Medicines Safety Matters

A Newsletter from the Derbyshire and Nottinghamshire CCGs Medicines Safety Officers Network. Issue 11 - March 2019

Welcome to our regular edition of Medicines Safety Matters; a newsletter produced by your local CCG Medicines Safety Officers. Our aim is to highlight to you medication incidents that have occurred both locally and nationally, thus promoting and supporting safer practice.

Key Messages in this Edition

- Insulin Safety Needles - risk of omitted doses
- Methotrexate & Folic Acid Incident
- Fire risk with emollients - updated information
- Cannabidiol (CBD) oil - potential adverse effects and drug interactions
- Hydrochlorothiazide - Patient Safety Alert

Insulin safety needles - risk of omitted doses

There have been a number of incidents reported nationally where patients have not received their full dose of insulin due to incorrect use of the BD Autoshield safety needles, resulting in hyperglycaemia and an increased risk of diabetic ketoacidosis. This has been either because a patient has been given safety needles to use for self-administration, sent home with supply from ward or that the nurse is not correctly able to use safety needles.

Safety needles are designed to protect nurses or carers administering insulin to the patient, in order to protect them from needle stick injuries. If a nurse or carer is involved in the administration of insulin then safety needles should be used and staff should be appropriately trained on how to use them. If a patient is administering their own insulin, they do not require safety needles and should use standard insulin pen needles.

An information sheet for correct use of safety needles can be found here. http://nswapportal.com.au/wp-content/uploads/2015/09/BD-Autoshield-Duo-Safety-Pen-Needle-Instructions.pdf.

Hydrochlorothiazide: Patient Safety Alert

The MHRA have issued a safety alert regarding the risk of skin cancer in patients taking products that contain hydrochlorothiazide. Patients should be advised to limit their exposure to sunlight and regularly check for skin lesions if they take these products. As most of the hydrochlorothiazide-containing products are non-formulary combination antihypertensives this could be a good opportunity to review these patients and choose a formulary alternative.

Methotrexate & Folic Acid

Following an investigation into a serious incident relating to methotrexate and folic acid, we would like to remind practices that methotrexate can cause serious harm if not taken correctly. Folic acid 5 mg should always be prescribed concurrently to reduce likelihood and severity of side effects.

An elderly patient was admitted to hospital twice last year on methotrexate, was found to have not been taking/ receiving folic acid in the community and subsequently passed away.
Folic acid was present on the patient's repeat prescription but had not been prescribed since 2017. Blood monitoring was being carried out regularly by the practice and the results were normal. The cause of death was concluded to be pneumonia secondary to pancytopenia which was secondary to methotrexate administration and folic acid deficiency.

For SystmOne there is an Optimise Rx message highlighting that folic acid needs to be prescribed if a patient is on methotrexate. EMIS also has a system warning. In addition:

- Could **all practices** please verify if you have any patients who have methotrexate prescribed without folic acid and intervene accordingly if you do?
- Could **community pharmacists** please be aware of patients taking methotrexate and not ordering their folic acid at the same time and counsel them appropriately?

Key safety messages:

- Shared care prescribing of Methotrexate tablets for non-cancer use should only be prescribed and administered **ONCE WEEKLY**.
- **ALWAYS** co-prescribe folic acid to reduce the risk of adverse-effects with methotrexate.
- Patients may be prescribed methotrexate from secondary care either as injection or orally because they are unsuitable for shared care. It is **GOOD PRACTICE** to confirm that the patient is on concurrent folic acid and ensure this information is clearly documented.
- **ALWAYS** check for drug interactions when prescribing for patients on methotrexate. Commonly used medicines such as trimethoprim or co-trimoxazole can cause severe bone marrow suppression with methotrexate.

Cannabidiol (CBD) oil – potential adverse effects and drug interactions

We have received some reports from GPs about patients requesting CBD oil or informing them of its use alongside other prescribed medication, with concerns raised about potential side effects and drug interactions.

Extract taken from the UKMi Q&A Cannabis based medicinal products potential drug interactions resource:

Cannabis contains many different compounds; the two of significance in cannabis- based medicinal products are cannabidiol (CBD) and tetrahydrocannabinol (THC). CBD is the nonpsychoactive compound that has proposed therapeutic benefits. THC is the main compound responsible for the psychoactivity of cannabis. There are a number of manufacturers outside the UK with a GMP certification for the production of cannabis-based medicinal products. Products are generally classed as high THC or low THC content. Cannabis-based medicinal products generally contain a higher content of CBD and a lower content of THC than recreational cannabis.

Products such as CBD oil available to buy from health food stores are sold as food supplements, and thus are not classed as cannabis-based medicinal products. As they do not fall under the Human Medicines Regulations 2012 definition of a medicinal product they are not required to meet good manufacturing practice, including safety, quality and efficacy standards. As a result, the safety and quality of such products may not be guaranteed. CBD-containing products, although commonly advertised to be free from THC, have the potential to contain traces of THC.

Key points from CBD related SPS/UKMi resources:

- Due to an increasing popularity of self-administration of shop bought CBD, doctors and pharmacists should be aware of its potential adverse effects and interactions.
- The most common adverse effects found in studies were somnolence, decreased appetite, vomiting, diarrhoea and elevated liver enzymes.
- Moderate to severe impairment of kidney or liver function may theoretically reduce the clearance and/ or excretion of CBD.
- The data available suggests that CBD interacts with cytochrome p450 enzymes consequently, caution is recommended when CBD is co-administered with medications that are metabolised by this pathway.

An SPS resource titled Cannabidiol oil – potential adverse effects and drug interactions is available to provide information to prescribers and pharmacists.
Readers should also consult the UKMi Q&A Cannabis based medicinal products potential drug interactions for further information on potential drug interactions.
Information regarding CBD safety is limited to few human studies and information should be interpreted cautiously. Further studies are needed to evaluate the full safety profile.

Emollients: New information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients

Warnings about the risk of severe and fatal burns are being extended to all paraffin-based emollients regardless of paraffin concentration. Data suggests there is also a risk for paraffin-free emollients.
Patients who use these products should be advised not to smoke or go near naked flames, and the risk of easy ignition of clothing, bedding, dressings and other fabric that have dried residue of an emollient product on them.

Further information can be found here

Every effort has been made to ensure the information contained in this newsletter is accurate at the time of publication