Brand changes for cardiovascular medicines: carvedilol, ezetimibe and ezetimibe with simvastatin

Over the next few months there will be changes in the subsidised brand of three cardiovascular medicines. The first medicine to undergo a brand change was carvedilol on 1 April, 2015, which will be followed by ezetimibe and ezetimibe with simvastatin from 1 June, 2015.

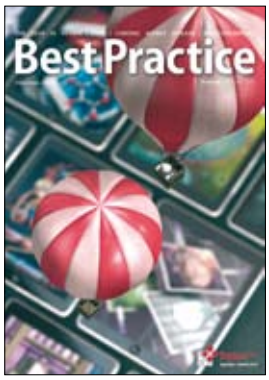
The same Special Authority restrictions for access to ezetimibe and ezetimibe with simvastatin will apply after the brand change.

For further information, see: **www.pharmac.health.nz/medicines/my-medicine-has-changed/cardiovascular-medicines/**

Patient information can be downloaded and printed from the website or ordered from: **www.pharmaconline.co.nz**

If you have any enquiries about these changes, please phone 0800 60 00 50 between 9am–5pm, Monday to Friday.

Special Authority forms are available from: **www.pharmac.govt.nz/SAForms**



Quality indicators for opioid prescribing

Dear Editor,
Re: "Helping patients cope with chronic non-malignant pain: it's not about opioids", BPJ 63 (Sep, 2015).

Thank you for this very useful and comprehensive article. There is now a new tool available in New Zealand, not mentioned in the article, which can be used by individual practitioners or by their services to improve the quality of prescribing for chronic non-malignant pain.

With funding from the Health Quality and Safety Commission, seven suites of indicators were developed in 2012 to facilitate safer prescribing of opioids in this context. The indicators identify appropriate numerators and denominators and list the caveats in indicator implementation and interpretation of the results. The indicators are arranged in suites of related indices and cover important topic areas, aligned to the 10 Universal Precautions outlined in Pages 36 and 37 of the BPJ article. The indicators are appropriate for use in an audit cycle with the intention of continuous quality improvement. Any practitioners, specialists or generalists, are able to access these indicators on the HQSC website and use them for quality improvement and to ensure that their patients with chronic pain are offered appropriate and evidence-based advice and support during their convalescence.

The resources are available from: ***www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/opioids***

Drs Helen Moriarty *and* ***Roshan Perera***
Wellington

Early treatment in Parkinson's disease

Dear Editor,
Firstly, I hope your beautifully illustrated Best Practice never totally goes out of print.

To show that the copies are treasured, in [The Year in Review - What did we learn in 2014, BPJ 66, Feb, 2015] it is summarised that Parkinson's disease should be detected and treated early.

Actually the original article in BPJ 58 (Feb, 2014) states that: "There is little evidence that treatment with either levodopa or long-acting dopamine agonists in the early phases of Parkinson's disease results in improved long-term outcomes"

You see - your publications are not in vain!

Dr John Sarfati, *General Practitioner*
Wellington

Thank you for your comments. You are correct in pointing this out. In patients with Parkinson's disease, symptoms should generally begin to be managed once they become troubling to the patient. Early treatment does not necessarily result in better outcomes, and medicines used to manage Parkinson's disease are associated with adverse effects. Treatments are optimised as new symptoms develop. A combination of levodopa with carbidopa or benserazide is generally first-line treatment for functional disabilities, and then dopamine agonists such as ropinirole or pramipexole may be added to reduce motor symptoms and minimise the adverse effects of levodopa treatment (younger patients may be started on dopamine agonists). Additional pharmacological treatments for non-motor symptoms and other strategies, such as dietary adjustments, physiotherapy and counselling, are all important aspects of management as the patient's condition worsens.

A special thank you to all of the readers who expressed their support for retaining a printed version of Best Practice Journal, and also to those who reassured us that they would read our articles online. We really appreciate the feedback, and we will continue to work hard to provide you with the best evidence-based guidance for primary care.

We value your feedback. Write to us at: Correspondence, PO Box 6032, Dunedin or email: editor@bpac.org.nz