

## Bayer pulls cerivastatin (Baycol) from market

In a surprise move, Bayer Healthcare has pulled its lipid-regulating agent cerivastatin (Baycol/Lipobay) from prescription drug markets around the world. The Aug. 8 announcement came 2 weeks after Health Canada and the US Food and Drug Administrations issued advisories ([www.cma.ca/cmaj/FDA-Advisory/Cerivastatin-07-25.htm](http://www.cma.ca/cmaj/FDA-Advisory/Cerivastatin-07-25.htm)).

On July 25, Health Canada warned against using cerivastatin with gemfibrozil because of the increased risk of rhabdomyolysis. Meanwhile, the FDA warned that starting doses above 0.4 mg per day increased the risk of rhabdomyolysis.

"We have taken the responsible route based on increased reports of side effects," Bayer's Canadian general manager, Philip Blake, said in an interview. He said the drug was being removed from drugstore shelves "as we speak," although the company will continue to evaluate its benefit/risk ratio.

Bayer did leave the door open to a resumption of sales, but said this would involve "extensive discussions" with regulatory authorities. In Canada, 1.3 million prescriptions have been filled since the drug was introduced in 1998, and a company spokesperson said it was enjoying "growing market share." In withdrawing the drug, the company said it would no longer be able to meet the target of a 20% return on sales it had set for 2002.

Cerivastatin is a member of the statin class of medications, which inhibit HMG-CoA reductase and cholesterol biosynthesis. Gemfibrozil is another lipid-regulating agent of the fibric-acid class. Health Canada reports show that between March 1998 and June 30, 2001, there were 31 reports of rhabdomyolysis among people who had taken cerivastatin; 8 of the cases resulted in renal failure and there was 1 death. Of the 31 cases reported, 9 involved patients receiving concomitant treatment with gemfibrozil. Cases of rhabdomyolysis have been reported for all statin medications.

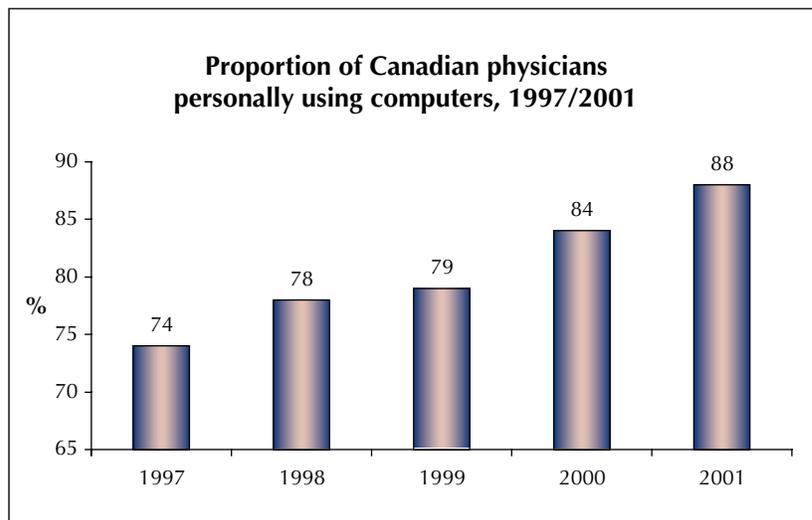
Rhabdomyolysis is characterized by marked increases in creatine phosphokinase (CPK) (> 10 times the upper limit of normal), and possible myoglobinemia and myoglobinuria, renal failure and death. Symptoms can include spontaneous myalgias, muscle tenderness, weakness, malaise and fever. — *Eric Wooltorton, CMAJ*

## PULSE

### Computer use by Canada's physicians approaches 90% mark

The CMA's 2001 Physician Resource Questionnaire (PRQ) indicates that personal computer use among physicians continues to rise, with 88% of respondents reporting that they personally use computers, compared with 84% in 2000 and 79% in 1999. Female physicians are only slightly less likely than male physicians to use computers personally (86% v. 89%).

Of nonusers, 41% plan to start using a computer within the next 12 months, compared with 37% in 2000. If all had followed through on their promise in 2000, overall computer use would have increased by 5% in 2001. The 4% increase indicates that the large majority followed through on their plans.



As with questionnaires from earlier years, younger physicians are slightly more likely to use a computer personally: 92% of doctors under 35 and 93% of those aged 35-44 stated that they use computers, compared with 90% of those aged 45-54 and 85% of those in the 55-64 age group. At 92% and 91%, medical specialists and surgical specialists are almost equally likely to use computers personally, while 85% of GP/FPs are computer users.

An increase in the proportion of physicians making personal use of computers does not necessarily result in increased computer use by doctors in their offices. In 2001, 14% of physicians used computers for electronic billing, 14% for electronic health records, and 29% for general office management — all the data are virtually unchanged from 1999. One doctor explained: "I lack the resources to computerize my office. My overhead is on the upswing and my income [is] continuously being reduced."

However, computer usage for other professional activities has increased over the past 2 years. One-quarter of physicians used computerized decision aids in patient management, up from 15% in 1999. The use of CD-ROM professional resources also increased between 1999 and 2001 (to 48% from 38%), as did the use of continuing medical education on diskette or CD-ROM (41% v. 34%).

For the first time, the 2001 PRQ asked physicians about their use of personal digital assistants (PDAs) or wireless devices such as Palm Pilots in clinical practice. Less than one-fifth (19%) said they use a PDA; physicians under the age of 35 were most likely to have used a PDA (27%). — *Shelley Martin, shelley.martin@cma.ca*