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 August 2015,Volume 53 Number 8

Articles relevant to primary care

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

Modest effects of tight glycaemic control for type 2 diabetes

The DTB reports on a follow-up open label observational study of 1,791 military veterans with type 2 diabetes debating on whether intensive glycaemic control is more beneficial over standard care. Intensive glycaemic control modestly reduced the incidence of cardiovascular events compared with standard glycaemic therapy. Patients on intensive glycaemic control had 8.6 fewer major cardiovascular events per 1,000 patient years than those in the standard therapy group. The difference in cardiovascular mortality and overall mortality was not statistically significant and no data were presented on long-term adverse effects from intensive therapy.

The obvious points to the study are: the effects are modest, composite end points are used, observational in design and risks of hypoglycemia and weight gain associated with intensive treatment. Prescribers of Derbyshire are reminded to continue to follow local guidance which supports individualised HBA1c targets involving the patient in the decision and considering for example factors like disease duration, risk of hypoglycemia and life expectancy.

Winterbourne Medicines Programme

NHSE commissioned 3 pieces of work following the Winterbourne View care home abuse

The group commissioned three pieces of work:

1. an examination of prescribing of these medicines in primary care by Public Heath England (PHE);
2. partnership working with six project sites in England to further understand process and pathways to test new ways of working by NHS Improving Quality (NHS IQ); and
3. an audit of Second Opinion Authorised Doctor information on use of medicines in people detained under the Mental Health Act by the Care Quality Commission (CQC).These three reports provide robust evidence of inappropriate use of powerful medicines in people with learning disabilities.

Among adults known to their GP to have learning disabilities, excluding only those in hospital as inpatients, on any average day, 17.0% were being prescribed antipsychotic drugs, 16.9% antidepressants, 7.1% drugs used in mania and hypomania, 4.2% anxiolytics, and 2.7% hypnotics 2.7%. Nearly one third (29.5%) of all adults known to have learning disabilities were receiving one or more of these types of drug.

These figures, particularly those for antipsychotics and antidepressants are much higher than the prevalence of psychotic conditions or affective disorders established from research studies and increase progressively with age. 58% of adults receiving antipsychotics and 32% of those receiving antidepressants had no relevant diagnosis recorded. 22.5% of prescriptions for antipsychotics included more than one drug in this class and 5.5% were for doses exceeding the recommended maximum.

It is recognized that these drugs are typically initiated by specialist doctors and only very rarely by general practitioners. Whilst the responsibility for prescribing lies with the practitioner who signs the prescription, it is critical that GPs and specialists work together, through shared care arrangements, to monitor and regularly review patients taking these powerful medicines.

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A National Patient Safety Alert sent to all providers of NHS care in England highlight the challenge of antimicrobial resistance (AMR) and the need for antimicrobial stewardship.
Antimicrobial resistance (AMR) has risen alarmingly over the last 40 years and inappropriate use of antimicrobials is a key driver. The consequences of AMR include increased treatment failure for common infections and decreased treatment options where antibiotics are vital, such as during certain cancer treatments. Antimicrobial stewardship is key to combating AMR and is an important element of the UK Five Year Antimicrobial Resistance Strategy4.
The joint patient safety alert signposts NHS organisations to the TARGET (Treat Antibiotics Responsibly, Guidance, Education, Tools); and Antimicrobial Stewardship: Start Smart then Focus toolkits.

NHS England community pharmacy letter

Key points

- Community pharmacies will be able to offer NHS flu vaccinations to adult patients aged 18 and over at the time of vaccination, who are defined as at risk in the Annual Flu letter (which includes patients aged 65 years old and over).
- Community pharmacy provision of blister pack monitored-dosage systems

For patients deemed eligible under the Equality Act, for whom the pharmacy contractor considers blister packs to be the most appropriate adjustment, the only instance in which seven day prescriptions are appropriate is if the prescriber has made the decision, on clinical grounds, that medication should be issued to the patient on a weekly basis. This should NOT be for issues related to funding. A pharmacy cannot refuse to provide a blister pack to any patient who is eligible under the Equality Act.
Any pharmacy who claims that they are 'at capacity' will be in breach of their terms of service.
Safer Lithium Therapy – Reminder. The the patient's lithium therapy record book should be used check that blood tests are monitored regularly and that it is safe to dispense the prescribed lithium to the patient.

The Advisory Committee Malaria (ACM) on Prophylaxis have updated the guidelines on malaria prevention in UK travellers – 2015

The ACMP prophylaxis guidelines are intended for UK-based visitors to malaria endemic areas. The key changes to Guidelines for malaria prevention include:

- updated guidance on the use of insect repellent and sun protection
- clarification on the use of hydroxychloroquine
- updated guidance on the use of anticoagulants with antimalarials
- updated guidance on the use of doxycycline in epilepsy
- changes to the country recommendations for Vietnam and Malaysian Borneo, and clarifications on the recommendations for India
- additional notes added at the beginning of the country recommendations table including information on vulnerable travellers, and new malaria maps for India and South Africa
- clarification of advice for travellers moving through areas where different antimalarials are recommended

Stocks of Adrenaline In Care Homes

The Medicines Healthcare Regulatory Authority (MHRA) has recently clarified which Care Homes are legally allowed to hold stocks of adrenaline for the emergency treatment of anaphylaxis. This follows several years of uncertainty due to the change in the terminology used (from nursing or residential homes to Care Homes) not matching legislation. In England, Care Homes registered for the regulated activities of provision of accommodation for persons requiring nursing care and treatment of disease, disorder or injury will be deemed to be nursing homes for the purposes of the Human Medicines Regulations 2012. This means they are eligible to receive stocks of medicine including Adrenaline.

You can check a Care Home's registered status on the CQC website. It is mostly homes previously known as 'nursing homes' that are registered for 'treatment of disease, disorder or injury' but there are some variations to this so please double check.

Applicable homes should obtain stock via a requisition. The adrenaline can be administered in an emergency to save life and would not need to have a prescription issued in this circumstance.

It is important that staff working in Care Homes stocking adrenaline have had appropriate anaphylaxis training. The availability of adrenaline tends to be debated around flu vaccination season but it is also important to remember that there is a low risk of anaphylaxis with the administration of other medicines too

Deleted products 2015 | MIMS online for August 2015

Lopresor (metoprolol)	Suprax Paed. Susp (cefixime)	System 4

2. Drug safety update relating to primary care prescribing

(For more information see Drug Safety Update) Volume 9, Issue 1, August 2015

The website that hosts the Drug Safety Update has now been moved. You can subscribe to alerts by using the following sign up link. Headlines-

1. Concomitant use of amiodarone for heart-rhythm disorders with simeprevir and sofosbuvir combination therapy should be avoided unless other antiarrhythmics cannot be given. This advice is due to a risk of severe bradycardia and heart block if taken together.

3. Local news and GP/pharmacist queries

GP query

Warfarin dosing

Can you advise me on the protocol for prescribing 3mg and 5mg warfarin tablets

Answer

The NPSA alert in 2007 suggested that the least number of tablets should be used each day but our local guidance suggests using the 1mg tablets.

Local Guidance: Warfarin tablet strengths available are: 0.5mg (white), 1.0mg (brown), 3.0mg (blue) and 5.0mg (pink).
The use of the 1mg strength tablets has been agreed locally to avoid confusion over inappropriate dosing and the preferred option. By exception the use of other strengths i.e. higher doses greater than 5mg may be considered on a patient by patient basis. Avoiding more than two different strengths is strongly recommended

The NPSA advised:

Amendment of local policies to standardise the range of anticoagulant products used, incorporating characteristics identified by patients as promoting safer use. Across NHS organisations, there is wide variation in the supply and dosing methods used for warfarin tablets. This can be complex and confusing for patients and carers, as well as healthcare professionals.

Patient and carer groups have informed the NPSA that warfarin regimens with the following characteristics would promote safer use:

- use the least number of tablets each day;
- use constant daily dosing and not alternate day dosing;
- not require the use of half tablets – patients find it difficult to break tablets in half and instead, when necessary, would rather use 0.5mg tablets.

The NPSA recommended that NHS organisations should review their local practice to incorporate these characteristics. All strengths of warfarin tablets should be used to best meet the needs of individual patients. Not all patients will need all strengths of tablets. It is recommended that oral anticoagulant doses should be expressed in mg and not as the number of tablets.

It is advised therefore that each patient should be assessed on an individual basis to ensure that they can safely take the correct dose, whether that be 1mg or a couple of different strengths (trying to avoid more than 2 strengths).

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

QIPP tip

Last year across Derbyshire 80,709 items were dispensed at a cost of £160,976.38

Significant savings can be made from switching ferrous fumarate 210mg tablets to capsules. Please note that the iron content in the capsules is higher than the tablet.

Based on September 2015 Drug Tariff

Drug name	September Drug Tariff price	Iron content
Ferrous fumarate 210mg tablets	£2.30 (84)	68mg
Ferrous fumarate 305mg capsules	£1.68 (84) as Galfer	100mg

Meningitis B vaccination

Since September 2015 Men B vaccine became available as part of the NHS childhood immunisation programme, to help protect against MenB disease. Because fever is associated more with the Men vaccine, prophylactic paracetamol is being recommended at the time of or shortly after the first two MenB vaccinations (with a further two doses four to six hours later). Clinicians are reminded of the resources advising patients to purchase paracetamol suspension 120mg/5mls over the counter. For the first dose and limited period sachets of paracetamol oral suspension (120mg/5ml) with measuring devices will also be available to order through the ImmForm website, until communications advising parents on the need to have paracetamol in advance of the vaccination appointment are well established. Vaccines for private prescriptions, occupational health use or travel are NOT provided free of charge and should be ordered from the manufacturer

Misuse of hyoscine butylbromide (Buscopan)

A letter from PHE raises awareness of the misuse of hyoscine butylbromide (Buscopan) being reported from HM prisons. Buscopan is an anticholinergic licensed for the relief of spasm of the genito-urinary tract or gastro-intestinal tract and for the symptomatic relief of Irritable Bowel Syndrome. Recent reports describe prisoners crushing and smoking Buscopan, which releases scopolamine a known hallucinogen.

The following information/ advice is from DHcFT that they have sent to their clinicians which primary care clinicians will find useful

- **Orphenadrine** 50mg tablets will be discontinued on 1st December 2015. This is due to the manufacturer of the active ingredient discontinuing production, plus the declining demand for this preparation. The BNF states that there are no important differences between the antimuscarinic drugs, but some patients tolerate one better than the other. Maudsley guidelines state that many patients do not require long term antimuscarinics and use should be reviewed every 3 months. This is reflected by manufacturers' recommendations, which advocate reduction in dose/ withdrawal of treatment after symptoms have remitted/after a period of 3-4 months.

Patients currently taking orphenadrine should have their symptoms reviewed to assess the need for continuing treatment. Consider a trial of anticholinergic reduction and gradual withdrawal. Avoid abrupt withdrawal as this may result in symptoms of cholinergic rebound such as headache, restlessness, nausea, GI upset, anorexia, anxiety and insomnia.

Procyclidine and trihexyphenidyl are alternative antimuscarinics licensed for the treatment of extrapyramidal side effects - tremor, rigidity and bradykinesia. Antimuscarinics are generally unhelpful in akathisia and may worsen symptoms of tardive dyskinesia.

If assessment indicates an alternative antimuscarinic is required a gradual switch/substitution is recommended. Bazire (Psychotropic Drug Directory) suggests the following dose equivalence:

Orphenadrine	50mg
Procyclidine	2mg
Trihexyphenidyl	2mg

BNF dose range and costs are as follows:

Procyclidine 5mg tablets. Dose: 2.5mg three times a day, increased gradually every 2-3 days if necessary. Max 30mg daily.
Drug tariff price: £1.87 for 28 tablets

Trihexyphenidyl 2mg and 5mg tablets

Dose: 1mg daily, increased by 2mg every 3-5 days according to response. Usual maintenance dose 5-15mg daily in 3-4 divided doses. Max 20mg daily.
Drug tariff price: £9.22 for 84 x 2mg tablets; £17.91 for 84 x 5mg tablets

- **Trifluoperazine** – no longer a cost effective option for new prescriptions
  Prescribers' attention is brought to the significant cost of this preparation. The Drugs and Therapeutics Committee have agreed with JAPC that whilst it is appropriate those patients currently prescribed trifluoperazine who have stable mental health should continue to receive this antipsychotic, it should no longer be initiated for new patients due to the wide range of other more cost effective options being available.

Costs are as follows (August 2015 drug tariff)

Trifluoperazine 1mg tablets	x112	£54.00
Trifluoperazine 5mg tablets	x112	£123.20

5. NICE evidence summaries: New medicines (relating to primary care prescribing)

None

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