START THE CONVERSATION NGE THE NARRATIVE

Your patients aged ≥50 years may be aware of shingles—but do they really understand its cause, risks and impact?

Nearly all adults aged ≥50 years are likely to be at risk of shingles, no matter how healthy they may feel.*I-3



This Shingles Awareness Week, take the lead and start a conversation with your patients about preventing shingles.

Hypothetical patients. For illustration purposes only.

*Immunocompromise in people aged I8 years and older, caused by immunocompromise in people aged I8 years and older in the people aged I8 years and older in t

References: I. Centers for Disease Control and Prevention (CDC). Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR. 2008 June;57(RR-5):1-30. 2. National Centre for Immunisation Research and Surveillance (NCIRS). Zoster (shingles) vaccines (Shingrix® (RZVI) and Zostavax® (ZVLI) — frequently asked questions. Nov 2023. Available at: ncirs.org.au/zoster-shingles/zoster-shingles-vaccines-shingrixr-rzv-and-zostavaxr-zvI-frequently-asked-questions [Accessed December 2024]. 3. Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health and Aged Care, Canberra, 2022. Available at: immunisationhandbook. health.gov.au [Accessed December 2024].

cause immune system decline and increase their risk of shingles.¹²

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"I'm fit and healthy—I can't be at risk of shingles."





GSK





Today's issue of <u>PD</u>

Pharmacy Daily today features three pages of news, plus a front cover from GlaxoSmithKline.

Shingles awareness

MOST adults aged 50 and over are likely to be at risk of shingles, but many may not understand its cause, risk and impact.

GSK is promoting Shingles Awareness Week, coming up at the end of this month, so now is a good time to have a conversation with patients about prevention.

A great start is dispelling the myth that if someone is fit and healthy, they are not at risk.

In fact, over 90% of adults aged 50+ already carry the virus that causes shingles and over 30% of adults will develop shingles in their lifetime.

See the **cover page** for more.

Changes in opioid prescribing give hope

THERE is a concerning increase in new opioid prescriptions among younger people in Victoria, according to new research from Monash University.

However, the overall number of opioid scripts is decreasing, as is the number of people being prescribed opioid medications for longer periods of time.

The researchers analysed opioid prescribing rates between 2017 and 2022 using records from over 500 GP practices across regional and metropolitan Victoria, providing insight into the impact of recent PBS measures designed to reduce rising opioid-related harms, including overdose.

They found a general decrease in opioid prescribing by GPs, but identified a 69% increase in new opioid prescription rates for Victorians aged 15 to 24.

Deputy Director of Monash Addiction Research Centre, Professor Suzanne Nielsen, said it is not clear why younger populations are seeing increased opioid prescriptions and that the trend needed further investigation.

The researchers also found that while prescription rates decreased for most opioids, the number of prescriptions for tapentadol surged by 263%.

Another of the positive findings was a decline in the number of people being prescribed opioids for extended periods of time, with the proportion still being prescribed opioids three months after their initial prescription falling from 5.4% in 2018 to 3.6% in 2022.

The most disadvantaged groups saw a 12% decrease in opioid prescriptions, while the least disadvantaged saw a 6% increase.

Regional and remote areas had the highest rates of opioid prescribing and new prescription rates, although the researchers noted these rates decreased significantly over the study period.



"We know opioids are important for pain management, and we want to see them used wisely," Professor Nielsen said.

"Seeing these overall reductions in developing long-term use, and less reliance on opioids overall, is positive," she added.

Professor Nielsen said other demographic trends suggested the need for targeted interventions to ensure opioids are available when clinically needed, and equitably across all groups and geographical regions, while minimising the risk of harm. *KB*

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Ramsey CEO shares career journey

THE latest episode of Your Pharmacy Career Podcast, hosted by Krysti-Lee Patterson, features an engaging and motivational discussion with Michelle Lynch, CEO of Ramsay Pharmacy and Psychology Group.

From her start as a pharmacy student at Monash University, to becoming a leader in healthcare, Lynch takes listeners on a journey through her career, speaking on the challenges and triumphs of leadership, the importance of values and kindness, and how mentorship can shape a successful career.

Produced by Raven's Recruitment, and newly sponsored by the Pharmaceutical Society of Australia, *Your Pharmacy Career Podcast* is now in its 11th season of sparking ideas, guiding careers and helping pharmacists achieve their goals.

"PSA is proud to sponsor this season of the *Your Pharmacy Career Podcast*, where Krysti-Lee Patterson will speak with some of Australia's most innovative pharmacists about their career paths and how they got there," said PSA CEO Steve Morris.

"This is a natural partnership for PSA, the professional body for all pharmacists in all practice settings, as we have crafted the emergence of new career pathways such as onsite aged care pharmacists, GP pharmacists, ACHHO pharmacists and palliative care pharmacists," Morris continued.

"I hope early career (and notso-early career) pharmacists from around the country will benefit from the wisdom and experiences of Krysti-Lee's guests, inspiring pharmacists to take on new challenges and be the best that they can be.

"I encourage all pharmacists to listen into this season's episodes...I know I'm looking forward to tuning in!"

Listen to the podcast HERE.

Update on MHT: review

A RESEARCH review of evidencebased recommendations for menopause hormone therapy (MHT) has found that its impact differs significantly between demographics and use should be tailored to individual need.

The authors noted that the limitations of the principle findings of the Women's Health Initiative, the Million Women Study and other extensive pioneering studies of MHT that raised alarm are now well-recognised.

"Emergent differences in outcomes according to age, dose, route and type of MHT used have enabled better stratification of risks and benefits of different formulations of MHT to facilitate individualised treatments, which are embedded into current international consensus recommendations," they wrote.

The review recommends tailored use of MHT for well-defined indications, recognising its value

for menopause symptom relief, and skeletal and cardiovascular benefits for many midlife women.

Based on the evidence, the authors suggest MHT may be used as long as the benefits outweigh risks through shared decisionmaking between the patient and their medical practitioner.

"The review highlights that prescribing oestrogen in doses higher than approved may increase the likelihood of vaginal bleeding, and that no studies have shown higher than regulator-approved doses of menopausal hormone therapy to be safe with regards to breast cancer or other disease risks," said co-author Professor Susan Davis from Monash University Women's Health Research Program.

The authors also found insufficient clinical evidence to support the long-term use of MHT in some women accessing it in clinical practice.

Read the full paper HERE. KB

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Dive into our latest podcast episode featuring **Michelle Lynch**, CEO of Ramsay Pharmacy and Psychology Group, titled "An Inspiring Journey from Pharmacist to CEO".

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Dispensary Corner

CONSIDERED redundant - if not non-existent - for a long time, it turns out our auricular muscles (or ear muscles to you and me) can still be used to tune into sounds that are hard to hear.

"There are three large muscles which connect the auricle to the skull and scalp and are important for ear wiggling," explained Andreas Schroer of Saarland University in Germany.

To test whether these muscles are more active during more difficult listening tasks, Schroer and colleagues recruited 20 people with no hearing problems.

They applied electrodes to participants' auricular muscles and then played an audiobook and distracting podcasts from speakers in front of or behind them.

The scientists found that the auricular muscles reacted differently to different audio conditions: the posterior auricular muscles reacted to changes in direction, while the superior auricular muscles reacted to the difficulty level of the task - that is, how hard it was to discern the audiobook from the distractions.

"The exact reason these muscles became vestigial is difficult to tell, as our ancestors lost this ability about 25 million years ago," Schroer said.

"One possible explanation could be that the evolutionary pressure to move the ears ceased because we became much more proficient with our visual and vocal systems."

But at least we can still wiggle our ears.

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