to improve patient care can help by learning to assess the quality of packaging items, reporting poorly designed drug packaging, and providing information and advice to their patients, thus reducing the risk of medication errors.

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## Selected references from Prescrire's literature search.

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#### **Editors' opinion**

# Regulatory agencies and companies must take packaging more seriously

Everything that is needed to produce safe and convenient drug packaging is already available on the market (see opposite), yet the quality of most packaging remains mediocre. As a result, some products carry a risk of potentially dangerous medication errors.

**Guidelines needed.** Guidelines are needed for packaging safety, including: quality criteria for unit-dose packaging; the design of dosing devices; safety guidelines for dangerous substances; careful use of colour on the labelling in order to distinguish between different dose strengths belonging to the same product line; specific recommendations for paediatric drug packaging; and key information for patients, according to the nature of the medication, its indications, route of administration, pharmaceutical form, and devices for preparation and administration.

Existing guidelines tend to focus on administrative requirements and cost rather than on the quality of patient care. For example, European recommendations on the expression of drug concentrations and dose strengths exist solely for administrative purposes, not to

help health professionals and patients use drugs correctly (1).

More stringent controls. Some drugs with dangerous packaging still reach the market despite controls put in place by European or national regulatory authorities and pharmacovigilance committees. The French Transparency committee is supposed to weigh the advantages and disadvantages of new drugs relative to existing products; this includes the packaging. Ineffective controls create an unacceptable risk of confusion and medication errors in practice.

Making drug packaging safer and more convenient to use is a means of improving the quality of health care. Regulatory agencies and drug companies must take this issue more seriously.

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Rev Prescrire 2011; 31 (328): 145.

1- European Medicines Agency "QRD Recommendations on the expression of strength in the name of centrally authorised human medicinal products" 18 November 2009 + "Submission of comments - Comments from International Medication Safety Network" 28 May 2009: 5 + 9 pages.



# **NEW PRODUCTS**

- Fingolimod
- Sublingual 5-grass pollen mix
- Atazanavir in children
- Dexamethasone intravitreal implant

## Adverse Effects

- Fatal adverse events during hospital stays
- Tamoxifen and CYP 2D6 inhibitors: caution
- Tadalafil: visual and auditory disorders

## **REVIEWS**

- Seasonal influenza vaccination of the elderly
- Retinal vein occlusion
- Ivabradine in heart failure: no better than optimised beta-blocker therapy

# Outlook

- HIV infected patients: victims of the financial crisis
- Measuring survival time
- Astellas' lawsuit against Prescrire