

EU anti-trust enquiries: focus on Denmark

On 12 January 2010 the European Commission requested information from several large pharmaceutical firms in relation to patent settlement agreements made between July 2008 and December 2009 as reported in this issue's *Industry News*. In a statement, the regulator said the monitoring exercise has been launched following the findings of the competition inquiry into the pharmaceutical sector published in July 2009 [1]. On 8 January 2010 it launched a separate investigation into possible anticompetitive behaviour by Danish drug company Lundbeck.

The firm, which developed anti-depressant medicine citalopram, stands accused of hindering the entry of a generic form of the drug onto European markets. Lundbeck said it will cooperate with the investigation but insists it has broken no laws.

The antitrust arm of the EU executive has repeatedly locked horns with big business in recent years, notably in its high-profile case against Microsoft and a separate decision to impose a record Euros one billion fine on Intel for competition breaches.

1. www.euractiv.com

European Medicines Agency gives first opinion on compassionate use – IV oseltamivir

The agency's Committee for Medicinal Products for Human Use has given its first opinion on the compassionate use of a medicine. The recommendation is made to all Member States, but is not compulsory. It was based on a request from Finland. It relates to an unlicensed IV formulation of oseltamivir, Tamiflu IV, to treat critically ill patients with a life-threatening condition due to suspected or confirmed pandemic or seasonal flu, who cannot take authorised antivirals by mouth or as an inhalation.

The currently available pharmaceutical, pre-clinical and clinical data are very limited for the formulation. The agency will evaluate all relevant information and update this compassionate use opinion as appropriate.

www.ema.europa.eu/pdfs/human/compassionate_use/4243810en.pdf

Tackling health inequality could boost economy

Addressing health inequality in Europe would provide a long-term economic boost, according to a report launched 11 January 2010 in Paris [1]. The DETERMINE group is an EU consortium for action on the socio-economic aspects of health. However the report comes at a time when governments are looking to curtail public spending, something the outgoing European Commissioner for Health, Androulla Vassiliou, has warned would be counterproductive.

"Targeted investment to address health inequalities by action on social determinants of health is more cost-effective than paying later for the consequences of these inequalities", the report says. This implies that addressing health inequalities is not only a matter of social justice but also contributes to growth and productivity.

Yawning gaps in health status exist within and between EU Member States, leading to variations of up to eight years in life expectancy. Income, education, living and working conditions, health behaviour and access to health care are cited as factors contributing to lifespan.

The EU executive last year announced a series of steps designed to tackle health inequalities in Europe. It promised to strengthen data collection and foster best practice between countries.

1. www.health-inequalities.eu/

Study prompts calls for Europe-wide salt legislation

On 26 January 2010, The European Society of Cardiology (ESC) welcomed research published early online in the *NEJM* [1] that quantifies for the first time the annual number of new cases of coronary heart disease, stroke and myocardial infarction that could be prevented by populations reducing daily intakes of salt. ESC spokesman Professor Ruschitzka, a Swiss cardiologist, said "This study represents the evidence that a reduction of salt intake not only lowers blood pressure but also prevents cardiovascular events."

A 2009 survey of over 260 food products available around the world found surprisingly wide variations. For example, Kellogg's All Bran for sale in France, The Netherlands, Norway and Sweden contains 1.30 g salt per 100 g compared to salt levels of 0.65 g per 100 g for the product in the US. Such data underlines the urgent need to eradicate country to country inequalities. "Reducing the salt content of our unnecessarily over-salted, processed food is an inexpensive, yet highly effective public health intervention that we can't afford to miss" concluded Professor Ruschitzka.

1. Bibbins-Domingo K, et al. 10.1056/NEJMoa 0907355

New look for the European Medicines Agency



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

To mark its 15th anniversary on 26 January 2010, the Agency has unveiled a new visual identity. It will gradually be introduced and a new website will be launched later in 2010.

www.ema.europa.eu/