



Poster

Evaluating how guidelines for replacement therapy were implemented following withdrawal of rofecoxib

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Clinical Practice Guideline	We aimed to analyse how guidelines for the management of rofecoxib withdrawal were actioned, by investigating how the prescribing of other COX-2 inhibitors, non-selective non-steroidal anti-inflammatory drugs (NSAIDs) and paracetamol changed when rofecoxib was withdrawn. Recommendations were produced around this time by a number of bodies, including the National Prescribing Service.
Stakeholders	Population level data for the whole of Australia (dispensing data from Medicare Australia) were analysed.
Evidence-practice gap	When rofecoxib was withdrawn from the market a number of changes to prescribing patterns occurred, but not the anticipated increase in paracetamol prescribing. We decided to investigate what the guidelines at the time actually were recommending and to investigate why these were not implemented.
Implementation strategies	Paracetamol is recommended as first choice medicine for people with chronic pain such as osteoarthritis (OA). However, paracetamol is too often not considered for those patients. An intervention to encourage use of paracetamol as first choice therapy will be planned when we understand why the recommendations from guidelines were not taken up. Rofecoxib withdrawal, together with guidelines recommending paracetamol use should have prompted much wider reconsideration of paracetamol as a choice for many of the rofecoxib patients. We will conduct focus groups to identify barriers and facilitators and work to develop implementation strategies for an intervention.
Data	Literature was searched for guidelines for use of COX-2 inhibitors. COX-2 inhibitors, paracetamol and non-selective-NSAIDs use was measured from dispensing data for concession beneficiaries subsidised by the PBS (1997-2005). Data were downloaded from Medicare Australia website and converted, according to World Health Organization (WHO) Anatomical Therapeutic Chemical/Defined Daily Dose (2005), to DDD/1000 concession beneficiaries/day.
Results	COX-2 inhibitor prescribing increased when the drugs were made available on the PBS. Following rofecoxib withdrawal celecoxib prescribing decreased while meloxicam increased. Non-selective-NSAIDs use increased, but this was due to increased use of low-risk and moderate-risk NSAIDs. Paracetamol was still too often not considered a drug of choice for arthritis.
Barriers	We will be investigating these barriers in the focus group analyses.
Resources	This study is part of a PhD project. The International Postgraduate Research Scholarship (IPRS) and University of Queensland International Living Allowance Scholarship (UQILAS) cover respectively tuition fees and living allowance. Small grants for research maintenance covered PBS data purchase and will cover expenses needed for intervention plans.
Key message	COX-2 inhibitor prescribing did not show adherence to the recommended guidelines. An intervention aimed at increasing paracetamol use might offer further opportunities to reduce inappropriate COX-2 inhibitor prescribing.
* Presenter Bio	Nadia graduated in Pharmaceutical Chemistry and Technology (Italy). During her university career she joined a research group at the University of Erlangen (Germany) working on implantable systems (1998). In 1999 she was employed as an occupational trainee at Dreger-werk (Germany). In 2000 she returned to Erlangen. In 2001 she joined the central department of spectroscopy at MerckKgaA (Germany) working on analytical methods. She joined the University of Queensland in April 2004. In November 2004 she was awarded the International Postgraduate Research Scholarship and commenced her PhD under Professor Sue Tett's supervision. Nadia's research interests focus on quality use of medicines.