



## The first international conference on paediatric pharmacy in Orlando

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Around 200 pharmacists from all over the world with an interest in paediatric pharmacy met at the first conference of its kind.

Orlando, USA, was the venue for the first international conference on paediatric pharmacy held on 24-27 April 2009. The North American Pediatric Pharmacy Advocacy Group (PPAG) offers education, communication and a research platform for paediatric pharmacists, and now an international conference. The meeting included several state-of-the-art lectures, working groups, round table discussions and poster sessions. Mr David Knoppert (Ontario, Canada) from the PPAG was the driving force behind the organisation of this first conference. Because of the relatively limited number of participants, the meeting was an excellent opportunity to meet new colleagues and exchange information on paediatric pharmacy.

The conference started with an update on the initiatives undertaken to improve paediatric health care in the developing world (McLeod, Hill, Ntokamunda, Gray). It is still very unsettling to be confronted with the high child morbidity and mortality rates in the developing world, caused by diseases that have been well under control in more developed countries for years. Improvement in this area is much needed and initiatives such as combination treatment for HIV/tuberculosis, fixed dosage regimes for malaria and a list of essential drugs for children, have started with help from paediatric pharmacists.

The new legislation both in the US and – in an even stricter format – in Europe, to enforce improvements in the availability of licensed drugs for children from the pharmaceutical industry, received much attention during the symposium (Giacola,

Nunn, Saint-Raymond, Rose). As a result of this legislation, more research has been initiated on drugs in children and many countries have started a 'Medicines for children research' network, following earlier initiatives in the US and UK. Whether these initiatives will effectively result in the availability of licensed drugs for all age categories, and in formulations suitable for children, is still uncertain, but the efforts are promising.

Basic paediatric pharmacology sessions (pharmacokinetics) (van den Anker), pharmacodynamics (Mulla) and pharmacogenomics (Leeder) revealed critical gaps in knowledge. The field of pharmacogenomics especially is a relatively new and unknown area in paediatric pharmacology. Its contribution to the variation in drug response, relative to the extensive contribution to drug response variation by age differences in paediatric pharmacokinetics, needs further exploration.

Mr Tomlin from UK showed an interesting concept of differentiation in the function of paediatric pharmacists. Different levels of paediatric pharmacists are recognised, based upon knowledge, clinical experience and leadership capacities, with corresponding training and education programmes.

Professor Vulto (Rotterdam, The Netherlands) elaborated on the position of a hospital pharmacist as a member of a research team, who has to decide on inclusion of patients suffering from a life threatening disease, in a trial with a potential life saving drug, while having to deal with safety and ethical issues. The more detached position of the hospital pharmacist, who is usually less per-

sonally involved with the patient than the treating physician, and the rest of the medical team, can be very helpful in these discussions and hospital pharmacists should not refrain from taking these positions.

Paediatric formulation (Nahata, Tuleu), is obviously an important and recurrent topic on a paediatric pharmacy symposium. The effect of drug formulation on compliance in a paediatric population is immense, and it is therefore disappointing that really new innovations so far are lacking. For young children, oral liquids are still needed to administer dosages in a flexible way, but problems with stability, solubility and bad taste have still to be overcome.

In conclusion, the first international conference on paediatric pharmacy in Orlando was very successful in bringing many paediatric pharmacists from different countries together to share information. Hopefully it will be followed by a second international conference on paediatric pharmacy, possibly on this side of the ocean. This would enable a larger proportion of European pharmacists to participate.

More information can be found on the website [www.ppag.org](http://www.ppag.org).

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