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NHS England

North Midlands Controlled Drugs Newsletter

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Tapentadol (Palexia): risk of seizures and reports of serotonin syndrome

Tapentadol may increase seizure risk in patients taking other medicines that lower seizure threshold. Serotonin syndrome has also been reported when used with serotoninergic antidepressants. You can find the report at: https://www.gov.uk/drug-safety-update/tapentadol-palexia-risk-of-seizures-and-reports-of-serotonin-syndrome-when-co-administered-with-other-medicines

This newsletter contains local and national CD information to support safe use and handling of controlled drugs.
You can use the dedicated e-mail to contact us. For Shropshire & Staffordshire e-mail: england.shropshire-staffs-cd@nhs.net and for Derbyshire & Nottinghamshire e-mail: england.nottsderbycontrolleddrugs@nhs.net

Check calculations carefully when converting doses of opioids from oral to syringe driver

Prescribers are reminded to check their calculations carefully when changing a patient's dose of opioid from oral to via syringe driver, following a report of a potential prescribing error.

- Switching from one opioid to another should only be recommended or supervised by a healthcare practitioner with adequate competence and sufficient experience. If uncertain, ask for advice from a more experienced practitioner.
- When converting from one opioid to another, the initial dose depends on the relative potency of the two drugs and route of administration.
- An individualised approach is necessary. Conversion factors are an approximate guide only because comprehensive data is lacking and there is significant inter-individual variation.
- The half-life and time to onset of action of the two drugs needs to be considered when converting so that the patient does not experience breakthrough pain or receive too much opioid during the conversion period.
- Once the conversion has occurred, the dose of new opioid should be titrated carefully according to individual response and the patient monitored closely for side effects and efficacy, especially when switching at high doses.

Equivalent doses of opioid analgesics. This table is only an approximate guide (doses may not correspond with those given in clinical practice); patients should be carefully monitored after any change in medication and dose titration may be required.

Analgesic/Route	Dose
Codeine: PO	100 mg
Diamorphine: IM, IV, SC	3 mg
Dihydrocodeine: PO	100 mg
Hydromorphone: PO	2 mg
Morphine: PO	10 mg
Morphine: IM, IV, SC	5 mg
Oxycodone: PO	6.6 mg
Tramadol: PO	100 mg

PO = by mouth; IM = intramuscular; IV = intravenous; SC = subcutaneous

Reference from BNF https://bnf.nice.org.uk/guidance/prescribing-in-palliative-care.html

Report ALL CD incidents, concerns and occurrence reports via the CD on-line reporting tool: www.cdreporting.co.uk

Out of Date Controlled Drugs Stock

To help maintain good governance arrangements it is important that out of date CDs are not stock piled, and are appropriately recorded in CD registers. Over the past few months NHS England has been made aware of a number of issues relating to out of date (OOD) CD stock. Ranging from huge volumes of OOD stock stored awaiting destruction, to OOD stock removed from registers or unaccounted for CD registers for the OOD drugs. In one of these stockpiling cases the items were more than ten years old! Please ensure that OOD CD items are not stock piled and make timely requests for an Authorised Witness to attend, to witness the destruction of these items.

Repeat Prescribing Concern

NHS England North Midlands have been made aware of a concern relating to repeat prescribing to individuals who are currently in prison. Intelligence has been shared with us that family members continued to request repeat medication for the individuals whilst they were in prison and these prescriptions were issued and dispensed. GP practices are reminded that if they receive communications from a prison advising that an individual is detained and medical records are required, that a record should be made in the patients notes to not issue any repeat until the practice is contacted by the patient themselves.

ROYAL PHARMACEUTICAL SOCIETY

Briefing Statement to Health Professionals on the Management of Opioid Medications

The Faculty of Pain Medicine at the Royal College of Anaesthetists have issued a briefing Statement to Health Professionals on the Management of Opioid Medications.

FACULTY OF PAIN MEDICINE of the Royal College of Anaesthetists

The Key messages are:
There is an urgent need to -

- Screen and assess people on opioids for chronic pain.
- Make clinical decisions about opioid reduction and optimal pain management where appropriate
- Identify the best clinical approach and place (GP surgery, hospital clinic, community pharmacy) for this to occur
- Ensure that there are resources to deal with those patients captured by any screening process
- Employ a corporate approach to manage those who are non-compliant.

The briefing is available ://www.rcoa.ac.uk/system/files/FPM-Opioid-letter-2018.pdf

Professional guidance on the safe and secure handling of medicines

The Royal Pharmaceutical Society have produced guidance that details the four core governance principles that underpin a framework for the safe and secure handling of medicines. One of the key sections is Appendix B Controlled Drugs, this may be useful for all organisations managing CDs. https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines

Concern around increased Codeine requests in community pharmacies

It has been reported to us that community pharmacy staff across the region have seen increased requests for Codeine Linctus and other OTC products containing Codeine. It is believed these requests may be linked with the growing trend of LEAN misuse. This is where Codeine is extracted and mixed with lemonade and sweets to form a very sweet drink commonly known as LEAN, although there are a number of other names the mixture may go by. **ACTION:** Consider the need to stock OTC Codeine Linctus at all. If considered necessary we advise enhanced vigilance and oversight for all OTC sales of products containing Codeine. There is no simple or single method to distinguish a legitimate OTC purchase from a purchase for abuse. We advise the usual practices of verifying use, frequency, need, symptoms etc. and declining any acute or repeat sales if you have suspicion of abuse. If you have any concerns or intelligence relating to the abuse use, please contact your Police Controlled Drugs Liaison Officer.

Key Messages

Report ALL CD incidents & concerns via the CD on-line reporting tool: www.cdreporting.co.uk
Check calculations carefully when changing an opioid dose from oral to injectable
Tapentadol (Palexia): report on the risk of seizures and reports of serotonin syndrome
Professional guidance on the safe and secure handling of medicines
Briefing Statement to Health Professionals on the Management of Opioid Medications
Enhanced vigilance and oversight for all codeine sales