Derbyshire Medicines Management Newsletter

www.derbyshiremedicinesmanagement.nhs.uk

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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.

1. What's in the news

DTB February 2015, Volume 53, Number 2

Articles relevant to primary care

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

Does alprostadil cream hit the spot?

The DTB reports on the newly formulated alprostadil cream for use by men with erectile dysfunction marketed with the added advantage over the other forms of alprostadil in terms of ease of use and convenience. The review notes the efficacy of this product in treating erectile dysfunction as modest (versus placebo) with no direct evidence compared to PDE5 inhibitors.

Similar to JAPC the DTB position this treatment when a PDE-5 inhibitors are ineffective or unsuitable and for patients who do not wish to use one of the other forms of treatment.

Antihistamines for chronic spontaneous urticaria

A Cochrane review assessed the use of antihistamines which are commonly used to treat symptoms associated with urticaria. The authors found that antihistamines are effective when compared with placebo. However, the quality of evidence was low, and choice of agent, dose and duration of treatment remain unclear.

Prescribers when deciding to treat chronic spontaneous urticaria should note the evidence for the treatment of chronic spontaneous urticaria is limited and when selecting an antihistamine should choose the most cost effective formulary option. Formulary antihistamine choices are chlorphenamine (where sedation is beneficial) and cetirizine and loratadine (non-sedating)

Patient-centered de-prescribing

The term 'de-prescribing' has been used to describe the process that is required for safe and effective cessation of medication. There remains still a lack in evidence base on which to conduct de-prescribing. The authors of the article propose a five-step cycle approach that encompasses

1. Gaining a comprehensive medication history
2. Identifying potentially inappropriate medications
3. Determining whether the potentially inappropriate medication can be ceased
4. Planning the withdrawal regimen (e.g. tapering where necessary) and
5. Provision of monitoring, support and documentation.

Throughout the process patients should be engaged with the aim of improving long-term health outcomes. Like all medical interventions, including starting medicines, there are potential harms and benefits in de-prescribing. Example of benefits to the patients in de-prescribing include reduced volume load of medicines, reducing the risk of adverse side effects and drug interactions, simplifying regimens to improve compliance and reducing medicine waste.

Deleted products 2015 | MIMS online for February 2015

Brexidol (piroxicam)	Ketocid (ketoprofen)	Plaquenil (hydroxychloroquine)
Dipentum (olsalazine)	Loprofin vermicelli	PKU 2 Secunda
Eyezin (zinc hyaluronate)	Nivaquine (chloroquine)	Vitapro

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2. Drug Safety Update relating to primary care prescribing

(For more information see Drug Safety Update - GOV.UK) Volume 8, Issue 7, February 2015

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

1. Tiotropium delivered via Respimat compared with Handihaler: no significant difference in mortality in TIOSPIR trial

Previous studies of tiotropium suggested that more people died while using tiotropium Respimat compared with placebo and with tiotropium HandiHaler. The results of the TIOSPIR study (17,135 participants with COPD who were followed up for a mean of 2.3 years) shows that there was no significant difference in the risk of death from any cause between tiotropium Respimat 5 micrograms or 2.5 micrograms compared with tiotropium HandiHaler

Implications for clinical practice

In light of the results of TIOSPIR and other clinical trials, the MHRA has added the warning to use tiotropium (via either device) with caution in the following patients:

When using tiotropium delivered via Respimat or Handihaler to treat chronic obstructive pulmonary disease (COPD):

- take the risk of cardiovascular side effects into account for patients with conditions that may be affected by the anticholinergic action of tiotropium, including:
  - myocardial infarction in the last 6 months
  - unstable or life threatening cardiac arrhythmia
  - cardiac arrhythmia requiring intervention or a change in drug therapy in the past year
  - hospitalisation for heart failure (NYHA Class III or IV) within the past year
- tell these patients to report any worsening of cardiac symptoms after starting tiotropium; patients with these conditions were excluded from clinical trials of tiotropium, including TIOSPIR
- review the treatment of all patients already taking tiotropium as part of the comprehensive management plan to ensure that it remains appropriate for them; regularly review treatment of patients at high risk of cardiovascular events
- remind patients not to exceed the recommended once daily dose
- continue to report suspected side effects to tiotropium or any other medicine on a Yellow Card: www.gov.uk/yellowcard

2. Drugs and driving: blood concentration limits set for certain drugs

A new offence with regards driving with certain medicines is now being enforced (started 2nd March 2015) in England and Wales. Drugs included in the new offence that might be used for medicinal purposes:

Cannabis (tetrahydrocannabinol, THC)	Ketamine	Lorazepam
Cocaine	Amphetamine*	Oxazepam
Morphine	Flunitrazepam**	Temazepam
Diamorphine	Clonazepam	
Methadone	Diazepam	

*Whilst amphetamine will not be included in the current regulations to go before Parliament in 2014, it is expected to be included later in 2015 once a limit has been agreed

**Not currently licensed in the UK

For further information see GOV.UK website

The department of transport has also produced promotional materials for patients in England and Wales to help you explain the new offence to the public (e.g. posters that may be useful in waiting rooms)
https://www.gov.uk/government/collections/drug-driving

3. Local News and GP queries

GP query

JAPC has included DuoResp Spiromax, a combination inhaler of budesonide and formoterol onto its formulary. Please explain why DuoResp Spiromax was accepted and how is this different to Symbicort which we currently use?

Answer

DuoResp Spiromax (formoterol/budesonide) has been licensed for use in adults (18 years and over) with asthma or chronic obstructive pulmonary disease (COPD), where use of an inhaled corticosteroid and a long-acting beta2 agonist is appropriate.

The DuoResp Spiromax is a breath-actuated dry powder inhaler and is available in two strengths:

- 160/4.5 (formoterol fumarate dihydrate 6 microgram, budesonide 200 microgram per dose) - *equivalent to Symbicort 200/6 Turbohaler*
- 320/9 (formoterol fumarate dihydrate 12 microgram, budesonide 400 microgram per dose) - *equivalent to Symbicort 400/12 Turbohaler*

The differences are:

- DuoResp Spiromax has no equivalent product to the Symbicort 100/6 formulation
- the drug delivery device is different
- the DuoResp Spiromax is licensed in adults only

These differences mean that the two products/inhaler combinations will not necessarily be interchangeable with each other and that patients should not be switched from one product/inhaler combination to another without ensuring there is appropriate patient information and training.

However DuoResp Spiromax is significantly less expensive, is simple to use and includes a useful dose counter:

Drug Name	Unit cost
DuoResp Spiromax 160/4.5	£29.97 (120 doses)
DuoResp Spiromax 320/9	£29.97 (60 doses)
Symbicort 200/6	£38 (120 doses)
Symbicort 400/12	£38 (60 doses)

Clinicians should prescribe these inhalers by the brand name to ensure the intended inhaler is dispensed to the patient.

You and your warfarin - Information about how to take your warfarin tablets safely

Pharmacists at Chesterfield Royal Hospital have produced a YouTube film counselling patients in taking warfarin. https://www.youtube.com/watch?v=JfJS_laZB7E&feature=youtu.be. The 7 minute film is aimed at patients newly started on warfarin. Patients are given information about the YouTube link when first seen and/or diagnosed on the admissions unit. It encourages them and their relatives to watch the clip and note down questions for when they are followed up in anticoagulation clinic (usually seen there within 1-2 days). There has been very positive feedback from the patients and it has helped reduce the time anticoagulation pharmacists have to spend counselling patients. It is envisaged that the YouTube clip will be re-edited to make it more generic and less CRH focussed. Following success of this project it is planned to introduce a second YouTube film featuring counselling information for the Direct Orally Acting Anticoagulants.

4. Quality, Innovation, Productivity and Prevention (QIPP)

Medicines optimisation: identifying medicines associated with serious medication errors

A systematic review using databases from Denmark (Saedder EA et al -Eur J Clin Pharmacol 70:637-645) has identified those medicines reported in the literature that most commonly cause serious adverse reactions because of medication errors. There were 623 medication errors found in 507 patients. 47% of which were caused by 7 medicines or classes of medicines.

Top 10 medicines associated with fatal medication errors:

Medicine or class	Number (%)	Medicine or class	Number (%)
Methotrexate	37 (26%)	Other anticoagulants	7 (5)
Warfarin	13 (9%)	Aspirin	6 (4%)
Opioids	9 (6%)	NSAID	6 (4%)
Digoxin	8 (6%)	Beta-blockers	5 (4%)
Theophylline	9 (6%)	Antibiotics	4 (3%)

Top 20 medicines associated with nonfatal events (hospitalisation, prolonged hospitalisation, life threatening condition, and disability) due to medication errors:

Medicine or class	Number (%)	Medicine or class	Number (%)	Medicine or class	Number (%)
Methotrexate	51 (11%)	Anti-epileptics	17 (4%)	ACE inhibitors	11 (2%)
Theophylline	51 (11%)	Beta-blockers	17 (4%)	Glucocorticoids	11 (2%)
NSAID	39 (8%)	Warfarin	17 (4%)	Antipsychotics	10 (2%)
Opioids	32 (7%)	Other anticoagulants	15 (3%)	Calcium- channel blockers	9 (2%)
Digoxin	28 (6%)	Potassium-sparing diuretics	14 (3%)	Insulin	7 (1%)
Aspirin	23 (5%)	Antibiotics	13 (3%)	Antidepressant	7 (1%)
Diuretics	22 (5%)	Sulfonylureas	12 (3%)		

NICE accepts the possible limitations of this review but reflects that it does nonetheless highlight that that there are a small number of well-known medicines or classes of medicines that are implicated in the majority of fatal events and medication errors.

Reporting patient safety incidents that occur in general practice

NHS England has launched a new general practice e-form, developed specifically to make it quick and easy for all practice staff to report patient safety incidents to the National Reporting and Learning System (NRLS), the NHS' national patient safety incident database. Reporting an incident should only take a few minutes and will help to keep patients safe from avoidable harm.
The form can be accessed here http://www.england.nhs.uk/ourwork/patientsafety/general-practice/
The link includes a quick guide to reporting patient safety incidents that occur in general practice through a video and blog and how by reporting a patient safety incident to the NRLS you can gain CPD credits.

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

New medicine

Chronic obstructive pulmonary disease: Olodaterol ESNM54
Olodaterol (Striverdi Respimat) is a new a long acting beta 2 agonist (LABA) for chronic obstructive pulmonary disease (COPD) and is being reviewed by JAPC in March 2015.

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/
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.	www.library.nhs.uk or www.athens.ac.uk
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.	https://register.athensams.net/nhs/nhseng/
UKMI Nathnac NHS evidence Electronic medicines compendium Clinical Knowledge Summaries Medicines Prescribing Centre (Formerly NPC) Medicines for children (patient information leaflets Drugs in lactation	http://www.ukmi.nhs.uk/ https://www.evidence.nhs.uk/search?om=%5B%7B%22srn%22%3A%5B%22%20ukmi%20%22%5D%7D%5D http://www.nathnac.org/ http://www.evidence.nhs.uk/ http://www.medicines.org.uk/emc/ www.cks.nhs.uk. http://www.nice.org.uk/mpc/ http://www.medicinesforchildren.org.uk/ http://www.midlandsmedicines.nhs.uk/content.asp?section=6&subsection=17&pageIdx=1
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