

PRIMARY CARE PRESCRIBER

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



February 2018

Primary Care Services &
Medicines Advisory Group

Better than drugs??

Weight loss for diabetes

Intensive weight management for Type 2 Diabetes gained headlines recently. This [RCT](#) was conducted in a primary care and importantly tested on a Scottish population.

Patients across 49 practices were assigned to either standard diabetic management (control) or a weight loss programme.

Each practice nurse or dietician was given 8 hours training to support patients in the intervention arm in a total diet replacement programme totalling 825-837 kcal/day. This continued for 3-5 months and was followed by a structured food reintroduction and support. All oral antidiabetic and antihypertensive drugs were stopped in the intervention group.

At 12 months weight loss of >15kg was recorded in 24% of the intervention arm with none achieving this in the control. Diabetes remission (HBA1c <48mmol/mol) was achieved in 46% of those in the intervention versus 4% in the control.

At 12 months 74% of the intervention group remained on no medications with mean HBA1c of 46.8mmol/mol.

NHS Tayside is actively reviewing how this will shape work to prevention and management of diabetes.



Target Drug

NHS Tayside has now officially switched first line DOAC to Edoxaban for stroke prevention in atrial fibrillation.

For the moment, warfarin remains the first line treatment, though use is declining.

Importantly this is for AF only, and the status quo remains for management of PE/DVT.



Alternative

Edoxaban is now first line. The switch algorithm has been circulated and guidance is available at [Tayside Area Formulary](#).

Wound Guidelines

HIS have released [new guidelines](#) for management of wound infections. It includes a useful PIL as well.

Costs to note

All the following are identical drugs

Mercilon®/Marvelon® to Gedarel® 20/30 respectively up to £3.44 saving
Femodette®/Femodene® to Millinette® 20/30 respectively up to £3.44 saving
Microgynon® 30 & Rigevidon® to Levest® up to £1.02 saving
Yasmin® to Yacella® - £6.40 saving
Cilest® to Cilique® - £2.51 saving

Drug Safety Updates

MHRA has [advised](#) prescribers **not** to prescribe Esyma® to any new users or those in between treatment courses. This is due to a potential liver failure risk. There are new monitoring requirements and we await local guidance as to how this will be implemented.

MHRA this month has [warned](#) prescribers of a potential risk with mycophenolate for both the male and female partner considering pregnancy. Where pregnancy is being considered, neither partner should be taking mycophenolate for at least 90 days prior to conception and use reliable contraception whilst taking the mycophenolate.

BNF Updates

A curious update on [fluoxetine](#) in the BNF. [NICE](#) felt SSRIs were not recommended for menopause symptoms. Despite this if the woman has breast cancer (except those on tamoxifen) it is now licensed for menopausal symptoms 20mg daily.

Formulary Updates

It is worth noting the letter from NHS Tayside on Dry Eye treatments to opticians. This hopefully draws a line under non-formulary requests.

Trimbow® (featured in last month's PCP) was accepted onto formulary as an **AMBER**.

ScriptSwitch Feedback

ScriptSwitch is a dynamic program which we do have some control over (though not in it's entirety!)

It continues to be a useful tool to communicate changes at the point of prescribing.

That said, if there are suggestions which you think are inaccurate, could be clarified or which don't make sense, there is a **'Feedback'** button to use at the bottom left of the ScriptSwitch message.

The Feedback button contents are reviewed regularly and we can update to reflect these inputs.

A recent review removed messages which were not changing management and were always declined.

'Acceptance' rates are misleading as it is hoped when we learn about a change - e.g. OxyNorm® to Shortec® - the prescriber would prescribe Shortec® first and not trigger ScriptSwitch to activate..

That said, it isn't perfect and feedback is always appreciated to help make it as supportive as possible.

Sore throats

Despite strong public health campaigns and increasing awareness, sore throats still account for many acute presentations. We know the majority are self-limiting and do not need antibiotics and symptoms will typically last for around 1 week.

The new **NICE guideline** comes in the wake of evi-

dence to suggest that up to 60% of consultations will still result in an antibiotic being prescribed.

The **FeverPAIN** Score again got a mention from NICE—this was highlighted in a previous PCP article. It has a bit more utility than CENTOR, if only that at the end of calculating the score you can copy and paste directly into

the consultation and it summarises all your history and findings.

Interestingly they found no evidence for throat spray or gargles.



Something of interest from the Journals...

Aggressive treatment of hypertension has caused some controversy recently—particularly in the USA.

The **SPRINT** trial had many issues and personally I have sympathy with the huge number of **responses** pointing out some of the short-falls.

In this **Editorial** from the

Annals of Internal Medicine, the American College of Physicians set out their hesitations regarding a move to chase even lower blood pressures.

Any move to turn almost half the adult population into 'patients' with an average BP of >130/80mmHg might seem unlikely.... Until we remember NICE only

recently when they reduced the CV risk threshold to 10%. (and then did a partial **u-turn**)

We should be regarding stage 1 hypertension (<160/100mmHg) as a risk factor rather than a 'disease'. We must have conversations about risks/benefits and be realistic about the **NNT**.



Your ideas

In the past 10 years most GP practices have declined to continue to host lunchtime visits from pharmaceutical companies.

That said, we still see companies at many educational events. In this [review](#) covering 4 years of events the authors wished to assess the impact of sponsorship on 3 conditions potentially subject to overdiagnosis and overtreatment: depression, osteoporosis and overactive bladder.

The review concluded that primary care clinicians were often targeted, dinner usually used as an incentive and in most cases a small number of companies sponsored the majority of events, whilst offering a less cost effective choice for the condition.

That said, we need to establish how, beyond peer reviewed publication, we increase awareness of what might be a very suitable treatments.

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Useful prescribing websites

Renal Drug Database (CKD drug dosing) <https://renaldrugdatabase.com/user/login> Username/password via practice pharmacist or register.

Safe for lactation (type the medicine name in the top search box) <https://www.sps.nhs.uk>

Anticholinergic Drug Burden http://www.agingbraincare.org/uploads/products/ACB_scale_-_legal_size.pdf

UKTIS (prescribing information in pregnancy) https://www.uktis.org/html/maternal_exposure.html [only available 'off server'. Hit continue at the warning.]

BUMPS (patient leaflets for website above) <http://medicinesinpregnancy.org/Medicine--pregnancy/>

HIV drug Interaction Checker <http://www.hiv-druginteractions.org/>

Hepatitis Drug Interaction Checker <http://hep-druginteractions.org/>

Syringe Driver Compatibility <http://www.palliativesdrugs.com/> (Register for free and hit SDS)

Knowledge Network has links to Enteral feeding book (can it be crushed?!) as well as other useful Medicines Information Resources <http://www.knowledge.scot.nhs.uk/home.aspx>

TOXBASE <https://www.toxbase.org/> Username/password given on registration.

Tayside Pharmacy Publications (DTCs/Tayside Prescribers): <http://www.taysideformulary.scot.nhs.uk/news.asp>

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