

POLICY & PRACTICE

Botox Sales Decline

Sales of Botox declined almost 3% worldwide in the fourth quarter of 2008—from \$339 million to \$329 million, reported Allergan Inc., and the company predicted a further decline. For all of last year, Botox (botulinum toxin type A) sales rose \$99 million to \$1.3 billion. But in the upcoming year, Allergan is forecasting sales of just \$1.15 billion to \$1.19 billion. Meanwhile, the first full year of sales of Allergan's eyelash-enhancing therapy Latisse (bimatoprost ophthalmic solution) should hit \$30 million to \$50 million, according to the company. Because overall sales of its products declined in 2008, Allergan announced that it would lay off 5% (460) of its employees. Cuts primarily will come from personnel in sales and marketing of urology products in the United States and Europe.

FDA Turns Down Skin Antibiotic

The Food and Drug Administration has notified Arpida Ltd. that its antibiotic iclaprim is not approvable without more clinical data. The agency said that the Switzerland-based company's new drug application didn't demonstrate that, against complicated skin and skin-structure infections, iclaprim was as effective as comparable products. "After the negative recommendation of the advisory committee of last November, the FDA opinion comes as no surprise," Arpida CEO Jurgen Raths said in a statement. The company will now "develop a viable road map to approval in close consultation with the FDA," Dr. Raths said.

Phase III Eczema Study Starts

The first phase III study of a therapy for chronic hand eczema has begun enrolling patients. Basilea Pharmaceutica AG, also Swiss based, said that its HANDEL (hand eczema research of alitretinoin) study will randomize 600 patients to oral alitretinoin or placebo for up to 24 weeks. There is currently no FDA-approved therapy for severe chronic hand eczema that's refractory to topical steroids. Alitretinoin is a vitamin A derivative and thus is a teratogen. In a statement, National Eczema Association CEO Vicki Kalabokes called the study's start "very exciting news."

Copayments Limit Phototherapy

Ninety percent of dermatologists surveyed by the National Psoriasis Foundation report that copayments for phototherapy are preventing or limiting patients from seeking the treatment. The foundation said that 192 dermatologists responded to its e-mail and fax survey, 61% of whom were in solo or group practices. Most reported seeing about 100 psoriasis patients a year. About 43% said they had seen a decrease in the number of psoriasis patients treated with phototherapy over the past 5 years. The most common reasons for discontinuing thera-

py included cost to the patient (31%), inconvenience (25%), and availability of a new treatment in a clinical trial (16%). Almost half of the doctors surveyed said they had problems getting reimbursed for phototherapy.

Thermage's New Look

Thermage Inc. has had a makeover to become Solta Medical. Having fully absorbed Reliant Technologies, the manufacturer of aesthetic medical devices began trading on the NASDAQ exchange as Solta in mid-January. The company makes radiofrequency devices and lasers for skin treatments. Soon after Solta's debut, CEO Stephen Fanning told the Wall Street Journal that the company would be shopping for other deals as the economy continues to decline. Included on his list of target product lines: wrinkle fillers.

Psoriasis Chats Are Helpful

A new study in the January Archives of Dermatology finds that on-line communities provide valuable education as well as psychological and social support to psoriasis patients. Researchers at Harvard Medical School, Boston, surveyed users of five frequently used psoriasis support sites sponsored by the National Psoriasis Foundation, the Psoriasis Help Organisation, the Google psoriasis group, the MSN Psoriasis Group, and the Psoriasis Philippine Online Community. Responses came from 260 people over age 18 years. The mean age was 40 years, and 75% were white, 60% were female, 44% were married, and 84% were college educated. The most popular activity on the sites was posting messages, which usually asked for or provided information to. Users were more than twice as likely as the general psoriasis population to have severe psoriasis, said the researchers. Most survey respondents said that the online groups had an improved quality of life, a lessened disease severity, and a widened support network.

FDA Approvals Increase

The FDA approved 21 new molecular entities and 4 new biologic drugs in 2008, compared with 17 new molecular entities and 2 biologics in 2007. Four of the 2008 approvals came in December. The agency has increased the annual number of novel therapies approved in recent years but is still failing to meet statutory deadlines for reviewing and approving products. The FDA said it did not meet the 2008 target of reviewing 90% of approval applications within the time limits. Many of the delays were attributable to resource constraints, the agency explained. FDA analyst Ira Loss of the firm Washington Analysis said the agency has hired 800 new people to review drug and biologic applications, which should help reduce delays by the second half of 2009.

—Alicia Ault

MANAGING YOUR DERMATOLOGY PRACTICE

Stepping Outside Your Comfort Zone

Each of us knows colleagues for whom medicine no longer holds the aura of excitement and fascination that we assume will last forever. Having faced their challenges and attained their goals, they are unwilling or unable to find new challenges and design new goals. In the modern vernacular, they are "burned out."

These people are prisoners of the Comfort Zone.

The Comfort Zone is a product of a dangerous state of mind, complacency—the perception of doing okay, of having arrived, of believing it is okay to take it easy.

Complacency triggers the construction of a protective envelope of actions and situations that are familiar and comfortable and do not require any major risks or significant uncertainties. Unfortunately, the human psyche cannot function within the Comfort Zone for any length of time before it starts looking for distractions.

A patient of mine once owned one of the largest and most popular restaurants in northern New Jersey. He had all the wealth, power, and prestige he ever dreamed of. Now it's all gone. He gambled it all away.

I felt I knew him well enough to ask what had gone wrong. Why risk losing it all? Why did he allow such a catastrophe to happen? "Doc," he replied, "if the game no longer challenges you, you will screw it up—just to have something to do!"

I found this lesson profound and enlightening, and it is a shame that this man had to learn it the hard way, as so many heretofore successful people do.

But if we cannot be happy within the Comfort Zone and have to constantly look for distractions, must the distractions necessarily be destructive? Why not look for constructive distractions? Why not push the other side of the envelope?

That is the solution to the Comfort Zone problem: Constantly expand the zone itself. You must continually incorporate new activities and situations into your envelope, so that you remain interested, focused, and enthused.

What do you look for? Anything that would make you uncomfortable. Such a situation, by definition, is outside your Comfort Zone. Of course, you must screen out detrimental things, considering only those additions to your zone that will improve you personally or professionally.

In your office, this can be as minor as trying a new appointment scheduling method or as major as adding a satellite office or purchasing a new, cutting edge piece of equipment and mastering its use. Rather than perpetuating the old, comfortable, risk-free, mind-numbing routine, conquer the fear and take some new risks. Once your Comfort Zone

grows to encompass the new routine, you will be one step further away from burnout.

The concept of enlarging your Comfort Zone applies equally well to life outside the office. Find and seize opportunities to do things your zone tries to discourage but that you wish to learn to do comfortably. It doesn't have to be a life-changing project: Start small. If you tend to avoid talking on the phone, for example, make a conscious effort to initiate a phone call every day. When it becomes part of your zone, those important phone calls will be far easier and more comfortable to make.

"Do something every day that you don't want to do," Mark Twain once wrote. "This is the golden rule for acquiring the habit of doing your duty without pain."

So the solution to burnout is to recognize that your

Comfort Zone exists and must be managed, rather than allowing it to manage you and restrict you. By molding your zone to activities and situations that will keep you enthused, you can keep complacency at bay. Rather than permitting distractions to take a destructive course, look for distractions that are constructive, educational, and pleasurable.

Next month, my wife and I will be leading a group of doctors on a trip to Uzbekistan in Central Asia on the old Silk Road. It will be a new experience in an unfamiliar part of the world, and the decision to take it on was not made lightly. It would have been easy to stay home or to plan a "safer" trip to a more familiar destination, but in settling for a comfortable option we would have missed a golden opportunity to push our envelope in an educational and exciting way.

So if you're burned out, find something uncomfortably new and constructive, and go for it. When you conquer the fear, you'll conquer complacency. ■

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CMS E-Prescribing Guide Is Available

A new guide from the Centers for Medicare and Medicaid Services explains the e-prescribing incentive program, how eligible professionals can participate, and how to choose a system. By adopting e-prescribing, professionals can save time, enhance productivity, improve quality of care, and earn a 2% incentive. To view the guide, visit www.cms.hhs.gov/partnerships/downloads/11399.pdf. ■



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