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This fourth issue of *Therapeutics and Clinical Risk Management* is important as it marks the completion of volume one of the Journal. This issue contains some excellent and diverse original research papers and comprehensive review articles from leading authors around the world. The first review focuses on the use of oxaliplatin, an effective and widely used treatment for colorectal cancer, one of the most common and serious malignant diseases world-wide. However, oxaliplatin use is associated with peripheral neuropathy. It is timely, therefore, that this review considers the options for the management and treatment of neurotoxicity caused by oxaliplatin treatment. In the second review, Jost and Marsalek assess the current evidence on the benefits of duloxetine, a new drug for the management of stress urinary incontinence (SUI), a potentially distressing condition that affects a significant proportion of predominantly older women. Although conservative treatment can be effective for some patients, adjunct pharmacological therapy may be required for others and, as the authors point out, is advocated by the International Consultation on Incontinence. In this respect, their review suggests that duloxetine may prove a useful additional therapy for the management of SUI.

The next review assesses the efficacy of a new antihistamine, levocetirizine, as an effective long-term therapy for allergic rhinitis and how its use relates to the Allergic Rhinitis and its Impact on Asthma (ARIA) classification. Shaw and colleagues then take a detailed look at tools that can be used to help prevent exacerbations of symptoms in patients with asthma such as induced sputum and exhaled nitric oxide. This is an important topic as such exacerbations are common, costly, and very distressing for the patient. Next is a substantial review covering opioid receptors and their role in analgesia. Improving our understanding of endogenous opioid mechanisms might provide valuable insight towards the development of novel treatments for pain with concomitant improvements in side effect profiles.

Fungal nail disease is a common condition for which a number of oral treatments are available and Elewski and Tavakkol's review of the most efficacious medications is useful and timely. Our last article is an opinion piece from Maillard assessing the usage and activity of biocides in the healthcare environment in the UK, particularly in relation to bacterial resistance to these agents. This nicely complements the first original research paper in this issue, which reports interesting findings on a staff-led behavioral management approach for improving quality care practices in a UK intensive care unit (ICU). This study particularly emphasizes practices aimed at reducing hospital-acquired infections and thereby increasing the effective capacity of the ICU. The other original research paper by Chen and colleagues addresses the issue of prescribing errors and other problems reported by community pharmacists in the UK. Although the incidences of such errors are low, they remain an important cause for concern and warrant on-going study.

