
News

Panic attacks and Xanax (Alprazolam)

It is estimated that one in twenty individuals suffer from panic attacks. The condition is defined as a period of intense fear or discomfort accompanied by at least four of the following 13 symptoms; difficult breathing, dizziness, palpitations, trembling, sweating, choking, nausea, feelings of unreality, numbness, hot flushes, chest pain, fear of dying, fear of being out of control. The attack usually lasts for just a few minutes. Terror is an integral component of the condition and sufferers tend to avoid settings in which attacks have occurred leading to agoraphobia.

The Upjohn company together with the South East Region Psychiatric Association recently organised an international symposium on panic disorders in Kilkenny (10th January 1992). The conference was addressed by the leading authority Professor David Sheehan on recognition, diagnosis and treatment of panic disorders.

Xanax (Alprazolam) has now been cleared by the NDAB for the treatment of panic disorders. The drug can block panic attacks by interaction with the brain GABA receptor systems. In a recent multicentre study it was found that 50% of treated patients were free of panic attacks after four weeks compared with 28% in the controlled group. Side effects tend to be mild, sedation and fatigue.

It is felt that the best management consists of a combination of medication and behavioural therapy.

Bad news about cholera

The WHO (30th December 1991, WHO/64) reports that there was over half a million cases of cholera in 1991 with 16,700 associated deaths. Seventy per cent of the cases occurred in Latin American countries, most of the remaining cases came from Africa. The death rate was 1% in Latin America compared with 10% in Africa, WHO states that the only permanent protection against cholera is safe water supplies and hygienic disposal of human waste. The present increase is a symptom of deteriorating infrastructures. Meanwhile access to cheap oral rehydration salts is needed to reduce the death toll in Africa.

Granisetron (Kytril) for control of cancer vomiting

Nausea and vomiting is a major side effect among those undergoing chemotherapy for cancer. Higher cortical centres are implicated in its onset and possible transmitters include 5-Hydroxytryptamine (5-HT). Granisetron (Kytril, Smith Kline Beecham) is a selective 5-HT₃ receptor antagonist.

A single 3 mg dose of Granisetron infused I.V. offers effective control of emesis over a 24 hour period.

In clinical trials an oral preparation administered twice daily provided emetic control in 59% of patients over the seven day period following chemotherapy. Side effects are uncommon and extra pyramidal symptoms have not been reported. Thus granisetron appears to be very effective when compared with the existing gold standard combination of metoclopramide and dexamethasone.

These findings were reported at a workshop on the management of emesis in the cancer patient held in Florence on October 27, 1991.

Blaise link medical database

The British library's Blaise Link service provides direct access to the national library of medicine in the USA which holds 14 million records on all aspects of biomedicine and toxicology. Blaise-link has now been adapted to work via Eirpac, allowing doctors in Ireland the opportunity to access the U.S. National library.

The user fills in a form on the screen, giving details in ordinary language of the subject/authors that are to be searched. The program then automatically makes the telephone call connects to the NLM on line system, runs the search, writes the results on a disc file and then disconnects the call. There after the results can be viewed at leisure.

In order to use the system you have to be a registered user of the British library Blaise-link service, have a network user identifier and pass word for Telecom Eireann's Eirpac service. An application form can be obtained by contacting Peter Dale, National Bibliographical service, 2 Sheraton Street, London W1V 4BH. Telephone 03 071 323 7078. Details about Eirpac can be obtained from Telecom Eireann Business services Telephone 1800 255255

Omeprazole (Losec) and helicobacter pylori

Helicobacter pylori is found only in human gastric epithelium close to the gastric lumen where pH is low. The acid pump inhibitor Omeprazole (Losec, Astra) has been shown to be bacteriostatic against Helicobacter pylori particularly when combined with Amoxycillin.

In a recent study the organism was eradicated in 54% patients receiving combination therapy for one month. Six months later, three quarters of the treated patients remained in remission. On its own omeprazole has little effect against Helicobacter. The response to a combination of acid-inhibitory drugs and antibiotics is particularly interesting. The synergistic effect is unexplained but amoxycillin's increased stability at higher pH levels may be a contributory factor. The higher pH also facilitates the defence mechanisms in the stomach. The findings were reported at the European Digestive Disease week, Amsterdam, October 20-26, 1991.

Good clinical practice in Europe (Investigator's Handbook)

An investigator's handbook on good clinical practice in Europe (Rostrum publications, MCRC Group, £17.50) has recently been published. Michael E Alien, editor, states that the basic aims of good clinical practice is to protect the subject involved in research and to prevent fraud. This handbook is intended to form part of the standard documentation given to an investigator at the beginning of a study.

Serious fraud and the abuse of patient's rights by the medical profession is unusual but episodes of both have been recorded. Good clinical practice developed in America in response to some serious disclosures of fraud and abuse at a time when individual rights were becoming more important. The elements of good clinical practice are, protection of the individual (Informed consent, ethics committee overview), standard operating procedures documentation and archiving, monitoring and audit of investigators procedure and data, advance drug reaction reporting.

The guidelines apply from July 1991 to all trials intended for regulatory approval in any European Community member state. The handbook contains reference to the good clinical practice legislation and guideline in Europe including the Irish Control of Clinical Trials Act 1987 No. 28.

European Journal of Dermatology (EJD)

The first issue of the European Journal of Dermatology (EJD) was published in October 1991. It is envisaged that this new publication will be able to reflect the growth in European dermatology, its scientific progress and its increasing needs of information and education. It hopes to reflect the activities of European dermatologists.

This first issue contains 70 pages. It is well illustrated with many high quality colour photographs. It contains mostly review papers and case reports.