

LATEST EDITION OF AUSTRALIAN PRESCRIBER OUT NOW

The December edition of [Australian Prescriber](http://www.australianprescriber.com), out now, looks at the following topical issues:

The prescribing cascade

A 'prescribing cascade' occurs when a new medicine is prescribed to 'treat' an adverse reaction to another drug in the mistaken belief that a new medical condition requiring treatment has developed, write Lisa Kalisch and colleagues from the University of South Australia.

Recognising and preventing all types of adverse drug events is a priority, according to the authors, given that 10% of patients visiting general practices will have had an adverse drug event in the previous six months. This affects more than 1.5 million people per year and results in at least 190,000 hospital admissions annually.

Failure to recognise an adverse drug reaction has the potential to further compound poor health, particularly when the reaction is mistaken for a symptom of a new health problem, say the authors.

Appropriate primary prevention of cardiovascular disease: does this mean more or less statin use?

It is likely doctors are over-prescribing statins to low-risk patients, according to Associate Professor Jane Smith of Bond University. Treatment should focus on those who are more likely to benefit from statin treatment.

In people at high risk, especially those who have had prior cardiovascular disease, statins lower heart attack rates and mortality. But in other people, it may not be beneficial to focus on single risk factors such as high cholesterol to determine whether statins should be used.

Statin treatment in those with a lower cardiovascular risk offers limited benefit and may result in harm, such as myopathy, writes the author.

New drugs for osteoporosis

Despite the numerous treatments available, the majority of Australians with osteoporosis remain untreated. New treatments for osteoporosis may offer advantages over oral bisphosphonates, particularly regarding adherence.

Professor Peter Ebeling of the University of Melbourne and Western Health, Melbourne, writes that newer parenteral treatments, intravenous zoledronic acid and subcutaneous denosumab injections can be administered less frequently than the oral bisphosphonates. However, these and some other newer drugs are not currently approved to treat osteoporosis in men and patients with corticosteroid-induced osteoporosis.

This edition also includes a list of the top 10 drugs used in Australia. To read the full articles and more visit www.australianprescriber.com

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