

study. They apply immediately to Prempro, Premphase, and Premarin, but the FDA wants similar updates for other brands.

► Two new analyses shed more light on the increased breast cancer risk associated with CHRT. One study using WHI data found a significantly increased incidence of breast cancer among women on CHRT (compared to placebo) within five years of use. In addition, the study revealed that invasive tumors were more likely to be larger and at a more advanced stage at diagnosis among CHRT users.

The second study found an increased risk for breast cancer—invasive lobular tumors, in particular—among women taking estrogen and progestin, regardless of whether they took the progestin for less than or more than 25 days a month.

► Finally, a study evaluating the effect of CHRT on memory in elderly women found that CHRT increased the risk of dementia and did not protect against the risk of mild cognitive impairment.

U.S. Food and Drug Administration. "Drug information: Estrogen and estrogen with progestin therapies for postmenopausal women." 2002. www.fda.gov/cder/drug/infopage/estrogens_progestins/default.htm (10 June 2003).

Shumaker, S. A., Legault, C., et al. (2003). Estrogen plus progestin and the incidence of dementia and mild cognitive impairment in postmenopausal women. The Women's Health Initiative Memory Study: A randomized controlled trial. *JAMA*, 289(20), 2651.

Gann, P. H., & Morrow, M. (2003). Combined hormone therapy and breast cancer: A single-edged sword. *JAMA*, 289(24), 3304.

New Protease Inhibitor Allows Once-Daily Dosing

A new protease inhibitor is now available with a dosage that lightens the "pill burden" on HIV patients—only two pills once daily. The new drug, atazanavir sulfate (Reyataz), also avoids the increases in cholesterol and triglyceride levels that are a common concern with protease inhibitors. Others in this class have dosages of up to 24 pills a day—and all of them (including atazanavir) must be taken with other antiretroviral agents.

In clinical trials, atazanavir decreased the viral load and increased CD4 cell counts both in patients who had been on other antiretroviral therapy and those who hadn't. Hyperbilirubinemia was the most common lab abnormality, and it caused jaundice or scleral icterus in 15% – 24% of study subjects. Nausea, infection, and GI disturbances are among other adverse events. Atazanavir interacts with a number of commonly used drugs, so specifically ask patients about all prescription, OTC, and herbal products they're taking.

U.S. Food and Drug Administration. "FDA approves a once daily protease inhibitor for HIV infection." 2003. www.fda.gov/bbs/topics/answers/2003/ans01233.html (20 June 2003).

Bristol-Myer Squibb. "First once-daily protease inhibitor – Reyataz (atazanavir sulfate) – approved by U.S. Food and Drug Administration as part of combination therapy for the treatment of HIV/AIDS." 2003. www.bms.com/news/press/data/pf_press_release_3803.html (20 June 2003).

Error Watch

Computer Order Entry Doesn't Reduce The Need For Vigilance

Computer drug order systems can help improve medication safety, but they're not error-proof. Over a recent 51-month period, computer order entry turned up as a cause in about 10% of drug errors that were reported to the USP's Medmarx database.

In one case, the antiemetic promethazine HCl (Phenergan) was listed as a possible choice on a patient's initial standing orders. Although this drug was not "checked off"—and therefore not ordered—it was mistakenly entered into the pharmacy computer system along with other standing orders for the patient, who'd had a total knee replacement. A medication administration record (MAR) was generated from the computer and an RN gave the patient the drug without cross-checking the MAR against the original order. The patient—who was on patient-controlled analgesia—became so sedated he didn't respond to a sternal rub. He improved after being given naloxone HCl (Narcan).

To minimize the risk of such errors, the staff needs to be trained thoroughly in the use of computer drug order systems and alerted to typical entry errors. Standardized order forms should be designed so that it's clear which drugs have actually been selected. For new/initial orders and orders for high-risk drugs (e.g., heparin), cross-check computerized MARs with the original paper order.

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