

## Derbyshire Medicines Management Clinical Effectiveness bulletin

### Information relevant for Primary care

Bulletin 5  
1<sup>st</sup> May 2020

Recognising the impact COVID-19 on all aspect of our work life, the Derbyshire CPD team have put a bulletin together of relevant COVID-19 information, for the Derbyshire wide primary care Health Community. As an interim measure this bulletin will supersede the monthly JAPC bulletin

See <http://www.derbyshiremedicinesmanagement.nhs.uk/medicines-management/coronavirus-covid-19> for all COVID-19 related information

#### Diabetes and coronavirus

Advice from [Diabetes UK](#) for people with diabetes during the COVID-19 pandemic who are self-isolating with coronavirus symptoms:

- Follow the advice of their GP practice, practice nurse or diabetes team regarding medication.
- Home blood sugar monitoring (if practiced) may need to be more frequent.
- Be aware of the signs of hyperglycaemia, which include passing more urine than normal (especially at night), being very thirsty, headaches, tiredness and lethargy. This is particularly where blood sugar monitoring is not carried out at home. Patients should contact their GP practice if they have hyper symptoms.
- For people with **type 1 diabetes**, blood sugar should be checked at least every four hours, including during the night, and ketones checked. If blood sugar is high (generally 15mmol/l or more, or 13mmol/l if an insulin pump is used, (noting different personal targets may have been set) or if ketones are present, the relevant diabetes team should be contacted.

Advice for **ALL diabetic** patients:

- A small number of people with **type 1 diabetics** are prescribed **SGLT2i under specialist supervision**, and the advice is **now to stop them** for the duration of the pandemic as they can mask the symptoms of Covid-19. Most patients will have been contacted already by their specialist team, but if you find a patient in this situation, please ask them to stop the SGLT2i tablet and phone their specialist nurse for advice on adjusting their insulin.
- For **type 2 diabetics** can continue to take SGLT2i tablets, unless the patient becomes unwell, then they need to stop them immediately and be seen in practice for a blood ketone check. SGLT2i can increase the risk of developing diabetic ketoacidosis (DKA).
- With regarding to **'Shielding'** there may be some people with diabetes who need to do this based on other conditions, for example cystic fibrosis-related diabetes. But under current guidance, most people with diabetes do not need to shield. If patients have not been told to shield, then they should follow the standard advice regarding social distancing and staying at home.

[Covid-19 and Ramadan](#) - Ramadan runs from around 23 April for 29 or 30 days, and ends with Eid al-Fitr, a religious holiday celebrated by Muslims worldwide. Although the Quran requires Muslims to fast during the month of Ramadan from sunrise to sunset, there are exceptions. People who are ill or have medical conditions do not have to fast – including those with diabetes. This year, Ramadan also falls when the suspected peak of the coronavirus pandemic could take place. Diabetes.uk remind those marking the occasion to do so safely by adhering to social distancing rules and fasting in a healthy way to avoid unnecessary hospital admissions. Top five tips:

- If you are unwell or have any symptoms of coronavirus – do not fast.
- If you do choose to fast, include more slowly absorbed foods with a low glycaemic index in your meal before you start. These could include foods such as basmati rice and dhal, along with fruit and vegetables.
- If you already check your blood sugar (glucose) levels, make sure to do this more than usual during your fast.
- When you break the fast, eat small quantities of food, and avoid only eating sweet or fatty foods.
- Stay at home – do not be tempted to visit family, friends or the mosque during this time.

Further information can be found at [diabetes.uk](http://diabetes.uk), and <https://people.nhs.uk/guides/covid-19-and-ramadan/>. The [British Islamic Medical Association](#) has produced a rapid review and recommendations which includes a risk summary grid of various conditions and the recommendation of fasting or not. The World Health Organisation has also produced a document on [Safe Ramadan practices in the context of the COVID-19](#).

[Vitamin D and Covid](#) – Advice on nhs.uk recommends people consider taking **10 micrograms** of vitamin D a day, to keep their bones and muscles healthy. This is because people may not be getting enough vitamin D from sunlight if they are indoors most of the day. The current advice for 'high-risk' people and the elderly is to self-isolate for 12 weeks. Hence these 'high-risk' and elderly people will not be exposed to direct sunlight to maintain adequate Vitamin D levels. There have been some news reports about vitamin D reducing the risk of coronavirus. However, there is no evidence that this is the case. For local advice please see "[position statement of self-care with Vitamin D](#)".

**Sertraline shortage** - Sertraline 50 and 100mg tablets vary in their stock availability and are currently on a [price concession](#). Colleagues at Derbyshire Healthcare Foundation Trust (DHcFT) do not advocate switching of antidepressants as a way of dealing with the stock shortages. SSRIs do differ, sometimes significantly for each patient. Patients can experience differences in efficacy as well as side effects. Switching patients is quite complex and would require regular follow ups with the clinician – this is not the preferred option with the current Covid situation. For short term shortages, the advice is to consider reducing the dose rather than switching. Switching can also lead to disruption in the supply chain. For children it is reasonable to discuss the situation with a specialist, but under the current pandemic the service might not be able to reply as timely as in previous times. **Recommendation: don't switch, reduce dose if needed. For children seek advice of specialist.**

**Splenectomy patients.** NHSE have now confirmed that splenectomy patients should be included in the Shielded Patient List. These patients were contacted by letter by NHSEI to recommend that they follow shielding advice. If practices have removed any patients in this category from the SPL they should contact the patient to inform them of this updated advice. NHS Digital will provide practices with a list of these patients from 29th April.

**COVID-19 Hot/Red Sites** - Across Derbyshire COVID-19 Hot/Red sites/locations are being developed to assess patients with suspected coronavirus symptoms. These are sites where patients can be seen who cannot be excluded from having COVID-19 and have respiratory symptoms. Resources and the local Framework can be found [here](#).

**Running a medicines re-use scheme in a care home or hospice setting** - Due to the current unprecedented impact of COVID-19, DHSC and NHSE/I are recommending a relaxation of previous recommendations and the NICE recommended good practice guidance to accommodate re-use of medicines, re-used in accordance with a medicines re-use scheme, set out in the SOP contained within the document and only in a crisis situation.

**EMA - COVID-19: reminder of risk of serious side effects with chloroquine and hydroxychloroquine.** These medicines are being used in clinical trials to treat patients with COVID-19. Serious side effects can occur at recommended doses, higher doses can increase the risk of these side effects. Clinicians are reminded to closely monitor patients with COVID.

#### **[MHRA approves Covid-19 vaccine trial](#)**

Scientists in Oxford started working on designing a vaccine early in January 2020, and have now started a first clinical testing phase. If the vaccine is proven to be safe and effective in this and larger trials, it could protect people and help save lives. An application for the COVID-19 Oxford Vaccine Trial was made on 18 March and approved on 26 March. The MHRA approves COVID-19 vaccine trial in 7 working days.

#### **New NICE guidance**

**COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response.** The purpose of this guideline is to maximise the safety of children and adults who have gastrointestinal or liver conditions treated with drugs affecting the immune response during the COVID 19 pandemic. Clinicians are reminded for patients not known to have Covid-19, to be aware that patients taking drugs that affect the immune response may have atypical presentations of COVID 19. E.g. patients taking corticosteroids may not develop a fever. For patients who are stable on treatment, assess whether it is safe to do less frequent blood tests for drug monitoring. Take into account the patient's age and any comorbidities. Do not suddenly stop oral corticosteroids in patients known or suspected to have COVID-19.

#### **NICE updates**

**COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community – updated guidance (NG165)** - NICE has updated this guidance to clarify the recommendations on antibiotic treatment for bacterial pneumonia in the community during the COVID-19 pandemic. The guidance recommends doxycycline (total of five days) as the first-choice oral antibiotic (except in pregnant women), with amoxicillin as the alternative. It notes that doxycycline is preferred because it has a broader spectrum of cover than amoxicillin, particularly against Mycoplasma pneumoniae and Staphylococcus aureus, which are more likely to be secondary bacterial causes of pneumonia during the COVID-19 pandemic.

**COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders – updated guidance (NG167)** - NICE has updated recommendation 4.9 on biological treatments. This now states “Assess whether patients having intravenous treatment can be switched to the same treatment in subcutaneous form. If this is not possible, discuss with the patient an alternative subcutaneous treatment”.

**COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community** – updated to include ibuprofen as an option for managing fever and other symptoms that antipyretics would help treat.

#### **Non-drug NICE Rapid Reviews**

[NG159 COVID-19 rapid guideline: critical care in adults](#)

[NG160 COVID-19 rapid guideline: dialysis service delivery](#)

[NG161 COVID-19 rapid guideline: delivery of systemic anticancer treatments](#)

[NG162 COVID-19 rapid guideline: delivery of radiotherapy](#)

[NG164 COVID-19 rapid guideline: haematopoietic stem cell transplantation](#)