

The purpose of the Medicines Management newsletter is to deliver succinct, evidence-based advice and information on primary care prescribing issues. Aimed at busy prescribers wanting to know key messages from the many publications in the previous month.

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1. What's in the news

Articles relevant to primary care

For full access to the DTB articles login via Open Athens. Those without accounts: <https://openathens.nice.org.uk/>

[DTB January 2015, Volume 53, Number 1](#)

[Bleeding risk with dabigatran compared with warfarin.](#)

The DTB reports on a random sample from retrospective cohort study analysis of data from US Medicare patients where the bleeding risk associated with dabigatran was higher than that with warfarin and also much higher than was reported in trials prior to the drug's approval by the US Food and Drug Administration (FDA), with exception of intracranial bleeding. Compared with warfarin, dabigatran was associated with a significantly higher risk of any bleeding event, major bleeding and gastrointestinal bleeding. Only the risk of intracranial haemorrhage was lower in the dabigatran group.

[The new oral anticoagulants are now becoming widely accepted into primary care prescribing. This is a reminder to clinicians to be vigilant for adverse effects for this relatively new class of treatments.](#)

[NICE to develop guidance to tackle antibiotic resistance](#)

Later this year NICE will be publishing two new guidelines to:

- Address antimicrobial stewardship from a health and social care perspective.
- Provide public health guidance, which will focus on changing people's knowledge, attitudes and behaviours in relation to the use of antimicrobials.

In January NICE has updated two key therapeutic prescribing topics

- [Antibiotic prescribing – especially broad spectrum antibiotics](#) and
- [Three-day courses of antibiotics for uncomplicated urinary tract infection](#)

[Limited evidence that allopurinol prevents gout attacks](#)

The DTB reflects on past questions as to whether the reduction in urate translates to fewer acute attacks of gout, less pain or other clinically important outcomes. A recent Cochrane review has concluded that moderate-quality evidence suggests that there was a similar incidence of acute attacks of gout when allopurinol was compared with placebo and other urate-lowering drugs. The British Society of Rheumatology suggests that initial long-term treatment of recurrent uncomplicated gout should normally be with allopurinol, starting with a dose of 50–100mg/day and increasing by 50–100mg increments every few weeks, adjusted if necessary for renal function, until the therapeutic target (serum uric acid <300µmol/L) is reached. A European guideline suggests that the goal of urate lowering therapy is for a target below 360µmol/L.

The DTB concluded that the evidence supporting treatments to reduce the incidence of attacks of gout is limited and that the dose of allopurinol should be titrated to achieve the target serum urate level. However, the absolute benefit in reducing attacks of gout still remains uncertain.

[Stronger advice on the use of valproate medicines in women](#)

Healthcare professionals are today being urged by the Medicines and Healthcare products Regulatory Agency (MHRA) to give women better information on the risks associated with valproate medicines following the strengthening of product information.

Information booklets for healthcare professionals and patients are being made available as educational tools. The leaflet inside medicines packaging is also being updated with stronger warnings about the risk of developmental disorders in children exposed to valproate during pregnancy.

[This follows the outcome of a European review last year which found that up to 40% of children born to women who take valproate during pregnancy may have developmental disorders.](#)

Caprilon
Fortisip Savoury Multi Fibre
XLEU Faladon

2. **Drug Safety Update** relating to primary care prescribing

(For more information see [Drug Safety Update - GOV.UK](#)) Volume 8, Issue 6, January 2015

The website that hosts Drug Safety Update has now been moved. You can subscribe to alerts from using their link <https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency/email-signup>

1. **Medicines related to valproate: risk of abnormal pregnancy outcomes** ([link](#))

New information and strengthened warnings related to safety of medicines related to valproate has been issued. Advice highlights the level of risk in children exposed in utero to valproate -serious developmental disorders (in up to 30-40% of cases) and/or congenital malformations (in approximately 10% of cases).

2. Oral diclofenac is associated with a small increased risk of cardiovascular side effects and is therefore no longer available over the counter ([link](#))

3. Aceclofenac (Preservex): updated cardiovascular advice in line with diclofenac and COX-2 inhibitors Aceclofenac is now contraindicated in patients with established:

- ischaemic heart disease
- peripheral arterial disease
- cerebrovascular disease
- congestive heart failure (New York Heart Association, NYHA, classification II-IV)

4. Yellow Card extended to include devices, counterfeits and defective medicines

The medicine and device incident report system has been made simple by bringing them all under the Yellow Card Scheme.

You can now report any of the following on a [Yellow Card](#):

- suspected adverse drug reactions
- medical device incidents
- defective medicines
- suspected fake medicines

Please continue to report all suspected adverse drug reactions that are: serious, medically significant, or result in harm - serious reactions are any of the following:

- fatal
- life-threatening
- a congenital abnormality
- disabling or incapacitating
- those that result in or prolong hospitalisation
- associated with new drugs and vaccines (denoted by a ▼); see [list of Black triangle medicines](#)

3. **Local News and GP queries**

GP query

I want to prescribe a barrier cream and have traditionally recommended Cavilon. Is this the most cost effective option?

Answer

Conrane cream is recommended as a first line cost effective choice of barrier preparations when a general barrier cream is required. The specific role of Cavilon can be found in our local wound-care [formulary](#). Cavilon reduces skin damage related to skin stripping, maceration and excoriation and to [aid adherence of adhesives in wound care products](#). Repeated application of products with aggressive adhesives can remove stratum corneum. Maceration and excoriation of skin will result from contact with body fluids, for example: wound fluid proteases; urine; faeces and at stoma sites. When choosing a barrier treatment it should be remembered that the greasy nature of traditional products inhibit the absorbency of incontinence products, prevent effective application/ retention of adhesive dressings and tapes and are very difficult to remove from the skin. N.B. barrier creams should not be routinely be prescribed for simple nappy rash – suitable products are available OTC.

4. **QiPP**

Advice for patients their spleen removed, whose spleen isn't present or doesn't work.

Public Health England has published leaflet and card for patients who have had their spleen removed, whose spleen isn't present or doesn't work. ([link](#)). People without a functioning spleen are liable to overwhelming infection including pneumonia, septicaemia and meningitis. PHE advise patients to carry the card at all times so that paramedics and other health professionals are aware of the condition, should they be taken ill.

Prescription direction

Direction of prescriptions is the term used, often by pharmacy contractors, to describe the exercise of undue influence by a medical practice over the choice of where a patient takes or sends their prescription to be dispensed. The influence may be intentional, or may be because any positive comment by a GP is likely to be taken by a patient to be an endorsement. This [PSNC website](#) provides useful resources to help guide prescribers

Lipid modification

NICE has launched its e-learning tool developed for healthcare professionals includes case studies and activities to help them implement NICE guideline recommendations for cardiovascular risk assessment and lipid modification ([link](#)). This adds to the other modules e.g. acute kidney injury. Registration to the e-learning site is free.

Vaccination update ([link](#))

PHE has been made aware of reports of two issues with the use of Infanrix-IPV+Hib that healthcare professionals need to be alert to.

1. Babies' first immunisations – some immunisers have selected the wrong vaccine for primary immunisations. Primary immunisations must be with Infanrix-IPV+**Hib** (or Pediacel from existing stock) not Infanrix-IPV
2. Some immunisers are failing to reconstitute the Haemophilus influenza type B (Hib) component of the Infanrix-IPV+Hib vaccine prior to administration

Reminder for Fluenz tetra

It has been reported that children aged less than two years are receiving the live intranasal vaccine Fluenz Tetra. This vaccine is not licensed in those aged less than two years of age as studies have shown they are at increased risk of fever and wheezing in the six weeks post-vaccination. For this reason, children aged from six months to less than two years of age requiring immunisation against flu because they are in a clinical risk group, should be offered inactivated trivalent influenza vaccine.

The update contains further information and resources which healthcare professionals will find useful

5. NICE Evidence summaries: New medicines and unlicensed/off-label relating to primary care prescribing

New medicine

Asthma in adults: beclometasone/formoterol dry powder inhaler (Fostair NEXThaler) [ESNM53](#)

Chronic obstructive pulmonary disease: umeclidinium inhaler (Incruse) [ESNM52](#)

Unlicensed/ off-label reviews

n/a to primary care

6. Useful resources

BMJ	www.thebmj.com
JAMA: The Journal of the American Medical Association	http://jama.ama-assn.org/
The Lancet	www.thelancet.com
The New England Journal of Medicine	http://content.nejm.org/
<p>BMJ, JAMA and NEJM can be accessed in full-text directly through your NHS Athens Account via: National Library for Health: search via My Journals MyAthens: Via National Library for Health Resources or Local Resources. Current Lancet articles are sometimes available with free registration from http://www.thelancet.com/content/register. Print copies of The Lancet are available at DCGH library.</p>	<p>www.library.nhs.uk</p> <p>or</p> <p>www.athens.ac.uk</p>
<p>If you have not already registered for an NHS Athens Account, please register at: NB: It is recommended that you register on a Trust (NHS) PC for speedy confirmation of your username a password. Once registered, your account can be accessed from any computer with online access.</p>	https://register.athensams.net/nhs/nhseng/
<p>UKMI</p> <p>Nathnac</p> <p>NHS evidence</p> <p>Electronic medicines compendium</p> <p>Clinical Knowledge Summaries</p> <p>Medicines Prescribing Centre (Formerly NPC)</p> <p>Medicines for children (patient information leaflets)</p> <p>Drugs in lactation</p>	<p>http://www.ukmi.nhs.uk/</p> <p>https://www.evidence.nhs.uk/search?om=%5B%7B%22srn%22%3A%5B%22%20ukmi%20%22%5D%7D%5D</p> <p>http://www.nathnac.org/</p> <p>http://www.evidence.nhs.uk/</p> <p>http://www.medicines.org.uk/emc/</p> <p>www.cks.nhs.uk</p> <p>http://www.nice.org.uk/mpc/</p> <p>http://www.medicinesforchildren.org.uk/</p> <p>http://www.midlandsmedicines.nhs.uk/content.asp?section=6&subsection=17&pageldx=1</p>
UK teratology services	http://www.uktis.org/index.html
Vaccine update- Vaccination newsletter for health professionals and immunisation practitioners	https://www.gov.uk/government/organisations/public-health-england/series/vaccine-update