The US Food and Drug Administration does a poor job of monitoring drug companies’ promotion of unapproved or “off-label” uses of their drugs, says a report by the US Government Accountability Office, the investigative arm of Congress.

Charles Grassley, an Iowa senator who is the senior Republican member of the Senate Committee on Finance, asked the accountability office to review the FDA’s effectiveness in monitoring drug companies’ efforts to promote off-label uses. He said he was concerned about the possible effects of such promotion on doctors’ prescribing practices and on patients’ safety.

Although doctors may prescribe drugs off label for indications that have not been approved, drug companies are forbidden from promoting such unapproved uses.

The accountability office’s report said the FDA’s monitoring system was disorganised and slow. It said that concerns about promotion of off-label use had grown in recent years and cited a 2006 study that found that more than 20% of prescriptions for 100 of the 500 most commonly used prescription drugs were for off-label uses (Archives of Internal Medicine 2006;166:1021-6).

It also noted that the drug company Pfizer had to pay $430m (£220m; €275m) in fines after a Department of Justice action in connection with the company’s promotion of off-label uses of its antiepilepsy drug gabapentin (BMJ 2004;328:1217).

Responding to the report, the Department of Health and Human Services, the FDA’s parent body, said that the FDA “exercises its discretion in order to focus its limited resources on actions that will most impact the public health.” It said that FDA reviewers followed established criteria in prioritising their workload and in deciding which of the thousands of pieces of material they received to review.

In 2006, the accountability office recommended that the FDA track which materials it had reviewed. In the current report it said that the FDA had not acted on this recommendation and still lacked a standardised tracking system to monitor its reviews. The FDA said that the proposed tracking system would not resolve the fact that not all 68,000 pieces of material it received could be reviewed. Nor would a tracking system help the FDA identify violations, the department’s response said.

The accountability report reviewed the way that the FDA oversaw promotion of off-label uses and what actions it had taken from 2003 to 2007. It found that the FDA did not have a separate oversight process to consider promotion of off-label uses and what actions it had taken from 2003 to 2007.

It found that the FDA did not have a separate oversight process to consider promotion of off-label use. Furthermore, the report said, the FDA “does not prioritize its reviews in a systematic manner but rather relies on its staff to sort through large volumes of material and select submissions for review. The FDA is also hampered by the lack of a system that consistently tracks the receipt and review of submitted materials.

When the FDA finds violations it can send a warning letter to the offending drug company. If the company does not take appropriate action, the FDA may refer the matter to the Department of Justice.

During 2003-7 the FDA sent 42 letters to drug companies asking them to stop disseminating material promoting off-label uses of their drugs, the report said. The FDA took an average of seven months to send the letters after first drafting them; for more serious violations the FDA took four months to issue warnings. It did not refer any of these violations to the Department of Justice.

However, the report says that the Department of Justice settled 11 civil and criminal cases involving promotion of off-label use, at least in part. None of these violations were identified by the FDA; rather, they were identified by other sources.

Prescription Drugs: FDA’s Oversight of the Promotion of Drugs for Off-Label Uses is available at www.gao.gov (report GAO-08-835).

Cite this as: BMJ 2008;337:a1163
Number of homicides related to mental disorder has fallen

Susan Mayor  LONDON

The number of homicides attributed to mental disorders has fallen in England and Wales over the past 30 years, while that of other homicides has risen, a new analysis of official statistics shows.

The study looked at four sets of homicide statistics from 1946 to 2004. Researchers compared the numbers of homicides that were due to mental disorder—categorised by legal outcome (not guilty by reason of insanity or diminished responsibility, defendant unfit to plead, infanticides, and cases where the offender committed suicide at the same time as or after the homicide)—with homicides that were not considered to be due to mental disorder (British Journal of Psychiatry 2008;193:130-3).

The results showed that the annual numbers of all homicides and of those that were due to mental disorder rose steadily until the mid-1970s. The number of homicides associated with mental disorder rose from fewer than 50 a year in 1957 to well over 100 by the 1970s. The highest annual rate was 0.24 per 100,000 population in 1973, and the absolute number peaked in 1979. From 1957 to 1980 the figures show a strong correlation between homicides due to mental disorder and total homicides (P<0.0001).

However, after 1981 numbers of homicides associated with mental disorder fell, to levels below those seen in the early 1950s. The rate has remained at 0.07 homicides per 100,000 population or lower since 2000. At the same time, other homicides have continued to rise, to above 1.5 per 100,000.

Over 60s’ use of prescription drugs has doubled in past decade in England, new figures show

Andrew Cole  LONDON

People in England over the age of 60 years are using twice as many prescription drugs now as they were 10 years ago, new figures released by the NHS Information Centre show.

The statistics on prescriptions dispensed in the community show that people aged 60 or over are now given an average of 42.4 prescribed items a year, up from 22.3 in 1997. The overall number of prescriptions dispensed rose by nearly 60% over this period.

Overall 796 million prescribed items were dispensed in England in 2007, whereas the number was 752 million in 2006 and 500 million in 1997. On average, 15.6 items are prescribed per person each year; 10 years ago the average was 10.3 items. However, the average number of items prescribed to children under 16 years fell in the same period, from 4.9 to 3.9 a year.

More drugs are dispensed for hypertension and heart failure than for any other condition. But the biggest increases in prescriptions from 2006 to 2007 were in dementia drugs (up by 19%), substance dependency drugs (15%), vitamins (14.7%), and oral nutrition (14%).

Over the past 10 years the steepest rises have been in statins, which rose from less than five million prescriptions in 1997 to 45 million last year, and in hypertension and heart failure drugs, which rose from less than 15 million to more than 50 million.

Meanwhile, the cost of prescription drugs has almost doubled since 1997, rising from £4.4bn (£5.6bn; $8.7bn) to £8.4bn last year. But there are signs that the net ingredient cost per item—that is, the cost of drugs before discounts—may be stabilising. Last year this rose by only 2.1%, which represents a 0.7% fall after inflation is taken into account.

Although only half of the population qualifies for free prescriptions, this group now accounts for 89% of all prescriptions. Generic drugs make up 83% of all prescriptions, a small rise on the 2006 figure of 82% but up from 60% a decade ago.

GP’s are responsible for 98% of all prescribing in the community, with nurse and other non-medical prescribers accounting for 1.2%. However, prescribing by nurses rose by 50% in the past year.

Steve Field, chairman of the Royal College of General Practitioners, said that the increase in the number of prescriptions was probably due to a combination of a rising number of elderly people, more people with chronic conditions, and greater use of drugs used in preventive treatment.

But he warned that it was important for doctors to ensure that drugs were being taken correctly and continued to be necessary. “It’s a matter of working with patients to keep the number of items to a minimum.”

The National Pharmacy Association said that the real concern was not that numbers of prescriptions were rising but that so many were being wasted. Research indicated that 50% of people with long term conditions did not use their drugs effectively, and this percentage increased to 75% among elderly people. Prescriptions Dispensed in the Community—Statistics for 1997-2007: England is available at www.ic.nhs.uk

Cite this as: BMJ 2008;337:a1132
since 1970s in England and Wales

The authors, led by Matthew Large, a psychiatrist in private practice in Sydney, Australia, said that the reasons for the rise and fall in homicides attributed to mental disorder were not clear. They suggested, “The decline in homicides may be due to improvements in psychiatric treatment and service organisation.”

Dr Large said, “The main explanation for the decline is a reduction in homicides by people with schizophrenia.” He added, “During the 1970s the health service started to organise community mental health services, and a lot more patients were treated.” In comparison with many other countries, he noted, England has a shorter duration of untreated psychosis.

Another possibility may be an informal change to the legal tests for the finding of homicide resulting from mental disorder, although the actual criteria have not changed since 1957.

Dr Large initiated the study after observing that around 60% of people in New South Wales who committed homicide and who were considered to be mentally ill were not treated. He wanted to look at similar rates elsewhere, and England and Wales are two of only three countries in the world that have routinely collected data on homicide and mental disorder over the long term.

It was “surprisingly difficult” to get the study published, Dr Large said, and some reviewers were sceptical about the findings. He said that his study’s findings contrasted with those in other studies.

Cite this as: BMJ 2008;337:a1113

Public health is at risk of mainstreaming jargon, study shows

Roger Dobson ABERGAVERN

Too many public health specialists are thinking “outside the box” or “reinventing the wheel,” concludes an analysis of presentations at a recent UK conference.

Public health, or “the front end business,” has been invaded by jargon and management speak, say the researchers, who analysed proceedings at the UK Faculty of Public Health’s annual scientific conference (Public Health doi: 10.1016/j. puhc.2008.05.012).

“These findings should form the basis of a comprehensive campaign to counteract this pandemic, and place the UK at the vanguard of management-speak control,” wrote the researchers, whose study involved volunteers using a checklist to record jargon during two days of the conference.

“Engage” emerged as the most widely used jargon word, with 27 recordings, followed by “at risk,” with 26, and then “working in partnership,” with 15 mentions. “Joint strategic needs” had eight outings, while “joined up” had six. “Mainstreaming” had six occurrences and “incentivising” two.

The volunteers were also asked to be on the lookout for jargon words not on the checklist, and several were spotted and reported. The authors, from University College London, say that this additional list suggests that the public health community may be developing a breed of new jargon, including “being effective in the people business,” “the personalisation agenda,” and a “network of networks.”

Other additional words recorded include “interlink,” “cross talk,” and “actively share.” The authors also say that “ringfencing” and “championing” in some form seem to be in routine use in public health departments.

“One speaker actually admitted to performing ‘a drill down,’” the authors reported. “A delegate warned us, ‘If we take our eye off the ball, we lose sight of the patients.’ For the first, and hopefully last, time, the role of public health was even described as ‘front-end business.’”

They say that action is needed to tackle the problem of management speak—or, as one speaker put it, to “manage the curve downwards.”

But they add: “On no account, however, must a task force be set up.”

Cite this as: BMJ 2008;337:a1109

One in seven people in England can’t see a GP within two days

Roger Dobson ABERGAVERN

Nearly one in seven people in England cannot get an appointment with a GP within the current target of two working days, although most are satisfied with their care when they do get a consultation, a new survey has found.

The national survey of 69,000 people by the Healthcare Commission also showed that a quarter were unable to book an appointment three or more days in advance and that there were wide geographical variations in this proportion.

More patients than in previous such surveys are completely satisfied with the care they get in general practices and health centres, with high proportions saying that they are treated with dignity and listened to carefully. But the survey also shows that patients continue to have concerns about practices’ opening hours, difficulties in booking appointments in advance, and problems in contacting practices by telephone.

“People clearly do want to be able to see a GP more easily and at more convenient times,” said Anna Walker, the commission’s chief executive. “It was striking that some people could not get an appointment within two days and that there are variations around the country.

“It is clear that more people want to be able to book appointments several days ahead and that many want more flexible opening hours. In addition, a significant proportion of patients are not being offered a choice of hospital. These are issues that a modern 21st century health service really ought to be able to address.”

The survey, which was carried out between January and April this year, asked people about their experiences of general practices and health centres and also dentists.

The results showed that patients rated doctors’ personal skills highly, with 93% saying that they were treated with respect and dignity, an increase from 92% in 2005.

But 13% of patients had to wait longer than the 48 hour target time because no earlier appointment was available. In the best performing trust 89% of patients taking part in the survey were seen by a GP within two working days, whereas in the worst trust this figure was 43%.

National Survey of Local Health Services 2008 is at www.healthcarecommission.org.uk

Cite this as: BMJ 2008;337:a1117
IN BRIEF

Proposed US abortion rule provokes outcry: US family planning groups are protesting about a proposed Department of Health and Human Services regulation to deny federal money to health providers who refuse to accept staff who object to abortion. The groups say the rule would outlaw many forms of birth control. Abortion is defined as prescribing, dispensing, or performing a procedure “that results in the termination of life of a human being in utero between conception and natural birth, whether before or after implantation.” See www.plannedparenthood.org.

Suicide rate in England is at a record low: The national suicide rate in England is at its lowest ever. The number of suicides over the three years 2004-6 was 8.3 per 100 000; in the previous three years it was 8.5 per 100 000. The sustained fall in the suicide rate among men aged 20-34 continued.

Tobacco companies in Canada plead guilty to making contraband cigarettes: Two companies, Rothmans Benson and Hedges and Imperial Tobacco, pleaded guilty to producing contraband cigarettes in Canada between 1989 and 1994 and shipping them across the US border to distribute to smugglers or black market sellers, who brought them back to Canada and sold them without paying excise taxes to the federal government. The companies will pay $1.2bn (£0.6bn; 0.7bn; $1.2bn) in fines and compensation, the largest criminal fines and civil settlements in Canadian history. www.thestar.com/printArticle/470450.

Children should only rarely donate organs: Children aged under 18 may be asked in exceptional circumstances to donate a kidney, the American Academy of Pediatrics has said (Pediatrics 2008;122:454-61). The risks from the surgery must be low, and both donor and recipient should be likely to benefit. The psychological benefit may be high if the recipient is a family member.

UK government announces three new biomedical research units: Three new research units of the National Institute for Health Research are to be set up in Liverpool, London, and Nottingham. They will focus on “translational research” that will take advances in basic medical research out of the laboratory and into the hospital clinic.

WHO says more HIV patients should be screened for tuberculosis to reduce deaths

Bob Roehr MEXICO CITY

The World Health Organization has issued guidelines to try to reduce the burden of tuberculosis among people infected with HIV in an effort to tackle the 230 000 deaths a year in people infected with both conditions. The guidelines say that it is essential to increase the use of isoniazid as a preventive measure for tuberculosis.

They also emphasise the need for collaboration and coordination of activities at all levels of operations, including planning, surveillance, delivery of services, and programme evaluation. The guidelines were released this week at the 17th international AIDS conference in Mexico City.

People with an immune system weakened by HIV are as many as 50 times more likely to develop tuberculosis in their lifetime than people who are not, and most people with HIV who become coinfected will die within a few months.

Kevin De Cock, WHO’s director of HIV/AIDS, said there has been progress in better coordination between both activities, “but we are far from where we need to be. We are testing only about 35% of HIV patients for tuberculosis,” he told a conference session.

He focused on the three areas in which activities needed to be increased, which he termed the three Is—intensified tuberculosis screening for signs of tuberculosis in patients with HIV; isoniazid prevention in people with latent tuberculosis infection; and infection control in crowded settings, such as medical facilities and barracks.

Dr De Cock said that despite many studies that show the preventive value of isoniazid “almost no country has scaled it up.”

Cite this as: BMJ 2008;337:a1181

Performance related pay in United States

Janice Hopkins Tanne NEW YORK

Performance related pay for doctors in primary care does not result in better quality of care for patients, a large Massachusetts study has concluded. Reward schemes in commercial health plans in the United States may be too low to make a difference to physicians’ performance, the researchers said.

The study, which involved about 5000 primary care doctors and nearly four million patients, found that the performance of most doctors improved on all measures of clinical quality whether or not they had incentives (Health Affairs 2008;27:1167-76).

Performance related pay (called “pay for performance” (P4P) in the US) has been widely introduced as a way to improve patients’ care, but, the authors say, few studies have evaluated its effectiveness. They note that Medicare, the federal health insurance programme for elderly people, has implemented performance related pay in hospitals and may introduce payments to individual doctors.

“We found no relationship between the magnitude of quality improvement and specific P4P contracts,” the authors said.

A key question is how much money is needed to motivate improvements in clinical quality, they added.
Munich surgeons perform world’s first double transplantation of arms in 16 hour operation

Annette Tuffs, Heidelberg

The world’s first double transplantation of complete arms was performed last month in a 16 hour operation by a group of 40 surgeons and nurses at the Munich Technical University Hospital.

On 1 August the two surgeons responsible for the operation, Hans-Günther Machens and Christoph Höhnke, held a press conference in Munich to announce that the operation had taken place and that the patient was doing well.

Double hand and forearm transplantations have been done before in the United States and in Austria. The operation in Munich is the first to connect short upper arm stumps with almost complete donor arms.

The recipient was a 54 year old farmer who had lost both arms in a farming accident six years ago. He was given the arms of a male donor who had died just before the surgery and whose family had given permission. “After almost a week there have been no complications,” said the surgeons from the Munich hospital. Whether the patient will be able to use his hands and arms will become clear after three to six months.

The total preparation time for the operation was about 18 months. The patient was chosen because he was unable to use various arm prostheses and seemed psychologically stable and motivated.

“Our transplant psychologist tested whether he was likely to cope with the transplants,” said Dr Höhnke. The hospital also carefully checked the patient’s social environment and the medical risks of the extensive procedure.

Five expert surgical teams were involved in the transplantation: two teams working on the donor and two on the recipient, while the fifth team removed a vein from the recipient’s leg to prepare a bypass of a closed vein in the patient’s left shoulder. In the meantime some emergency patients were taken to other Munich hospitals.

The donor arms were without a blood supply for 1.5 to 2 hours. “We used the expertise we have from retransplanting cut arms,” said Professor Machens. The maximum time that a transplanted limb can be without a blood supply is about five hours.

In the recovery period the patient received electrophysiological muscle stimulation and physiotherapy to counteract muscle atrophy, together with psychological counselling.

“The immunosuppressive therapy poses a special challenge, since the transplant is the equivalent [in terms of immunosuppressive treatment needed] of a bone marrow transplantation and an additional organ transplantation at the same time,” said Professor Machens. The patient was given four different immunosuppressive drugs at a dosage four times as high as that given to kidney recipients, as well as topical treatment of the skin.

Depending on the long term success of this operation, the Munich surgeons plan to carry out further arm transplantations on suitable patients but do not want to attempt leg transplantations, they say.

Cite this as: BMJ 2008;337:a1162

doesn’t improve quality of primary care, study finds

The incentives, provided to doctors by commercial healthcare plans, ranged from about $200 (£100; €130) to $2500 per primary care doctor in the Massachusetts contracts. At the group level, payments for compliance with performance standards ranged from $10000 for a small practice complying with two of 13 performance standards to $2.7m for one of the largest groups complying with five performance standards.

The authors note the contrast between the typical amounts paid per doctor in the US and the bonuses that GPs can earn in the United Kingdom, where the amounts paid under the quality and outcomes framework (QOF) can be a substantial proportion of GPs’ income. Bonuses under the QOF system can reach £120000 for an average sized practice of three GPs. The authors say that recent national US data indicate that only about 40% of pay for performance contracts may include a maximum bonus greater than 5% of physicians’ income.

The Massachusetts study looked at the effect on quality of care of the various performance related pay schemes that five large commercial health plans introduced into contracts with groups of primary care physicians in 2001-3. The authors used a quality measurement and reporting system set up by the state to ascertain whether the programmes improved quality and whether some were better than others.

The study compared changes in 13 performance standards set by the National Committee for Quality Assurance from 2001 to 2003 among patients in 81 practices where the doctors were eligible for incentives and in 73 groups that were not eligible.

The standards covered prescribing of antidepressants and asthma treatments, screening for chlamydia and high cholesterol, comprehensive diabetes care, and child and adolescent care.

Cite this as: BMJ 2008;337:a1160