

Paediatric pharmacy

– 5 important things to know



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A good friend phoned the other day to ask a favour. His son, who's studying for a degree in pharmacy, is thinking of specialising in paediatrics and wanted to ask me a question in preparation for the course interview: "What are the five things an experienced paediatric pharmacist wishes they'd known at the beginning of their career?" After a bit of head scratching and a couple of calls to esteemed colleagues asking them for their opinion on this important subject area, I went back to him

with the following list. I thought it might be worth sharing it with you...

1. An estimated 10 million children die every year, many from diarrhoea, malaria, respiratory tract infections, pneumonia or HIV/AIDS. Medicines for these illnesses exist, but paediatric formulations and knowledge on how best to use them in children are often lacking.
2. Children are not small adults! It might sound obvious, but it doesn't follow that just because a child is half the size of an adult that he or she can automatically be given half the dose of the same medicine. According to a report jointly published by the United Nations Children's Fund (UNICEF) and the World Health Organisation (WHO), "Children differ in the way they ingest, absorb, metabolise and excrete drugs, and behavioural and developmental issues complicate their treatment." In recognition of this basic premise, new legislation - governing the development and authorisation of medicines for use in children aged 0 to 17 years and introducing sweeping changes into the regulatory environment for paediatric medicines - was introduced in the European Union in January 2007.
3. Not a lot of research has been conducted in paediatric pharmacology. There are grounds for some optimism,

though, as in May the European Medicines Agency announced that it's setting up a high quality network of existing research groups, investigators and centers with recognised expertise in performing clinical studies in children. More information about this can be found at www.ema.europa.eu. Also, in 2007, WHO updated its Essential Medicines List – first set up predominantly for adults in 1977 – to include paediatric medicines. Plus, the International Alliance for Better Medicines for Children is striving to make sure every child worldwide has the highest attainable standard of health.

4. Due to the lack of paediatric product availability, many medicines, that have only been tested on adults, are used off-licence on children. In some instances these medicines aren't available locally and this is where my real expertise comes in, as one of Durbin's specialities is supplying both unlicensed and imported medicines – even those that are difficult to source. The main thing I've learned about these two areas during the 40-plus years we've been in business is that the patient – in this case the child – always needs to be the first consideration. That's why our team of professionals only ever sources medicines in line with MHRA guidelines.
5. The best way to keep up to date with what's happening in the world of paediatric medicine is to subscribe to good peer-reviewed journals. Two that come highly recommended are the British Medical Journal's 'Archives of Diseases in Childhood' and 'Paediatric Drugs'.

I am sure that my friend's son will be accepted onto the course. I can't help thinking that it's conscientious students like him who will really make a difference in improving wellbeing for the children of the future. **MEH**

Durbin PLC is a British company based in South Harrow, London. Established in 1963, the company specialises in supplying quality assured pharmaceuticals, medical equipment and consumable supplies to healthcare professionals and aid agencies in over 180 countries. As well as reacting rapidly to emergency situations, Durbin PLC responds to healthcare supply needs from local project level to national scale programmes.

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