

Medicines & Health

A MEDICINES AUSTRALIA ELECTRONIC NEWS SERVICE FOR HEALTH CARE PROFESSIONALS & POLICY MAKERS 01 September 2002

Healthy ageing and its contribution to GDP - the vital role of medicines

Delivering his address to the Australian Financial Review Leaders Luncheon earlier this month the Treasurer, Peter Costello, said that over the last 40 years while Australia's participation performance had detracted from our GDP, participation factors can be readily influenced by governments and private sector employers.

The number of Australians over the age of 65 will grow from 2.4 million in 2001 to 5.4 million in 2031. The Inter-Generational Report notes as a result, that over the next 40 years the ratio of dependants to workers will rise and population factors will detract from GDP per capita.

However, according to the Treasurer higher participation among older Australians will have a much more immediate and direct impact than rising fertility rates. And its not just simply higher participation (working to a later age and longer hours) it's about maintaining productivity.

The key to gaining such a cultural shift is maintaining and enhancing the health of Australians: healthy ageing.

The Commonwealth State and Territory Strategy on Healthy Ageing has in fact highlighted improved health and well-being of older Australians as a major goal for the next five years.

The **WHO** said in 1999 that income growth and improved educational levels - and consequent improvements in food intake and sanitation - have accounted for part of the dramatic decline in mortality in the 20th century; but access to new knowledge, medicines and vaccines appear to have been substantially more important.

Similarly access to the best and latest medicines will also be vital in the pursuit of healthy ageing and the consequent improved participation.

One study in the USA for example showed that a medicine to treat migraines reduced lost productivity valued at \$999 per month per employee.

And the recently released **Access Economics** report about schizophrenia suggested that better medication could reduce a projected \$1 billion health burden associated with the illness. In 2001 the lost earnings from people unable to work due to schizophrenia was \$488 million.

Over the past 10 years, research has brought more than 300 new medicines to Australian patients. In the year 2001, more than forty were delivered to treat or prevent 25 diseases affecting more than seven million Australians, many of them in the over 50 age group.

Worldwide there are about 800 medicines in development designed to treat disease and illness and improve the quality of life for older Australians.

Those new medicines will treat many diseases including Alzheimer's disease, Parkinson's disease, heart disease and stroke.

Other medicines in the pipeline target cancer, osteoporosis, urinary incontinence, macular degeneration, glaucoma, Crohn's disease, arthritis, pain, prostate disease, sepsis, sexual dysfunction and psoriasis. – all of which affect older Australians.

The major challenge will be ensuring that one of the major pillars of Australia's National Medicines Policy is met – timely access to medicines.

Industry, government, consumers and medical professionals will need to work together to ensure all Australians have the broadest access to effective medicines.

And the current impasse in the Senate will need to be urgently resolved. Guaranteed access to the best and latest medicines to ensure healthy ageing can be realised through increased public funding, including increased patient co-payments. It will not only enhance the quality of life of Australians it will contribute to a healthier GDP.

Disease Awareness

A few months ago the Federal Health Minister **Kay Patterson** announced as one of her objectives the identification of the estimated 500,000 Australians who are unaware they have diabetes.

Medicines Australia was quick to congratulate her on espousing such an important goal which addresses one of the seven National Health Priorities.

Of course successful treatment of diabetes will require access to a range of cost effective medications including the latest glitazones that still await listing as a pharmaceutical benefit.

Realising the Minister's goal will require the implementation of an extensive community based diabetes awareness campaign which would no doubt receive the support of all health care organisations.

It is interesting therefore that in the **Australian Financial Review** recently, as part of his anti-pharmaceutical industry mongering, health journalist **Ray Moynihan** was critical of disease awareness raising programs - again using his ever present expert source **David Henry**.

*He went as far as criticising **Camilla Parker Bowles** for raising awareness about osteoporosis in the UK. Unfortunately there was little balance in his one-eyed offering.*

Osteoporosis is largely preventable. Like fatal diseases of the past, targeted health intervention now can drastically curb the incidence of osteoporosis.

Osteoporosis Australia has revealed that the latest health economic impact data on the cost of osteoporosis in the Australian community is \$7.4 billion with 65,500 Australians hospitalised with osteoporosis fractures over the past year.

Every 8.1 minutes in Australia, someone is admitted to hospital with a fracture (by 2021 this will become every 3.7 minutes) and the number of fractures is increasing at a rate of 4 per cent per annum.

That there are a number of new medicines in the pipeline to treat osteoporosis should be a fact that is welcomed not vilified.

The effective series of impotence programs featuring world soccer star **Pele** has also been targeted by Mr Moynihan. This is particularly unfortunate as it is well known that men are much more reticent about addressing health problems than women.

Like it or not raising awareness about impotence is salutary for those with erection problems and while the Pele programs may have got one or two journalists offside, they do score a goal for a significant number of men.

The outcome of all disease awareness programs is to encourage patients to visit their doctor for assessment and treatment. (And that is despite increasing attempts by bureaucrats to usurp the doctors primary health care role!).

A recent study on the effect of disease awareness raising programs showed a variety of responses including doctors recommending life style changes, recommending no medication or recommending that a patient does warrant medication.

That there is a range of medicines that a doctor may choose to use as part of a treatment regimen is a healthy situation.

*As the **World Health Organisation** said in 1999 "new knowledge, medicines and vaccines were substantially more important in achieving (healthy life expectancy)... than income growth, improved educational levels and consequent improvements in food intake and sanitation."*

And with 800 new products in the pipeline you can be certain that medicines will continue to enhance the quality of life of many millions of Australians.

Support for indigenous people with epilepsy

Medicines Australia is backing an initiative by Epilepsy Australia (ACT) to develop a support program for indigenous people who have the disease. Initially running in and around the National Capital, the aim is to have it extended to all areas of Australia after 12 months.

While between one and three percent of the Australian population suffer from epilepsy, anecdotal evidence suggests it is more prevalent in indigenous communities where it may be allied to other problems such as poor nutrition, tobacco, alcohol and other substance abuse. Part of the problem is that very little hard data has been collected.

Worse still, current means of providing information and support to indigenous populations so not work, Epilepsy ACT believes.

The plan is to deal with epilepsy in a way that is acceptable to indigenous communities, which means giving those communities considerable autonomy in meeting the problem.

"In order to communicate effectively with the communities, this project will employ an indigenous person to work with an educator to develop and implement a tailored education program about epilepsy," the ACT body said.

Continued on page 3

An Aboriginal elder from the **Murri People** in Queensland who is himself a sufferer, and who had a track record in delivering information, had been identified.

"In the initial phases we hope to inform the indigenous community in the ACT and surrounding areas about epilepsy," Epilepsy ACT said. *"After the program has been successfully running for 12 months we hope to roll it out nationally through our network with Epilepsy Australia."*

*"Organisations such as the **Alzheimer's Association** and the **Canberra Blind Society** have shown interest, as have the **Aboriginal and Torres Strait Islander Commission** and the **Office of Aboriginal and Torres Strait Islander Health.**"*

A key area of the program would be the use, by the indigenous worker, of counselling and story-telling to get the message across. It is believed this will be a far more effective medium which, while hardly ever used by mainstream medical professionals, has an important place in indigenous culture.

The program would also include education sessions to make all indigenous health workers aware of what it offers.

"This exciting project is leading the way in including indigenous people into mainstream community groups and promoting reconciliation," Epilepsy ACT said. *"It is an opportunity to take a leading approach in addressing a serious health issue."*

"Importantly, it will be monitored by a range of organisations interested in transferring our model to their settings, as many initiatives target the mainstream without sufficient consideration for the different circumstances of indigenous people.

"Support for this initiative will assist a disadvantaged group of people by providing culturally appropriate information and resources, this enabling them to manage their health and well being and the health of people living with epilepsy."

*Epilepsy ACT has had a number of successes in recent times. After making representations to the Federal Government on behalf of parents denied a carer allowance because of the wording of regulations, it has been invited to suggest new criteria to meet the problem.

It has also taken up the issue of epilepsy among school students; took a leading role in the seminar 'A Duty of Care' after the death of three people in supported accommodation, and was instrumental with the Epilepsy Association (NSW) in establishing a children's epilepsy clinic at **Canberra Hospital**.

Nationally Epilepsy Australia has developed Epifile, which will be available throughout Australia next year. It consists of two sections, one with general information and another in which each individual can record data on seizures, medications, appointments and anything else relevant to the disease.

By Graham Cooke

Meningitis smartcard a winner

An awareness program in Tasmania has proved a total success in educating the community about meningitis and meningococcal septicaemia.

The program which commenced earlier this year was the brainchild of Hobart GP **Dr Max Sarma**.

More than 100,000 information cards designed to inform the public about meningococcal infections have been distributed.

"It doesn't matter what age the child is parents worry about their children," Dr Sarma said.

"...there is now this spoken or unspoken concern – has my child got meningitis?"

Dr Sarma saw similar information cards being distributed at a health event in England and on his return to Tasmania contacted his former colleague Alan Evans the head of Medicines Australia for support.

Medicines Australia offered to print 100,000 cards for Dr Sarma as part of the **Medicines Australia CommunityCare Program** – within a week another 50,000 had to be produced.

Last week Federal Health Minister **Kay Patterson** emphasised the importance of both doctors and the general public being aware of the symptoms of meningococcal disease.

"I certainly agree with the Minister and congratulate her on driving through the national meningococcal vaccination program she announced yesterday," **Alan Evans**, CEO of Medicines Australia said.

The national meningococcal vaccination program will cost \$41 million to implement in its first year and around 1.1 million doses of vaccine will be required.

Mr Evans said that while vaccines had virtually wiped out disease like diphtheria, whooping cough, measles and polio, it was important that the high level investment by the medicines industry in R&D to develop new vaccines and medicines was maintained.

"A conducive operating environment in Australia was essential if first class health care was to be delivered to all Australians."

Will Delaat - Merck Sharp and Dohme

Making a positive difference to people's lives has been a driving force of Merck Sharp & Dohme Managing Director Will Delaat.

It is a philosophy that has sustained a 30-year career with the pharmaceutical industry, spanning more than a dozen countries around the world.

"I feel incredibly fortunate to be part of an industry that can really transform people's lives for the better. We're not making widgets, we're improving and extending life," says Will. "And our role brings a responsibility to make a positive difference beyond our medicines – to contribute to the health and wealth of Australians."

On a micro level this is demonstrated by Will's commitment to ensuring his employees are developed both personally and professionally.

"Within MSD we try to bring out the best in people, to release their full potential. Not only is continuous learning rewarding for the individual, it helps create a more motivated and loyal workforce."

"On a macro level, we are taking a leadership role in collaborating for healthcare reform and better health outcomes; whether through Medicines Australia, The Pharmaceutical Alliance or as a contributor to medical education and biomedical research."

Will's extensive experience has also given him a unique insight into what makes people tick.

"I've lived in and worked with a variety of different cultures during my career in the pharmaceutical industry, and what I've learned is that people want to be understood and treated with respect. Empathy, the human touch, can't be underestimated," says Will.

"It has also shown me there is always more than one way to solve an issue, and there are rarely easy answers. No matter where you are in the world, life is a complex weave of interrelationships. You can't go it alone."

Will's beliefs reflect the Merck culture, where the way people go about doing their job is rated as importantly as what they achieve.

"Partnership for mutual value is part of our Mission, and you can't do that in an adversarial environment," says Will.

These principles have seen MSD ranked as one of Australia's Top Companies to Work For in 2001. Will believes this ethos has also been a powerful contributor to the company's success, maintaining MSD's position as one of the top pharmaceutical companies in Australia, despite the extensive merger and acquisition activity happening around it.

As MSD marks its 50th year of operations in Australia, Will says the milestone is a chance for both celebration and reflection.

"The industry is going through some challenging times, and I believe we'll see some major changes over the next few years in its structure and economics. I hope I'll be around long enough to help shape a viable and sustainable system – one which benefits all of us when we most need it, i.e. in our retirement."

Will Delaat – A Snapshot

Industry experience

MSD since 1990, and Managing Director for last five years. Thirty years in the pharmaceutical industry. Began as a medical representative in England, lived in Sweden for six years, and was transferred to Australia in 1983.

Industry Association roles

APMA/Medicines Australia Board member since 1997, Vice Chairman since 1999. Previously Chairman of Marketing and Ethics Subcommittee.

What he's reading:

I'm reading Keating: *Recollections of a Bleeding Heart*, by Don Watson – a fascinating insight into the inner workings of government and policy development during the Keating era. I am also reviewing *The Tipping Point* by Malcolm Gladwell, all about how little things in life can make a big difference!

Qualities valued most

Honesty, trustworthiness, integrity and reliability.

Family

Married for 18 years to Petra, with two children Becky (12) and Sandy (10).

Hobbies

Golf – although I can't see myself improving my handicap (a maximum 27) until I retire. I bought a small speedboat last year and enjoy getting out on the water with the family. I watch all kinds of sports (especially cricket).

Maxim

Life is what you make it.

www.medicinesaustralia.com.au

Medicines&Health is published by Medicines Australia

Level 1, 16 Napier Close Deakin ACT 2600

Phone: 02 6282 6888 Facsimile: 02 6282 6299

Chief Executive Officer: Alan H Evans

Editors: Steve Haynes and Rhiannon McAdie