PRIMARY CARE PRESCRIBER

The festive monthly commentary on therapeutics for GPs, pharmacists, trainees, AHPs & community nurses.

December 2019

Prescribing updates written for Primary Care in NHS Tayside

Switch fatigue?

Is it good for patients?

In the past 3 years we have seen a steady stream of medication switches throughout Tayside. Emollients, oxycodone, morphine, venlafaxine and inhalers to name but a few. Where these switches have been an important part of achieving best value in prescribing, there is understandable anxiety regarding unintended adverse consequences.

In this recent *Thorax* ***publication***, ***CPRD data*** was used to assess 570,00 asthmatic and 171,230 COPD patients, which included almost 21,600 switches.

The rate of consultations, respiratory-events and adverse-medication events did not change significantly between those involved in a switch and controls. Of note, adherence significantly increased after a switch and around 95% of patients stayed on their new inhaler.

If all patients studied had switched to the cheapest equivalent inhaler this would save around £6 million annually.

NICE have a ***patient shared decision aid*** for asthma inhaler choice, which highlights the important differences between the inhalers. This includes the topical subject of ***CO2 emissions*** which be significantly reduced if using small volume inhalers or dry power inhalers.

Target Drug

On two important fronts, guidelines for prescribing flucloxacillin have changed in the past month.

Firstly with regards to duration of treatment for cellulitis in response to a ***Public Health England update*** and secondary regarding its role as a stand alone treatment for non-lactating mastitis noting ***NICE Guidelines***.

Alternative

In the recently updated Tayside Guideline ***Treatment of Skin & Soft Tissue Infections***, the duration of flucloxacillin has been amended to 5 -7 days as “a 5 day course may be sufficient”.

Moreover, for non-lactating mastitis, flucloxacillin alone is insufficient and we should add-in metronidazole.

Drug Safety Update

Domperidone is no longer licensed for under 12s and MHRA have ***reminded us*** of the contraindications for adults (cardiac disease for example).

For the moment, metformin remains ***safe to prescribe*** after traces of NDMA was found.

Formulary Update

As we await the results of the ***SAFER trial***, now more than ever we welcome the updated ***Tayside AF Anticoagulation Guideline***, which puts shared decision making at the heart.

Prescribers are reminded cranberry is non-formulary. Guidance on recurrent UTI management is ***here***.

Shortage updates

Since our last edition, there has been an update on ***ranitidine*** affirming ongoing shortage. Moreover there are new shortages with ***haloperidol capsules***, ***non-ranitidine H2RAs***, ***clonidine 25mcg*** as well as intermittent issues with memantine and moclobemide.

Drug misuse awareness

A patient with long-term substance misuse on ORT [methadone] is dying from cancer and nearing end of life stage. Their pain is increasing. How would you proceed?

See page 3 for discussion.

Costs to note

Mirtazapine 28 x 45mg tablets £4.81 versus Vensir® (venlafaxine) 150mg caps £3.90
Pizotifen 28 x 1.5mg tablet £8.21 versus amitriptyline 28 x 10mg tablets £0.88
Nefopam 90x30mg caps £19.79 versus 100xco-codamol 30/500 tabs £3.03
Colecalciferol 20mg (800iU) 30 caps £3.60 versus £9.99 for 365 capsules 1000iU bought over the counter
****From October—March all should take vitamin D over the counter as per *Government advice*****

Drugs of dependence & withdrawal—patient perspective

"Drugs of dependency and withdrawal" will become more prominent as a standalone issue in strategic and prescribing data in the coming year.

With this, it is encouraging to see a reduction in the volume of strong opioids in Tayside in the ***National Therapeutic Indicators***.

Whilst it is reassuring to not be in the same position as our north American colleagues, patient perspectives on why this has happened is insightful.

The All-Party Parliamentary Group for Prescribed Drug Dependence last year published ***this*** thoughtful account summarising a qualitative review of 158 personal accounts of prescribed drug dependence. The key failure points included:

- Prescriptions offered as the first line treatment
- Lack of informed consent with explanation of the risk of dependency and withdrawal
- Treatment continued despite being ineffective or with side effects
- Lack of supported withdrawal and not recognising new symptoms as withdrawal and instead resulted in unnecessary tests or referrals
- No dedicated NHS service to support prescribed drug issues and no avenues to get patient feedback.

Solutions considered included: better access non-medicines treatments, better public education, supporting doctors on withdrawal management and specific support for those affected by prescribed drug dependency.

Animal products in medicines

The Vegan Society promote increased awareness of animal products in medicines as they strive to avoid using animal products "as far as is practicable and possible". Some religions involve vegetarianism, though there is ***debate*** regarding the place of veganism.

Any medicine manufactured in the EU ***will not*** expressly advise if a medicine contains a product derived from animals as this is regarded as a 'lifestyle choice' by the EU. That said, you can contact a manufacturer and read the ***PIL/SPC*** for information that may help according to ***SPS***.

Animal products are used to ensure homogeneity of powders, flow of granules, compression of tablets and to modulate the solubility and bioavailability of active ingredients. They can also act as antioxidants, emulsifyiers, aerosol propellants and colourings.

In general, capsules are unlikely to be suitable for vegans (gelatin). However, in this ***BMJ review***, almost all medicines contained or came into contact with animal products during manufacture. As such, to opt for a different formulation which may be less cost effective is hard to justify with lack of animal products declared in the SPC being no guarantee of suitability.

Something of interest from the Journals...

Omega-3 is ***non-formulary*** apart for prevention of pancreatitis. This decision was affirmed by previous ***large RCTs*** and an ***EMA update*** this month. They have affirmed there is no role for omega-3 in preventing CV events. It may be worth a search in your own practice.

It is heartwarming to see Tayside Practices continue to support ***CPRD network*** in such large numbers and from this contribute to the database which has made studies such as ***this*** possible.

In this large UK GP prescribing observational study, co-prescribing of benzodiazapines with opioids was associated with a three-fold increase in rate of drug related death with evidence of a dose-dependant effect. Though not demonstrating causality, there was also increased all cause mortality in co-prescribing of opioids with gabapentinoids and drug related mortality with z-drugs.

Drug misuse awareness

A patient with long-term substance misuse on ORT [methadone] is dying from cancer and nearing end of life stage. Their pain is increasing. How would you proceed?

Ongoing management of substance misuse by dependency services can improve quality of life and reduce stress for a patient/family at the end of life. This should continue if needed on a domiciliary basis where possible. Pain assessments avoid biases in treating pain. Social risks/vulnerabilities/risks of diversion should be kept in mind.

Patients on long-term methadone can have a ***lower tolerance to pain*** and can develop hyperalgesia and allodynia due to neuroplastic changes in pain perception. You should discontinue naltrexone, though it will cause a rebound opioid sensitivity.

To avoid ***miscommunication***, a single person should become the responsible clinician for all analgesia prescribing in any form with input from other professionals prior to any changes in a collaborative approach with palliative care, substance misuse services, general practice, community nursing and pain services.

Methadone should be continued ***throughout***; those on buprenorphine may be ***switched*** on advice if pain is increasing—e.g. to fentayl patch. The ***principles*** for analgesia are no different to a non-methadone patient and almost considered as a separate issue with normal titration, opioid, non-opioid and adjuvant options being used as usual (paracetamol, NSAIDs, radiotherapy etc as appropriate) — morphine remains the first-line choice.

Methadone should go into a separate continuous subcutaneous infusion if the oral route is no longer available to avoid opioid withdrawal (seek advice - dose is usually divided by 2).

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PCP is a commentary on therapeutics and policy. It is reviewed prior to publication, but isn't written as policy itself.

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 the safe 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

Cancer Drug Interaction Checker ***[NEW ADDITION]****

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