

hypotension. More common side effects include rash, dry skin, fatigue or weakness, fever, constipation, and abdominal pain.

Bevacizumab is given IV with irinotecan, 5-fluorouracil (Adrucil), and leucovorin (Calcium Folate, Citrovorum Factor)—a standard colon cancer regimen known as IFL. In clinical trials, patients taking bevacizumab (the recommended dose is 5 mg/kg every 14 days) with IFL survived about five months longer, on average, than those on IFL alone. The efficacy of bevacizumab alone has not been established.

Adverse effects include GI perforation, impaired wound healing, and internal bleeding, which are all uncommon; and hypertension, fatigue, blood clots, diarrhea, and reduced white blood cell count.

U.S. Food and Drug Administration. "FDA approves erbitux for colorectal cancer." 2004. www.fda.gov/bbs/topics/NEWS/2004/new01024.html (13 Feb. 2004).

U.S. Food and Drug Administration. "Erbitux (cetuzimab)" 2004. www.fda.gov/cder/foi/label/2004/125084lbl.pdf (13 Feb. 2004).

U.S. Food and Drug Administration. "FDA approves first angiogenesis inhibitor to treat colorectal cancer." 2004. www.fda.gov/bbs/topics/NEWS/2004/NEW01027.html (26 Feb. 2004).

Genentech. "Avastin (bevacizumab). 2004. www.avastin.com/avastin/prescribingPIPro.m (27 Feb. 2004).

Combined Therapy Found Effective For AD Patients

When teamed with donepezil HCl (Aricept), the recently approved drug memantine HCl (Namenda) lessens the decline in cognition and ability to perform activities of daily living in patients with moderate to severe Alzheimer's disease (AD), a new double-blind, randomized study has found. It's the first to report positive results from a two-drug treatment for AD.

Researchers studied 322 Alzheimer's patients, comparing the efficacy and safety of memantine (20 mg/day) and donepezil with the effects of treatment with donepezil and placebo. Over the course of six months, patients on both drugs showed a slight (0.9%) improvement in cognition, vs. a decrease (2.5%) for those on donepezil and placebo. They also had significantly less decline in ADLs and significantly better measures of global status and behavior than those in the placebo group. What's more, patients taking memantine and donepezil were less likely (7.4% vs. 12.5%) to drop out because of adverse events than those in the donepezil/placebo group.

Tariot, P. N., Farlow, M. R., et al. (2004). Memantine treatment in patients with moderate to severe Alzheimer disease already receiving donepezil. *JAMA*, 291(3), 317.

Forest Laboratories. "JAMA reports Alzheimer's patients treated with combination of Namenda (memantine HCl) and donepezil experiences significant benefits compared to donepezil alone." 2004. www.namenda.com/pdf/1-20-04_press_release.pdf (22 Jan. 2004).

Error Watch

Preventing Drug Allergy Errors: Nurses Are Making A Difference

Within the past 24 months, USP's MEDMARX reporting program has received more than 100 reports of nurses intercepting drugs intended for patients with documented allergies to those drugs. Most of the near misses involved antimicrobial agents, such as penicillins, cephalosporins, macrolides, and sulfa products.

These reports underscore the fact that nurses serve as the last safety net between patients and their meds. Make the most of this opportunity by:

► Ensuring that patients who have an allergy are wearing their allergy alert armband next to their ID brace-

let. Checking the bracelet alone is no substitute for assessing for a patient's allergy status.

► Asking patients about allergies before giving meds.

► Not making blanket comments in nurses' notes, such as "See allergy list." Each allergy should be listed individually in the notes as well as in the history.

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To learn more about the USP's two anonymous medication error reporting programs, point your browser to www.usp.org/patientSafety.