

Journal club

How do we avoid drowning in the tsunami of articles that are published? How do we distinguish the papers that are going to change practice, the 'must read', from those not worth reading? A simple suggestion: start a journal club. In my pharmacy we started one more than a decade ago for the residents in training and PhD students. We choose an informal format. We meet every third week after work and follow an annual schedule where everyone gets turns. What to select to review is also simple: anything you have read, in any journal, that you think worthwhile sharing with your colleagues. We started with six articles in 1.5 hours, but we hardly ever finished on time: we needed help. *Evidence-Based Medicine* published by BMJ is a reliable source of papers and practical suggestions [1, 2]. If you want to change practice, you first need to have your facts right, and a joyful journal club discussion is a good start.

Once a year we change routine and discuss the new drugs that have entered into the market in the past year. In recent years, some 20–25 drugs were listed, limiting average discussion time to some five minutes per drug. So, simply summarise the pharmacology, indications and discuss the potential place in treatment; and then a final verdict: is it a breakthrough, a niche product, or more of the same? On average, we think that about a third of the drugs discussed are going to make a real difference. Of what we saw in 2009 in The Netherlands, we were positive about the new anti-HIV treatment etravirine, methylnaltrexone for opioid-induced constipation and the anti-Parkinson drug rotigotine. Two new interleukin antagonists, tocilizumab and ustekinumab, biological DMARDs for rheumatoid arthritis, will improve treatment possibilities. Small patient populations may benefit from azacitidine, clofarabine, lacosamide, romiplostim and the post-operative drug sugammadex.

Given the large number of patients who are treated with anticoagulants, with erratic coumarins or subcutaneous low molecular weight heparins, we foresee that the new oral anticoagulants dabigatran and rivaroxaban will have a large impact. For more patients than we had realised, the stay in hospital is complicated by deep venous thrombotic events, as Dr Haas and Dr Lassen explain (pages 17 and 25). Here we see an important role for hospital pharmacists to improve quality of care and more education in this area is badly needed. A working party of EAHP members collaborated in a survey (pages 54-7) on deep vein thrombosis (DVT) practices in hospitals in six European countries, and their conclusions show that there is much room to improve everyday practice. We hope that this issue's cover story on DVT and how to prevent it will be helpful for hospital pharmacists.

Just before the end of 2009 the European Medicines Agency issued a positive opinion on denosumab (Prolia), an antibody that counteracts bone destruction, for use in osteoporosis in post-menopausal women, but also as an adjunct to hormone therapy in prostate cancer. There are high expectations of this new drug, and new indications are being tested. The major European clinical oncology meeting ECCO/ESMO in September 2009 in Berlin, Germany, saw a number of presentations about it. More highlights of this meeting can be read in the report by Dr Garassino, Professor Schrijvers and Professor Zakotnik (pages 62-3).

In our country focus we feature two of our Baltic members: Estonia and Lithuania. The University of Vilnius celebrates 225 years of university education in pharmacy, a path marked by European collaboration including a Dutch professor Jan Fryderyk Wolfgang.

In order to play our important guiding role in formulary committees, hospital pharmacists need proper training in evaluating the literature and assessing the evidence. Thrombotic events are among the major risks that patients may experience while hospitalised and you can make a difference by taking stock of the venous thromboembolism prevention policies in your hospital, assessing their effectiveness and changing them where necessary. In this issue our journal offers the material to do so.

But in addition to these general risks, it is the essence of specialist pharmaceutical care that we are also accountable beyond the guidelines. Patients rely on us to be aware of current developments in pharmacotherapy. Organising a journal club in your pharmacy will satisfy your scientific pharmaceutical curiosity and develop the care you offer your patients.

References

1. Schwartz MD, et al. Improving journal club presentations, or, I can present that paper in under 10 minutes. *Evid Based Med.* 2007;12(3):66-8.
2. Kearley K. The 6 steps of evidence-based medicine: action plans and changing clinical practice through journal clubs. *Evid Based Med.* 2007;12(4):98-100.



Professor Arnold G Vulto
Editor-in-Chief, **EJHP Practice**