced psychiatric effects. Three patients who experienced visual hallucinations, paranoid delusions or confusion while taking levodopa or bromocriptine were switched to subcutaneous infusion of apomorphine for 12 hours a day. In each case, the requirement for levodopa was reduced, the psychiatric symptoms resolved, and the motor symptoms improved.

The reason why apomorphine should be better tolerated than other dopamine agonists is unclear. It contains a piperidine side chain, which may confer antipsychotic activity. In contrast with bromocriptine, it does not affect 5-hydroxytryptamine nor is it selective for any subtype of dopamine receptor.

SLIM 'N' FIT delicious chewy bars which taste great but have less than 100 calories.

ENRICHED with iron, vitamins and minerals — perfect for Britain's 5 million women who exercise regularly and watch their weight.

BOOSTED by national advertising in slimming, health and women's magazines featuring TV personality, ex-Olympic gymnast Suzanne Dando.

SLIM 'N' FIT offers strong branding with good on shelf, point of sale impact.
CNS depressants exert differing effects

Drugs which cause central nervous system depression are normally considered to have a homogenized effect with respect to their sedative properties and usual pattern of withdrawal. However, differences in their pharmacological activities are reflected in their effects on the CNS.

The benzodiazepine alprazolam and the tricyclic antidepressant clomipramine are both used to treat panic disorder; alprazolam appears to be better tolerated. The two drugs have now been compared in ten healthy volunteers with a battery of tests of psychomotor function after one, five and ten days administration. The doses were increased in three stages to 750mg three times a day for alprazolam and 50mg three times a day for clomipramine.

Three subjects withdrew from the trial due to adverse reactions. They were subsequently found to have taken clomipramine, which reduced salivary flow significantly more than alprazolam or placebo.

Performance in some psychomotor tests improved with both alprazolam and placebo, indicating a practice effect, but not with clomipramine. The tricyclic also caused more drowsiness throughout the study period and subjects reported more adverse effects.

In contrast, alprazolam improved performance in memory tests more than clomipramine, though neither drug affected recall of a “news bulletin” — a more meaningful indicator of everyday life. Alprazolam also increased feelings of calmness, improved sleep and transiently increased dreaming.

These contrasting effects may be due to differences in the speed of development of tolerance. Subjects adapt to taking alprazolam quickly but clinical experience has shown that patients need three to four weeks to become used to the CNS effects of clomipramine.

However, there were significant rebound effects after withdrawal of alprazolam and, although it is possible that the adaptive changes that take place during this period may imply that this benzodiazepine is more liable than some other to induce dependence.

Antihypertensives and impaired sexual function

In 1986, people with hypertension given propranolol were shown to experience a significant impairment of sexual function compared with others treated with captopril. However, not all beta-blockers are treated with the same brush, according to a recent American study.

Nearly 700 people treated with diet (low-sodium/high-potassium, weight-loss or usual diet), plus chlorothalidone 25mg/day, atenolol 50mg/day, or placebo, were followed up for six months. The overall risk of adverse cardiovascular events was reduced in all groups, though atenolol achieved a significantly greater reduction in blood pressure and chlorothalidone was not significantly better than diet alone.

During the study, the overall level of physical complaints and psychological functioning improved to a comparable degree in each group. However, people who lost weight reported the greatest gains.

The subjects given diet alone reported an improvement in sexual problems, whereas there was no change in either of the treated groups. Again, this was due to a large improvement in patients who lost weight whereas those on a sodium diet reported worsening of sexual problems. Overall, the sodium-losing diet was associated with worse sleep and increased fatigue, irrespective of drug treatment.

Of the men given chlorothalidone, 17 per cent reported worse problems with erection compared with seven per cent of those given placebo and 11 per cent of those treated with atenolol. A greater proportion of patients given chlorothalidone also reported worsening of all sexual problems. In women, the proportion who reported worsening sexual problems was comparable in each of the groups though weight loss again achieved the most favourable effect.

Other than the effects of chlorothalidone on sexual problems in men, the authors conclude that low-dose antihypertensive treatment is non-problematic rather than improves quality of life. However, best of all was weight reduction, which increased satisfaction with health and reduced physical complaints.

Risk of systemic lupus erythematosus with hydralazine evaluated

Hydralazine appears to be as safe as methyl dopa, according to a review of ten years experience at the hypertension clinic at Hammersmith Hospital.

Hydralazine is a third line antihypertensive agent. Though undoubtedly effective, it is associated — particularly at doses greater than 200mg/day — with systemic lupus erythematosus (SLE), a severe auto-immune disorder. Nonetheless, derivatives of hydralazine have recently been marketed in many countries, prompting a review of specialist experience of its use.

Using hospital records, the morbidity of 310 patients who had taken hydralazine was compared with that of 1,004 others treated with standard antihypertensives. Most took less than 200mg/day of hydralazine for an average of three to four years. Men were at significantly greater risk of developing renal disease whereas women were at increased risk of severe weight loss.

However, this comparison was inappropriate because the two groups were not comparable: people treated with hydralazine had worse hypertension and renal disease before treatment. A better comparison can be made with patients treated with another third line agent, methyldopa.

There were no significant differences between these groups, although there was a trend towards a higher risk of myocardial infarction and stroke with methyldopa.

Of the 300 people given hydralazine, only two developed SLE — on the basis of experience elsewhere, ten cases were anticipated. One explanation for this may be the high rate of withdrawal from treatment: 26 per cent of patients discontinued treatment with hydralazine, three of whom had signs of SLE.欧洲药学杂志1994:40:327-31

Dapsone for asthma

In 1990, the British Thoracic Society issued guidelines for the management of asthma which emphasised the fundamental role of inflammation rather than bronchospasm in the pathogenesis of the disease. Recognition of the importance of inflammation reflects work over the past decade which demonstrates that drugs with anti-inflamatory effects — including gold, methotrexate and hydroxychloroquine — have a beneficial effect in asthma.

Neutrophils are probably important in the pathogenesis of airways inflammation and dapsone, which improves rheumatoid arthritis and inflammatory disorders of the skin, inhibits neutrophil function. In a trial of ten people with chronic, steroid-dependent asthma, dapsone (100mg/day) had a significant steroid sparing effect.

The average monthly dose of oral prednisolone was reduced from 428mg to 92mg. Half of the patients who had stopped oral steroids after six months and a further two had stopped after 13 months; only one patient failed to achieve some degree of improvement. Theophyllines and inhaled beta agonists was unchanged but inhaled steroids were withdrawn after stabilisation on dapsone.

At follow up...

At follow up over seven to 20 months, two patients required occasional courses of prednisolone but the other remained steroid-free. Dapsone caused an unexpected increase in serum concentrations of theophylline in four patients to a maximum of 33mg/l, well outside the therapeutic range of 10-20mg/l. Adverse reactions to dapsone were reported by three patients and included anemia in nine patients. Treatment with dapsone was withdrawn from three due to rash and thrombocytopenia, malaise and psychosis.

As these data show, dapsone is not without problems but the risks of low-dose treatment with prednisolone — which include osteoporosis — are probably greater. Dapsone should now be evaluated in controlled trials.


Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at current developments in medicine.

CHEMIST & DRUGGIST 11 MAY 1991

812
A mother and her eight-year-old child give you this NHS prescription, written by her GP on the advice of a homoeopath. She says it's for the child's eczema, which he's always had and which you can see is affecting his hands and neck quite badly.

**Questions**

1. Should you strongly advise against homoeopathic medicine for eczema?
2. What is one possible risk to the child and what do you advise?
3. Can you give any general advice about the effects of homoeopathic medicines?
4. What other advice should you give?

**Answers**

1. You may or may not accept that homoeopathy works but what is undisputed is that conventional medicine is not always effective in controlling severe eczema. There is also concern about the adverse effects of topical steroids in children. Provided there are suitable safeguards in case of deterioration, a therapeutic trial of homoeopathy should be safe.
2. There is a long history of eczema and it is likely to have been treated with potent or moderately potent topical steroids. If this is ongoing, you should ensure that the mother is aware of the need to withdraw treatment slowly, using diluted formulations and gradually substituting a bland vehicle base. Even after withdrawal, when only the homoeopathic medicine is being taken, there may still be a need to use emollients.
3. Homoeopathy fails, the child will need further conventional treatment. You should therefore ask about any concern over treatment and counsel about the efficacy and risks of topical steroids.
4. It is normal to experience an aggravation of symptoms after beginning homoeopathic treatment — this is taken to be a good prognostic sign. However, if the symptoms are bad, some homoeopaths recommend temporarily suspending treatment until they have resolved.
5. Because communication is one of the strengths of homoeopathy, it is reasonable to expect that people understand how to take the medicine and know whether it has adverse effects: you should check, nonetheless. Further, it is important that the mother knows when to seek further help — for example, did the GP say what to do if the symptoms didn't improve? Finally, you should ensure that if the eczema becomes infected the need for antibiotics is clearly understood.
This month marks the tenth anniversary of the appointment of Tim Astill, BPharm, LLB, FRPharmS, as director of the National Pharmaceutical Association. C&D spoke to him during his first week in office and asked him what his plans for the future were. Now we delve into his past, catch up with his success to date, and look to the future.

Academic successes

Tim Astill appears to have enjoyed whatever he has done throughout his life. The son of an electrical engineer and a teacher, Mr Astill was born in Cheshire near the end of the war. He says he enjoyed his time at Kings School, Chester, which he describes as "unashamedly academic". He left there with a "first" of O-Levels and three science A-Levels, but with no clear idea of what he wanted to do careerwise.

Then one day his eye was caught by an advertisement in his local newspaper headed: "Science A-Levels? Go and talk to your Boots manager". He did so, and was recruited by Boots to do his pre-registration training — at that time one could do the prereg before studying.

"It gave me the opportunity to earn a bit of money and find out a bit more about pharmacy before deciding whether or not to pursue it as a career."

Mr Astill went to Chelsea School of Pharmacy, attracted by the "bright lights of the big smoke". "To be at university just off the Kings Road, Chelsea in the '60s was not a bad time or place to be," he recalls.

In his first year he was elected chairman of the Chelsea Pharmacy Association — his introduction into the world of pharmacy politics. He then started to attend British Pharmacy Student Association conferences — his first was in Brighton in 1964. In 1965 he was elected onto the executive of the BPSA, and the following year was elected president.

It was then that he got to know people in "big, grown up" pharmacy politics at the Society and the NPU, as it was then; he met the likes of Joe Wright, Bill Darling and Raymond Dickinson. Mr Astill also recalls meeting two "cub reporters" at BPSA conferences. Ron Salmon — now publisher of C&D — and Doug Simpson — now editor of the JPh.

When Tim Astill registered in 1966, he approached Boots again for a job, because he had enjoyed working for them. He expressed a desire to see another branch of pharmacy, joined the production department and moved to Nottingham with his childhood sweetheart Ingrid who had just become his "brand new wife".

In training

After a spell making tablets and sterile products, he transferred to the training section of the personnel department as a training officer. For over two years he was responsible for training all the non-graduates on the wholesale side of the company.

"For a graduate who was looking for the maximum range of experience in the minimum amount of time after qualifying to find a good springboard and to find himself a niche, it couldn't have been better," says Mr Astill.

He learned about trade unions, through having to organise training for printing apprentices at Boots printing works — then the biggest private printing works in Europe. It was, he says, a "superb stamping ground".

Mr Astill's boss was Vic Page, whom he describes as "an inspirational character who you almost unconsciously learn from." He also encountered an ex-newspaper journalist John Giles, a man who "spoke like a newspaper column". He had instant articulation, an extensive vocabulary and perfect grammar, Mr Astill remembers.

"I used to sit at this bloke's feet utterly spellbound as he would conjure up just the right adjective to describe what he wanted to talk about. It was beautiful to listen to; it is a faculty that I have greatly envied and I have to say substantially failed to emulate. But it's something to aim for," says Mr Astill.
Not a one man band

Mr Astill's transition from deputy secretary to director was also helped by his inheritance of "a well run organisation and a superb support team" in Jim Downing, John Goulding, John Hart and the newly recruited Brian Dosser. "I'm not posers. I'm not one man bands and he reckons he should be, I see my role as co-ordinator," says Mr Astill.

"In looking for an organisation dedicated to providing for every need of the independent pharmacy proprietor, we have departments looking at all the things, moneys and training, public relations and advertising, and all of which I get involved in to a greater or lesser extent. There's never a dull moment.

Mr Astill says he never ceases to be astonished at the variety of things the SPA can be asked by members. Most of the "fun" comes from the information department, where he has been asked questions about bird's eggs, greyhound racing, planning permission for pigeons, and even if the calculator was working at Earl's Court station.

Keeping pace with demand

Ask Tim Astill what he feels his major achievements as director of the NPA have been, and he replies without hesitation: "To enable the association to keep pace with the growing demands of the members. Whatever parameter you use to measure it, the demand has grown and our capacity to meet that demand has had to grow with it."

"We have, for example, a public relations department which we didn't have before it was used to be done almost as an afterthought by other people. VAT is an example of that. The information department last month celebrated the fact that for the first time in a month they had averaged 300 calls a day. The increasing complexities of modern business and pharmaceutical life, and the increasing need to put pharmacy on the map by publicity and advertising are growing all the time."

"We have someone on the CDA full time because the number of claims are growing. Training activities have increased. One of the first things I did was to get Ron Bennett to really grab training by the scruff of its neck because I saw the clear need for members to be better trained themselves, and for their staff to be trained. The need to delegate has never been greater, and for that you need properly trained staff."

"Computerisation until two years before I took over we didn't have computers. Now we have the best part of 25% of hardware and software handling most of our operations."

Mr Astill also acknowledges the "tremendous support" he has had from the NPA Board members. "They have my unstinting admiration. To expect ordinary NPA members to do what they are to come here once a month and take police decisions on national issues, based on background information that we provide, is asking a lot."

"There is a shrinking world and with European developments, expecting them to take an international view, as they are increasingly having to do, is asking even more."

"The membership has been served well by its elected representatives over the last ten years, says Mr Astill, "and that's not just me crowing! I couldn't do my job as the senior civil servant of the organisation without the backing and support of the board. I never lose sight of the fact that I am an employee. I report to the Board, and must do it in a strongly considered and often complex way when publishing our ideas as I'm told."

The question has to do with what measures Tim Astill has had any failures or regrets in the past ten years. Not so, although he is not sure how much more of his career he would have in pharmacy because of lack of time or resources.

His one disappointment is the new pharmacy poor response to training. The NPA training staff is experienced and skilled and the courses are very popular with those who attend. The difficulty is in trying to persuade practice chemists to make much more use of the facilities. It is the same old, sad story; you can take a horse to water, but you can't force it to drink.

Mr Astill urges members to make the maximum possible use of the SPA's training facilities. "I have given a public undertaking on a number of occasions that whatever the demand for training in pharmacy, we will satisfy it. It is something he will keep striving for while he is director of the SPA.

Looking ahead

At only 47 years old, Tim Astill has no plans to retire just yet. "I am not talking about two plans to move or do any other job. I am still here in ten years time, I will be as happy if the job is anything like the job today.

As for the next ten years in pharmacy, Mr Astill feels it is less easy to predict what any time since the inception of the NHS. He says the Government needs to make up its mind, and appears to be attempting to do so, as to what it wants from pharmacy as a profession.

"I have no doubts whatever about the importance of the pharmacy role in the NHS. He thinks there is any need to look for an extended role, although there is no reason why we shouldn't. There is a job to be done ensuring that people get the right medicines and use them properly, and that is what the pharmacist is about.

"But it appears that the Government is placing a much higher value on that element of healthcare than it should. It unilateral abandoned the cost plus contract, and the consequence has been that the price of the job, for someone who has been reassured that they can continue to be felt for the next four to five years. It seems they are most reluctant to pay pharmacists a realistic rate for the responsibility of the job."

Mr Astill despairs because the profession is, in practice, powerless. "I can think of no other Government employer or contractor who can do less by way of industrial action and the exertion of muscle than the pharmacist. He is so dependent on the goodwill of his customers. The Government knows that. So they impose a pay settlement, and we can do nothing about it."

He feels passionately that an independent review body is needed to assess what a pharmacist's job is worth and recommended pay. But there appears to be no possibility of that at the moment with the present Government. All the NPA can do is lobby opposition members, and wait for a change in government.

To relax and unwind away from all that executive stress, Tim Astill does some gardening his house is just behind Malinslove House and sings in his church choir.

The whole family is musical. Mrs Astill plays piano and she, and Adam and Matthew have been head choristers, as is Lucy now. One gets the feeling that if he had not become a pharmacist, Mr Astill might have been a musician. What a great loss to pharmacy that would have been.
Sunday trading: more reaction

Further reaction against the effects of last week’s Court of Appeal decision (p773) to lift Sunday trading injunctions against two companies has come from the National Pharmaceutical Association and the National Consumer Council.

NPA Director Tim Astill says the association is against a Sunday trading free-for-all. “There is no need for it. We believe such commercial pressures would force small retailers, many with family commitments, to open up against their will.”

Mr Astill says the NPA continues to support the Keep Sunday Special group and its REST campaign. “We have very good grounds to believe that our policy has the support of our members.

‘However we do believe there is scope for improving the existing legislation which has some anomalies.”

Says the NCC: “While some shops trade late at night or on Sundays... may welcome today’s decision as a victory, we see it as nothing of the sort. On the contrary, it makes it even more urgent for the Government to come up with sensible proposals for liberalising shop hours.

“The NCC has always believed shops should be free to choose for themselves when to open and when to close.”

Mr John Major, the Prime Minister, confirmed in the Commons on Tuesday that the Government will continue the search for a consensus to resolve the controversy over the Sunday trading laws in England and Wales.

He said that the law already in operation in Scotland should form the basis for a compromise between advocates of more liberal trading laws and those determined to defend the traditional character of our Sundays.

Unichem add five to franchise scheme

Unichem are buying five pharmacies with a combined annual turnover of just over £2 million.

The new purchases, which between them employ 30 people, are: Lavender Pharmacy, New Milton; Hants; Johnsons Pharmacy, Milton Green, Hants; Martin & Roberts Chemist, Wiston, Bath; Tollerbus Pharmacy, Glasgow; and Mauder Chemist, Teignmouth, Devon.

“We believe we must encourage young pharmacists into the business and that franchising, with an eventual opportunity to buy, is the best way,” said Unichem chief executive Peter Dodd.

The pharmacies will bring to 11 the number Unichem has bought for its franchise scheme.

Delivery systems to boost market...

A series of new technologies are set to spearhead rapid growth in the European drug delivery systems (DDS) market, according to Frost & Sullivan. They expect most of the growth will be for oral and transdermal products.

In 1990 the entire Western European pharmaceutical market was estimated at $44 billion - potential DDS markets were worth $13 billion but actual sales were only $8 billion.

The F&S report forecasts that by 1995 the total "DDS-prone" market will have grown to $22.4 billion and DDS sales are expected to be in the $4.5 billion region, with growth fuelled by increasing penetration of existing markets by DDS products and the opening of new ones.

Seven pharmaceutical product groups where DDS growth is expected are: asthma relief, calcium antagonists, beta blockers, anti-anginals, NSAIDs, insulins, systemic antibiotics and cytotoxic drugs, Frost & Sullivan say.

...Generic suppliers lose out

Europe’s independent generic suppliers may lose out to major companies during the next decade, say Frost & Sullivan, because only large corporations have the resources to invest in development and production facilities to produce the advanced dosage forms now required by the market.

Frost & Sullivan do not forecast the emergence of Pan-European suppliers because of the different national regulations and prescribing practices.

The generic drugs market is set to expand during the next five years as a number of major drugs emerge from patent protection, the report says, including alprazolam, atenolol, bumetanide, cefaclor, cefadroxil, cefuroxime, cimetidine, sulindac and terfenadine.

New drugs, together with the development of new presentations for older drugs, are expected to push total European sales to $3.78 billion by 1996. "Improved manufacturing processes for bulk drug production will also help fuel steady growth in the market which could expand to include countries such as Czechoslovakia, Yugoslavia, Hungary and USSR.

London group goes South

Elliot Godfrey Chemists have bought four pharmacies from W. Aston & Co Ltd in the Southampton area, for cash.

The acquisition, for 'well over £1 million', takes the London-based small multiple from 12 to 16 branches. All management and staff are being kept on when the pharmacies in Eastleigh, Hythe, Bassett and Medbury change hands.

Elliot Godfrey already have a branch in Bitterne, which along with the four new outlets, are supplied from the company’s central distribution warehouse in Sheppards Bush, London. The company buys 90 per cent of its stock direct.

All shops will be refitted in the Elliot Godfrey livery. With the addition of the four new branches the turnover of the company will be in excess of £7m a year.

Mr Moore, who has sold the Aston’s shops, has retained one branch in Blackfield in Hampshire. Elliot’s managing director Paul Godfrey said both sides were satisfied with the transaction.

Barclays’ business cards

Barclays have launched a new silver Company Barclaycard for its business customers and unveiled plans for the UK’s first Visa gold corporate card.

Both cards will be accepted at over 380,000 Visa outlets in the UK and over 8.2 million worldwide, with the gold card, offering an expanded range of business and travel related services for the senior executive.

The new silver card offers a range of travel, legal and insurance services in addition to the advantages of improved cash flow and simpler administration of company expenses.
Wellcome interims: pre-tax profits up 10pc

Wellcome took pre-tax profits up by 10 per cent to £181m in the half year to March 2.

Improved operating margins — up from 21.9 per cent last year to 24.3 per cent this year — were said by Wellcome to be due to a £5m reduction in research and development expenditure, and an £8m cut in pension costs.

Group turnover was static at £732m, with sales of Zovirax up 18 per cent to £208m and Retinoids sales down 11 per cent to £299m. Wellcome expect shortly to finalise plans for co-promotion of Zovirax in Japan next year. Retinoids sales are expected to grow again when dosage levels in the US stabilise. Patients often take the drug at lower levels than recommended by either Wellcome or the medical authorities.

Consumer healthcare sales were down £7m to £94m, with script medicine sales overall up £15m to £561m, while diagnostics sales remained at £19m.

The accounts included a £9m extraordinary charge from the US when some of Zovirax capsule packs were contaminated by replacement with cyanide capsules. Write-off costs included recall and advertising to restore product confidence.

Chief executive John Robb said the recent disposals of the Calnic hygiene and Rentokil businesses would further boost margins in the second half of the year, along with interest on the sales.

R&D support rules eased

Trade and Industry Secretary Peter Lilley has announced that the rules for R&D support from the DTI to encourage British industry to invest in innovation.

Mr Lilley said: “From now on an applicant to any collaborative R&D scheme will need only one independent partner in order to qualify.” This would make schemes more accessible to industry, and projects speedier to approve, he said.

COMING EVENTS

Ensuring a better future

The Young Pharmacists’ Group is holding its Midlands Regional Conference on June 2 at the Clarendon Hotel, Birmingham. Subjects on “Pharmacy ensuring a better future” include: Michael Barden, RPSGB Council member; David Coursens, director of pharmacy at Derbyshire Royal Infirmary and Dr D Roberts, chairman of the Dispensing Doctors’ Association. Details from Andrew Burr on 02433 377235.

Tuesday, May 14

North Metropolitan Branch

RPSGB, School of Pharmacy, Brunswick Square, 7.30 for 8pm

Annual meeting plus wine tasting.

Thursday, May 16

Somerset Branch, RPSGB, Lyngford House, Taunton 7.15 for 8.15pm. Video presentation: “Think it’s yours or mine?”

South Staffordshire Branch, RPSGB, Visit to Rugeley Power Station, 7.30pm.

Saturday, May 18

Barnet Branch, RPSGB, St Gregory’s RC Church Hall, Union Street, Barnet, 7.30 for 8pm. Social evening and local charities night, ceilidh and buffet.

Liverpool Branch, RPSGB, The Boot, The Boot, Berrywood Road, 7.30pm. Summer banquet (ticket only).

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Twelve stand in Scottish Dept election

There are 12 candidates for six places in this year’s election for the Scottish Executive of the Royal Pharmaceutical Society.

The candidates — (r) denotes retiring member:
Robert Brodie, an employee pharmacist with Boots in Edinburgh (r)
John Butten, a proprietor pharmacist from Alloway (r)
Dr Graham Buchan, a partner in a community pharmacy from Buckhaven (r)
Ian Caldwell, a community pharmacist sole proprietor from Glasgow
Mrs Patricia Duncan, a community pharmacy manager from Dundee (r)

150th bash to spawn annual event?

The 80-odd members and guests of the Society’s Harrow & Hillingdon Branch had such an enjoyable time celebrating the sesquicentenary last week that it has been suggested a dinner dance should become an annual fixture.

Among the guests at the dance at the Osh Executive Hotel, Harrow, were Joint-Manager of Glaxo Holdings, Mrs Renee Myers, chairman of Harrow & Brent FHSI, Council member Jane Nicholson and MPs Hugh Dykes (Harrow East) and Michael Shersby (Uxbridge). Other attendees included six past branch chairmen.

In a response to the hosts, Mrs Myers and pharmacists were the most underutilised bank of expertise in the country.

David Ellerby, a self-employed proprietor pharmacist from Elgin, David Forbes, a community pharmacist sole proprietor from Laurencekirk
Mrs Christine Glover, a proprietor pharmacist from Edinburgh (r)
Dr James Johnson, lecturer at the University of Strathclyde
Dr Howard McNally, chief administrative pharmaceutical officer for the Greater Glasgow Health Board, from Glasgow
Mrs Euphemia Overend, an employee community pharmacist from Glasgow
Mrs Sheila Paterson, a pharmacy manager, from Aberdeen (r)

Running in New York

Inspired by her success in the recent London Marathon, Maidstone pharmacist Janice Oakley has her sights set on competing in the New York Marathon in November.

Janice, who finished the London event a fortnight ago in 2 hours 48 mins 27 seconds (the fastest time reported so far by a female pharmacist runner) was the 73rd woman to finish, 16th in the British contingent and 1,607th overall.

Janice says she is aiming to compete on the international circuit, quite an ambition for a 35 year old who only started marathon running five years ago, and who has only made "significant progress" in the last couple — and certainly a chance from managing one of Boots branches in Maidstone.

She has competed in the New York Marathon before in 1985, when her time was 3 hours 57 mins. The one thing that concerns her this time around is the potential cost, so if anyone wants to take up a sponsorship opportunity, give her a call...

DEATHS

Dr Norman Galvot Cooper, OBE, FPSNI, of Cheadan Park, Belfast, on April 14.
Derek Lawson, secretary and registrar of the Pharmacetical Society of Northern Ireland, writes:
Norman Cooper was born in Lurgan, co Armagh in 1918. He was educated at Lurgan College and at the Queen’s University of Belfast. He registered in 1941. He then spent four years as science master at Portadown College, during which time he was awarded an MSc (by thesis). He then returned to pharmacy and spent a number of years in business in Lurgan. He took an interest in the affairs of the PSNI, was elected onto the Council and served as president in 1963-64 and 1964-65. He was also a member of the Northern Ireland Hospitals Authority.
He was appointed chief pharmacist at the Ministry of Health, Belfast in 1966. He was elected a Fellow of the Pharmacetical Society in 1976 and obtained his PhD from Queen’s University in 1977.
In 1978 he delivered the Gideon De Laune lecture entitled “The Apothecaries of Dublin” to the Worshipful Society of Apothecaries in London. He was honoured with the award of the OBE in 1978.
Our sympathy goes to his wife and son and daughter in their sad loss.

APPPOINTMENTS

Mullen joins CSA top body

Ian Mullen, a former chairman of the Pharmaceutical General Council, has been appointed as a non-executive director of the restructured Management Committee of the NHS Common Services Agency in Scotland.

The Management Committee, chaired by Don Cruickshank, chief executive of the NHS in Scotland, oversees the operation to the CSA, including the Prescription Pricing Division. Mr Mullen’s appointment is for four years.

The College of Pharmacy Practice has appointed Joan Haswell as its first educational pharmacist. She will work on a Central Initiative project on the pharmacist’s role in AIDS prevention.

Numark Management Ltd have appointed Manvir Patel of Manchem Ltd in Reading as the ninth member of their Retail Advisory Board.

Pfizer Ltd have appointed managing director Hugh O’Connor as company chairman following the retirement of Ian Wilson. Mr O’Connor, a graduate of University College, Dublin, joined the company in April last year. Prior to that he was managing director of the Pfizer Chemical Corporation at Ringskiddy.

Postscript

"Half the time GPs only write prescriptions to get rid of people who have absolutely nothing wrong with them anyway. Why not just leave a skip-full of pills outside Boots and let them help themselves?"

"The money saved could then be spent on improving the health service for those who really need it."

So says the Sun as its contribution to the pharmacists and repeat prescriptions debate raised by NAHAT.
To complete the Fast Aid range we have introduced two new larger size packs in the most popular washproof and stretch fabric plasters. Each one contains an assortment of 40 individually wrapped plasters, including larger size dressings which are ideal for family use.

Available in cases of 6, these new packs will offer better value for money to both YOU and YOUR customers.

You will be pleased to know that some features remain unchanged.

We have retained our larger island dressing pads which are sealed all round the edges, keeping the wound clean and promoting faster healing.

Our non-stick medicated pads are highly absorbent and cushioned to provide complete protection. Each plaster is individually wrapped in easy to peel wrappers.

In Washproof, Clear and Stretch Fabric this comprehensive value-for-money range is available in assortments of 24’s, Wallets of 8, Dressing Strips, and the new pack of 40’s – making Fast Aid plasters the ones your customers will choose.

For further information telephone 0246 220022 and ask for Sales Administration.
New research update

Chewing stimulates saliva to aid remineralisation

After eating, elevated acid exposure can cause an outflow of calcium and phosphate from the tooth enamel, which may lead to demineralisation and decay. It is well documented that saliva has an important role to play in helping to prevent this process. A recently published study demonstrated that the chewing of sugar-free gum for 20 minutes after eating stimulates saliva to promote remineralisation of experimental caries-like lesions.

Now a new research study using experimental caries-like lesions has shown that the chewing of sucrose-sweetened gum for 20 minutes after meals and snacks significantly increased the mineral content of the lesions, compared to when gum was not chewed.

While research on sucrose-sweetened gum continues, you can recommend with confidence the chewing of sugar-free gum for 20 minutes after eating to help your patients in the fight against tooth decay.

So consider Wrigley's Extra and Orbit sugar-free gums as valuable adjuncts to thorough brushing with fluoride toothpaste, a sensible diet and regular check-ups in maintaining good dental health.