PRIMARY CARE PRESCRIBER

The monthly prescribing bulletin for GPs, pharmacists, trainees, AHPs and community nurses.

Aug 2018

Primary Care Services & Medicines Advisory Group

Statins in Primary Prevention

Do they always help?

In ***July's PCP***, the role of anticoagulation as a risk reduction medicine rather than a 'treatment to cure' was discussed.

This is similar to treating hypertension and indeed in cholesterol lowering medication.

As clinicians in primary care, we are used to explaining that a statin in primary prevention is used for reducing the risk of a cardiovascular event or death.

The French prescribing journal ***Rev Presrire*** (akin to the UK's ***DTB***), provides fairly rigorous review of medicines.

In their most recent ***feature article***, they concluded that in patients with no history of cardiovascular disease, there is no proof statins will reduce cardiovascular events in those younger than 40 or older than 75. Moreover, no trials have evaluated any benefit of treatment beyond 10 years.

This fits in with the ***NNT.com*** appraisal of evidence as well. We also know in general doctors ***overestimate benefit (by 32%) and underestimate harms (by 34%).***

Target Drug

Lidocaine patch is no longer a treatment option for primary care for any new patients.

Guidance on this is summarised ***here***.

However, MAG/TAF does not provide advice on prescribing in palliative care and all prescribers should refer to ***SPCG***.

Alternative

Treatment of long-term pain is challenging. Topical treatments for pain are not significantly better than placebo.

Based on ***military experience*** for the most severe complex pain, long-term pain treatment must become broader than just medicines... We shouldn't dwell on change—rather accept there is no magic bullet and encourage investment in non-drug options.

Drug Safety Updates

MHRA have updated their ***guidance*** on Esmya® after a temporary pause on prescribing.

BNF Updates

No BNF updates of note to report.

Formulary Updates

There was no MAG meeting in July. Forthcoming at MAG in August will be a in depth review of all emollient prescribing.

PCP has discussed before the lack of evidence for drug monitoring. Just because something *could* happen rarely doesn't mean *all* get screened. There is some advice ***here***.

On discussion with ophthalmology there will no longer be a requirement for regular monitoring for those on long-term oral aciclovir for HSV prophylaxis.

Pneumococcal Vaccine

Prescribers are reminded that when obtaining pneumococcal vaccination, it should be the Pneumovax® brand which is requested. If we prescribe generically there is a danger we get the Synflorix® version which only has coverage for 10 strains of pneumococcal versus 23 for the Pneumovax®.

Costs to note

In this section we'll highlight some surprises, price drops, price increases and drugs coming off patent. Worth a search to see how many you might have on repeat...!

Ramipril caps 10mg £1.34 versus perindopril erbumide 8mg £5.47 versus **lisinopril 20mg £1.11**
Simvastatin 40mg £1.21 versus atorvastatin 20mg £1.41 versus rosuvastatin 10mg £1.88
Lansoprazole 15mg GR Caps £1.13 vs **omeprazole 10mg GR caps £0.59** vs esomeprazole 20mg GR caps £2.64

Has you practice signed up for P-DQIP?

Managing the complexity and risks of prescribing is a challenge and we are needing to develop ever more sophisticated tools to aid us in managing this complex landscape.

Following on from the success of ***DQIP***, [pharmacist] p-DQIP is now available to all NHS Tayside practices as a prescribing safety tool.

It has 2 main functions: Firstly it identifies patients at high risk of drug harm using 69 different indicators to support targeted medication review (a possible project for appraisal?)

It will also provide decision support to guide management at patient level (making it easier to know how to remedy the trigger if appropriate).

The other optional function is to allow monitoring, reporting and evaluation at cluster, HSCP and NHS Tayside level. This uses non patient-identifiable data and can support both cluster working and ensure the prescribing focus remains on patient safety and quality at all levels of the organisation. It would also allow the p-DQIP team to evaluate and adapt the tool accordingly.

If you have any further questions please discuss with your practice pharmacist and practice manager.

The Scottish Polypharmacy Guidance also uses the same indicators as p-DQIP.

Non-Medicines prescribing

NHS Tayside Board has established a non-medicines advisory group.

The purpose of this group is to assure the total use of all non-medicines in primary care.

The main non-medicines groups which will be reviewed include continence products, diabetes consumables, wound care, stoma products, specialist baby milks and oral nutritional supplements.

There will also be a non-medicines formulary for all other non-medicines and this will provide advice for anything else which isn't currently reviewed by a group such as the diabetes MCN or Wound Management Group.

Prescribers may note some recent requests for Glucojuce® after Lucozade® reduced their sugar content. Glucojuice® contains 15g glucose/60mls; lucozade® now has 17.1g in their 380ml bottle. One is on prescription, the other is available in most shops...

A convenient (but cleverly marketed) indulgence?

Something of interest from the Journals...

In 2010, this ***study*** was unable to reach a conclusion as to whether a 75mg dose of aspirin was sufficient in obesity for secondary prevention.

Although we still have not had a randomised trial comparing end outcomes for different weights, the evidence from this ***trial*** from Oxford University suggests those who weighed ≥70kg did not gain the same benefit from aspirin 75mg (HR 0.95) as those weighing ≤70kg (HR 0.75).

While appreciating higher doses of aspirin could well be associated with increase GI risks, there will be significant interest in this difference in hazards ratio from a public health perspective.

NICE are currently reviewing their ACS guidance, and we will see if this paper changes anything in their recommendations.

It will be hard to ignore when, according to this data, 80% of men and 50% of women weighing more than 70kg are not gaining any benefit (and only risking harms...!)

Your ideas

Due to the ongoing hard work of all primary care, we are seeing a downwards trend across Tayside in the prescribing of all pain medication. Lidocaine, pregabalin, opioids and non-opioids are reducing. Even paracetamol!

Whether through polypharmacy reviews, encouraging non-drug options or more active review of ongoing prescribing the trend in primary care in Tayside is down.

This is to be congratulated!!

For 20 years the prescribing of all pain medications has increased. For just over £110/ patient/year, General Practice have been delivering the entirety of GMS care to people in primary care, while a single appointment at a secondary care clinic costs £155.

The efficiency of primary care delivered care has been grossly underestimated (and underfunded) and to manage to show this trend is admirable.

The challenge will now be to maintain this trend...! Unfortunately there isn't a 'pill for every ill' - no less so for long-term pain.

Written by: Dr S Jamieson, GP. Kirriemuir Medical Practice. Clinical Lead Prescribing, Angus HSCP. Medicines Advisory Group, Area Drug & Therapeutics Committee, Angus Representative.

Primary Care Services
Kings Cross Hospital
Clepington Road
Dundee
DD3 8EA

E-mail: pcprescriber.tayside@nhs.net

Useful prescribing websites

Renal Drug Database (authoritative CKD drug dosing) Username/password via your practice pharmacist

Safe for lactation (type the medicine name in the top search box)

Anticholinergic Drug Burden (a useful calculator to add up cumulative anticholinergic burden)

UKTIS (advice on prescribing drugs in pregnancy) [Hit **continue** at the warning.]

BUMPS (patient leaflets for each drug in the website above)

HIV drug Interaction Checker

Hepatitis Drug Interaction Checker

Syringe Driver Compatibility (Register for free and hit **SDSD** (4th tab at the top))

Knowledge Network has links to Enteral feeding guide (can it be crushed via PEG?!) & Drugs safe in lactation book in the **Medicines Information Resources** section. Use an Athens login.

TOXBASE Username/password given on registration. You can register the practice.

Tayside Pharmacy Publications (Previous Tayside Prescribers, PCP and ADTC Supplements)

The NNT.com The NNT for medications. It doesn't quantify the gain, but the NNT to get a benefit (which it itself might be small). The NNT also assumes an 'ideal' patient and again not bespoke to all.

Tayside Medicines Information Centre TAY-UHB.medinfo@nhs.net or 01382 632351 will always help with prescribing issues covered on the websites above