PRIMARY CARE PRESCRIBER

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

July 2019

Prescribing updates written for Primary Care in NHS Tayside

Open access to prescribing data

NTIs launch!

It is great news to report that following a collaboration between ISD, Scottish Government, RCGP and others, the National Prescribing Therapeutic Indicators (NTIs) website has been ***launched***.

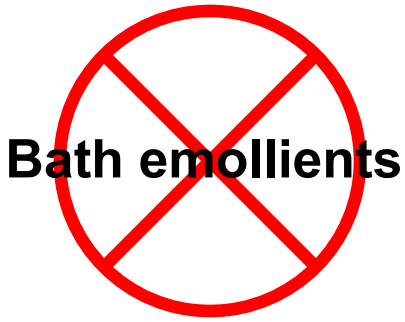
There are currently a wide number of different sources supporting primary care data, usually with a complex array of login processes. (These include: ***Source***, ***NSS Discovery***, ***Primary Care Indicators***, ***Prescribing Open Data***, ***Spire*** and ***Atlas of Variation***).

Where previously only available within PRISMS, the open NTI website represents a leap forward in improved access to primary care prescribing data, which is meaningful and can actively support quality improvement in our prescribing.

There are many approaches to improve the quality of prescribing. None will be as successful as opening up data and increasing prescribers awareness in a supportive manner. In time, each indicator may come with links to QI projects colleagues may have completed to support QI in the respective areas.

With access comes peer responsibility; we must support all to improve all prescribing and take advantage of these great tools!

Have a look at your practice!



Target Drug

NHS England have continued their ambitious work to reduce use of items less suitable for prescribing in primary care.

In this, ***version 2*** of their assessment, they have added another 35 items, most notably bath emollients.

This adds to the ***original paper*** published in 2017.

Alternative

The advice on bath emollients comes from the ***BATHE study***, which I previously highlighted. A few caveats: it doesn't mean use a normal soap—the control group used an emollient to wash with. I agree using pour in bath emollients is lacks evidence (and is dangerously slippery). The ***formulary*** soap substitutes are cost effective and can be used on a sponge or loofah to wash with (and not poured in).

Drug Safety Update

Emerade® adrenaline pen is the only autoinjector to come with a 500mcg version delivering the full ***adult dose***. At the moment, due to a manufacturing fault there is a 0.000529% chance of not being able to give IM adrenaline if you carry 2 pens. MHRA have issued ***advice*** and the fault will be rectified imminently.

MHRA have ***warned*** rivaroxaban 15mg & 20mg should be taken with food to ensure efficacy.

There is also a ***warning*** to not use febuxostat in patients with a history of CV disease as it caused a ***significant increase*** in CV and all cause mortality versus allopurinol.

Formulary Update

No forumarly updates this month.

What about non-drug recommendations? RACGP publish a non-drug formulary known as ***HANDI***. It covers some of the useful non-drug options we could consider for common presentations, all backed up with evidence (which can be as good as medicines!)

Respiratory queries

A 63 year old female with bronchiectasis was recently started on long-term azithromycin. You can't see it licensed for this. You note she is smoking again. Should you support?

See page 3 for discussion.

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...!

Fluoxetine 30 capsules: 10mg £43.46 versus **20mg at £0.96** versus 60mg at £30.40

Mefenamic acid 28x500mg tabs £27.57 versus 100x250mg caps £18.66 versus 60x500mg tranexamic acid £11.29

Prescribing medicines for transgender patients

There is ongoing work to address the issue of tertiary care recommendations for GPs to prescribe medicines off-label to transgender patients. When an update is available on this, I will be in touch. For now there is no governance to support the prescribing and clinicians should make a decision as to whether they each feel they can supply medicines safely in this context in line with GMC responsibilities on safe prescribing.

With increasing mainstream ***press coverage*** touching upon this, RCGP has released a ***guidance document*** on the role of the GP in caring for patients with issues of gender and transgender care.

Regards prescribing issues specifically, a lack of depth in understanding by GPs is acknowledged. They affirm ethical and safety issues to prescribe the medication safely without specialist supervision and does not support bridging medication for those who are awaiting clinic review or to continue supply for those who have sourced medication online.

The guidance affirms the need for shared care agreements and this is what is currently being developed in Lothian for national adoption by Boards.

With an average waiting time of 12 months until specialist review, it is important for primary care to remain abreast of the management considerations. It is noteworthy that the UK has no recognised training programme for gender identity healthcare.

A lack of robust evidence to support safe use of off-label medications with unknown long-term risks under the responsibility of a GP is beyond normal practice. No less for those under 16 years old and for whom the risks will last the longest.

Using supplements in care/nursing home settings

In line with ***national advice***, care/nursing home residents may take purchased ***Vitamin D***.

If a person wishes to use over the counter remedies in a care/nursing home this should be facilitated by the care home.

The Care Inspectorate state there is a responsibility to engage with the GP or community pharmacist to ensure there is no interaction with their other medical conditions or medications.

RPS also provides ***guidance*** on this subject.

It is important we highlight that there will not be a Medication Administration Record (MAR) Sheet entry and staff will need to add any supplements taken by the patient manually. This is supported by the Care Inspectorate ***guidance***; it does not need to be pre-printed.

Something of interest from the Journals...

Silver has been used as an antiseptic for wounds for many years. In this ***review*** from Prescrire they highlight some of the disproportionate adverse effects of silver sulfadiazine and suggests there is little/no place for routine use of silver topically in clinical practice.

Colleagues in the RCGP Overdiagnosis group have published this ***study*** on the variation in the management of insect bites. No treatment is usually required, but in primary care we will usually see the atypical cases which merit active treatment.

DTB have ***reviewed*** naloxone spray and concluded at £27.50 for 2 single-dose devices, it may provide a simpler and more convenient method of administration for non-healthcare professionals to treat opioid overdose. Although IM is the usual antidote of choice, nasal administration may be more acceptable and successful in practice.

Respiratory queries

A 63 year old female with bronchiectasis was recently started on long-term azithromycin. You can't see it licensed for this. You note she is smoking again. Should you support?

The use of macrolide antibiotics for their anti-inflammatory actions rather than their anti-microbial action has been suggested for many years, notably in the areas of bronchiectasis and COPD. ***National*** and international guidelines have not fully supported the widespread use of these antibiotics, and the evidence base has taken time to build sufficiently to give a meaningful consensus. Long tern use of any antibiotics is not without risk, but in light of recent changes to guidelines on bronchiectasis (***ERS 2017***, ***BTS 2019***) and COPD (***GOLD 2019***) which now support the use of macrolides, and recent evidence in Asthma (***AMAZES study***), NHS Tayside has drawn up ***guidance*** on their use in airways disease. Azithromycin is the recommended long term macrolide, and should be initiated by secondary care only, following careful assessment of risk factors, including making the patient aware of the potential complications, notably hearing loss. **The current evidence base does not support the long term use of azithromycin in current smokers**, so smoking cessation should be the first line treatment before azithromycin is considered.

*If you wish any further information on this, or any other area of respiratory medicine in Tayside, please **email**.*

Think you've got medical statistics sorted? Check your knowledge with this 2 minute quiz!

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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 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