

Today's issue of PD

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- Glucojel

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See page six for details.

Action needed as AMR in the spotlight

AS WORLD AMR Awareness Week (WAAW) launches today, stakeholders and policymakers who play a critical role in reducing the spread of antimicrobial resistance (AMR) are promoting global action to tackle the emergence and spread of drug-resistant pathogens.

Mandated by the World Health Assembly and celebrated from 18 to 24 Nov, this year's WAAW theme is 'Act now: Protect our present, secure our future'.

The Pharmaceutical Society of Australia (PSA) recently joined 75 pharmacy organisations from around the world in signing the FIP Copenhagen Declaration on Antimicrobial Resistance (**PD** 03 Sep).

The declaration outlines clear priorities to address AMR, including global partnership building, promoting vaccination and rational antimicrobial use, protecting medicine supply chains, and advancing evidence on stewardship and outcomes.



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"As Australia's peak body for pharmacists, PSA is committed to playing our role in slowing the emergence of antimicrobial resistance and promoting innovation that drives more rational medicine use," said PSA CEO, Adjunct Associate Professor Steve Morris.

The Australian Medical Association (AMA) President Dr Danielle McMullen has warned Australia risks a return to "the medical dark ages" if resistance to antimicrobials, including antibiotics, antivirals and antifungals, is not addressed.

"Antimicrobial resistance is not a distant threat - it is a present-day emergency," Dr McMullen said.

"We are already seeing the consequences in our hospitals and in our communities.

"Without decisive action, we risk losing the effectiveness of life-saving treatments."

In Australia, rates of bacterial resistance are trending upwards in both hospital settings and the community.

Fluoroquinolone-resistant *Escherichia coli* blood infections have increased from 1.9% in 2006 to 13.4% in 2023.

Meanwhile, between 1,000 and 2,500 people die in hospital each year as a result of infections caused by antimicrobial resistant bacteria, including vancomycin-resistant *Enterococcus faecium* (VRE) and methicillin-resistant *Staphylococcus aureus*.

Dr McMullen raised concerns about policy decisions that could

potentially worsen the problem, in particular "expanding prescribing rights without appropriate safeguards", adding that while antibiotics are vital to modern medicine, they must be prescribed carefully and responsibly. **KB**

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Mayne reacts to HRT black box move

MAYNE Pharma has reacted to the US Food and Drug Administration's (FDA) announcement that it will remove "black box" warnings from menopause hormone therapy products (**PD 12 Nov**), suggesting it will increase use of its products.

The company is currently in negotiations for a sale to US company Cosette Pharmaceuticals, which is subject to approval by the Foreign Investment Review Board.

"We welcome the FDA's decision to remove outdated regulatory barriers that have discouraged the use of hormone therapies for symptomatic menopausal women," said Mayne Pharma's CEO and Manager Director Shawn O'Brien.

"Over time, we believe this change will make a meaningful difference in the utilisation of Mayne pharma's existing HRTs, namely Bijuva and Imvexxy.

"The company remains committed to expanding the use of our branded Women's Health portfolio, driving commercial execution and delivering greater value for patients," he added.



Heart disease no longer #1 killer

DATA released last week by the Australian Bureau of Statistics (ABS) has named dementia as the leading cause of death in Australia, overtaking ischaemic heart diseases.

The *Causes of Death, Australia, 2024* report states that dementia accounted for 9.4% of all deaths, an increase of 39% over the last decade.

Dementia has been the leading cause of death for Australian women since 2016, with women accounting for almost two-thirds (62.4%) of deaths from dementia.

Ischaemic heart disease remains the main cause of death for men, and overall was the second leading cause of death accounting for 8.7% of deaths.

The gap between these two causes of death has narrowed over time, and 2024 was the first year where dementia caused over 1,000 more deaths than ischaemic heart diseases.

Chronic lower respiratory diseases were the third leading cause of death, with cerebrovascular diseases and lung cancer rounding out the top five causes.

While the number of deaths due to ischaemic heart diseases and cerebrovascular diseases decreased by 18.3% and 15.9% respectively over the last decade, the increase in dementia deaths is concerning due to the large number of people currently living with the condition.

Dementia Australia CEO Professor Tanya Buchanan said this data reinforces the critical need to invest in public health approaches to brain health and dementia risk reduction, while providing



more targeted support for people impacted by dementia.

"There are currently an estimated 433,300 Australians living with dementia and without significant intervention, this number is expected to increase to more than one million by 2065," Professor Buchanan said.

"We need to act on dementia now.

"At a community level, we need to increase awareness of dementia and brain health, reducing the stigma experienced by so many impacted by dementia."

Professor Buchanan pointed out that while age and genetics play a role in dementia, "we now know that up to 45% of dementia cases globally could be prevented or delayed by addressing modifiable risk factors".

"Dementia Australia is continuing to advocate to government to invest in a national brain health and risk reduction campaign," she added.

The ABS release follows the latest update of the Australian Institute of Health and Welfare's (AIHW) *Dementia in Australia* report published in Sep this year (**PD 15 Sep**), which also reported dementia as the leading cause of death for Australians. **KB**

Call for action on migrant health

RESEARCH commissioned by healthcare group Bupa has found that migrants in Australia face systemic barriers to healthcare, including confusing and often prohibitive costs, cultural gaps, limited service availability and mental health stigma.

Concerningly, a fear of losing employment and uncertainty around visas, as well as financial pressure to send money home, contribute to a reluctance to take time off work to recover from sickness.

The *Hidden Strain on Migrant Health* whitepaper found more than a third (39%) of migrant workers had never taken a single sick day, while another 38% had taken just one or two days off in the past year.

By comparison, the national average per worker is between nine and 14 sick days annually.

The report noted that cultural attitudes play a role in taking sick leave, which may not exist in a person's country of origin, while some countries deport migrant workers found to have certain health conditions.

In the report, Bupa acknowledged healthcare challenges are complex and called for action across government, employers, healthcare providers, and other stakeholders to create pathways that are safe, accessible and sustainable.

The whitepaper is **HERE**.

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\$1m for mini tumours

A WA researcher has been awarded almost \$1 million in funding to investigate tiny lab-grown tumours to help find treatments for liver cancer.

The innovative project involves a small sample of tumour tissue being placed into special growth conditions, allowing the cells to organise themselves into a miniature version of the tumour.

These mini tumours keep many of the features of a patient's real cancer, including how the cells grow, interact and respond to treatments.

Liver cancer is often diagnosed late, when surgery is no longer an option.

Dr Ben Dwyer, a Senior Research Fellow in the Curtin Medical Research Institute, said they will use these "optimised models" to screen for therapeutic targets to improve current therapies and develop new ones.

Chronic disease socio-economic link complex

AN ANALYSIS of 2021 Australian census data has shown that socio-economic position is a major risk factor for chronic disease, but the direction, magnitude and consistency of the effect differs by disease, socio-economic measure, age and sex.

The team looked at the prevalence of ten chronic diseases - arthritis, asthma, cancer, dementia, diabetes, heart disease, kidney disease, lung disease, mental health conditions and stroke - and how they varied according to age, sex and socio-economic position.

The researchers reported that the prevalence of nine out of the 10 included diseases increased with socio-economic disadvantage.

The exception was cancer, the prevalence of which decreased with increasing socio-economic disadvantage in most sex-specific age groups.

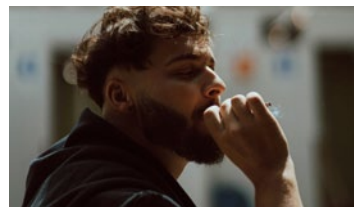
In the case of breast cancer, for example, there is a link with alcohol consumption, which is greater in

higher socio-economic groups, while breast cancer screening is also taken up more in this group, resulting in better survival.

For other conditions, the researchers suggested that smoking - which is more common among people in lower socio-economic positions - could be an important influence on the prevalence of several chronic diseases, including lung disease, for which the increase in prevalence with decreasing socio-economic position was particularly large.

Apart from smoking, other factors that could contribute to the socio-economic position-disease gradients reported are health behaviours, access to health care, nutritional status, health literacy, housing conditions, workload (including shift work) and psychological stress.

Among other findings were that changes in disease prevalence by socio-economic position were often more marked for women than for



men, and the influence of socio-economic position is less marked for people over 80 years of age.

One unexpected finding was that the burden of chronic disease was not largest for people without formal educational qualifications.

However, this does not necessarily indicate that they were healthier - the authors suggested that it may be due to lower health literacy and health care-seeking behaviour, which in turn leads to lower rates of disease detection.

"Groups at particular risk of these chronic diseases should be targeted by health interventions for reducing socio-economic inequalities in health," the researchers concluded.

Read the study [HERE](#).

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Dispensary Corner

APART from negatively impacting the planet through rising global temperatures and extreme weather events, it has now been revealed that climate change is also to blame for weight gain.

According to findings published in *Global Change Biology* from scientists at Leiden University in the Netherlands, higher levels of carbon dioxide in the atmosphere are reducing the nutritional quality of crops like wheat and rice, which contain less zinc, iron and proteins.

At the same time, the number of calories is increasing, which can contribute to obesity.

"With food security, we often think of whether people can fill their stomachs," explained environmental scientist Sterre ter Haar.

"Our research emphasises that food security also means nutrient security."

Scientists compared data from studies where crops were grown at various carbon dioxide levels and found that when the levels double, so too does the detrimental impact on the nutrients in the crops.

The scientists hope that their study will inspire further research and perhaps innovation in terms of how the farming industry can adapt to climate change in the future.

"Luckily, there's lots of innovation in the Dutch food sector and we have strong research institutions that can study this," said ter Haar.

"We really can make headway together," he added.

Is a cure for asthma in the pipeline?

A **NEW** *Medical Journal of Australia* supplement sets out the first evidence-based roadmap for curing asthma, with AI, epigenetics and next-generation molecular biology converging to go beyond putting asthma in remission and make disease reversal plausible.

The work provides the foundation for the upcoming CURE Asthma Symposium on 20-21 Nov in Melbourne, where Australia's leading respiratory scientists, clinicians and data experts will map a national effort to shift asthma research from treatment to cure.

While most asthma can be successfully treated with combination inhalers that blend a steroid preventer with a long-acting reliever, those with severe or difficult-to-control asthma have had their lives immeasurably changed by injectable biologics, according to Asthma Australia.

The advent of biologics has redefined severe asthma care and shown that remission is possible, with around one-third of patients on biologics achieving what is called "on-treatment remission", where they live free of daily symptoms.

However, a true cure is lacking.

"We are at a critical juncture in the scientific discovery of cures for asthma," said Kate Miranda, CEO of Asthma Australia.

"Australia has the research excellence, the partnerships and the technological capacity to achieve what once seemed impossible," she continued.

"With sustained investment and national focus, we can realise a future where asthma is no longer a lifelong disease."

Building on this foundation, Australia's next major research effort involves utilising artificial intelligence to explore large

datasets within the national CURE-ADIRE (Asthma Data Research Integration Engine) initiative.

Australia has the richest and longest cohort studies in the world, and researchers are aggregating data from 11 studies and more than 75,000 patients, including detailed clinical

profiles, lung function results and biological samples, into a single AI-enabled platform.

The project is being led by Australian researchers who discovered the IL-5 and IL-4 pathways behind today's biologics, such as mepolizumab, benralizumab and dupilumab.

"CURE Asthma represents a turning point," said Anthony Flynn, Head of Health Knowledge and Translation at Asthma Australia.

"Our progress in treating asthma has been extraordinary, but it's



time to shift our focus to curing it.

"The technology, the people, and the platforms are here, and Australia is uniquely placed to lead the way."

The articles in the *MJA* supplement outline current knowledge about the nature of asthma and a realistic research strategy for finding transformative new therapies, while supporting the call for large, sustained and focused funding for CURE Asthma over the coming decade.

The supplement is available [HERE](#).

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