PRIMARY CARE PRESCRIBER

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

March 2019

NHS Tayside

Prescribing updates written for Primary Care in NHS Tayside

Antibiotic durations

Time matters

Changes to *local antibiotic policies* in recent years have shortened the duration of antibiotics for our many common infections.

Default instructions in Vision can be adjusted by your practice pharmacist if needed to reflect these.

These changes reflect good evidence and national guidance.

This *BMJ study* shows that adherence to the suggested durations is variable. In the study, 80% of those reviewed were treated for chest infections for longer than 5 days and 54% had antibiotics for >3 days in uncomplicated female UTIs. In contrast, 52% of patients with prostatitis were treated for <28 days and 32% of male UTIs were not treated for the recommended 7 days.

Important changes in recent years include: acute cough (5 days), tonsillitis (5 days), female UTI (3 days), male/upper UTI (7 days), sinusitis (*don't give antibiotics*, or 5 days if we must), prostatitis (28 days) and *epididymo-orchitis* (14 days).

It also is worth also noting the guidance for *catheterised UTIs*. Nitrofurantoin is now first line for UTIs given high reported resistance to trimethoprim.

Of note, the *MHRA* have recently reiterated the dangers of fluoroquinolones, which remain only for restricted indications—this *PIL* might be useful.

Target Drug

PCP has previously highlighted new NHS Tayside guidance on vitamin D prescribing indications.

As with many things, we should prescribe medicines when there is a disease. Given this we should not be prescribing it for deficiency in the absence of symptoms/disease and people should be getting this *over the counter*.

Alternative

Some specialties do test for vitamin D levels and at this time of year levels will often be low. This may be entirely normal for the time of year. The *advice* given is to take vitamin D over the counter October to March or all year long in higher risk groups.

If we are asked to prescribe in these instances we should decline if they are not following the *Tayside guidelines*.

Medicines Complete

The *BNF* was absorbed into the larger *Medicines Complete range*. When accessed from a NHS computer, we also get automatic access to *Stockley's Interaction Checker*, the *Handbook of Administration via feeding tubes* and most recently the *Palliative Care Formulary.*

Drug Safety Update

There are no safety updates for this edition.

Formulary Update

Levosert® coil will be added to Tayside formulary next month It is bio-equivalent to the Mirena® (same amount of the same hormone). The license is for 5 years only and not for HRT at the moment and so should only be for patients under 45 years old for HMB/ contraception. It is considerably cheaper than Mirena®, but needs a 2-handed technique, similar to IUD fitting.

There are new *urological infections guidelines* which summarise the UTI treatment policy.

How good is the drug?

A 75 year old man, who doesn't have AF, has a TIA. His blood pressure and cholesterol are appropriately treated. What is the absolute risk reduction of stroke gained by giving aspirin over 5 years? *See page 3 for result.*

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...!

Sterimar® £2.49 for 50mls—basically salt water and non- formulary. Follow the *nasal care PIL*.

Peptac® 500mls £1.95 versus Gaviscon® Advance £5.12

Preventing acute mountain sickness

We cannot prescribe medicines for travel related ailments. We can provide some vaccinations, but any medication for a medical condition arising from the fact you are travelling should not be prescribed on a GP10 NHS prescription.

At times prescribers are asked to provide acetazolamide by those climbing overseas to reduce the risk of acute mountain sickness—often under the umbrella of charitable work or school/university trips!

Mountain sickness is usually a self-limiting conditions, prevented by appropriate acclimatisation and treated by descending (though ***many*** do not follow this guidance).

Acetazolamide does have some evidence that it will prevent acute mountain sickness; it causes a mild diuresis, then metabolic acidosis which causes increased resting respiratory rate/oxygenation (an intriguing mechanism!).

The recommended dose is 125mg twice daily started 1-2 days before ascending above 3000m and stopping on descent to below 2500m. Those acclimatised to a stable altitude for >3 days who are asymptomatic can stop as well. There is a number needed to treat of ***6 to prevent mountain sickness (or 4 in higher risk patients).***

Common side effects include altered sensation, altered taste and polyuria.

The decision to prescribe this type of medication must not be taken lightly. It is worth having a read of some evidence to be content you provide the best advice to your patient. A helpful article can be found ***here*** for future reference.

Non-medicines update

NHS Tayside spends in excess of £7.5M on primary care non-medicines. This includes wound dressings, catheter products, stoma products, diabetes consumables, specialist baby milks and nutritional supplements.

At the moment supply is via a GP prescription.

Costs are increasing in many areas and it is difficult to provide any clear control of this spend.

The Prescribing of Non-Medicines Advisory Group has taken on this responsibility and assures the spending of all non-medicines spend in primary care.

They are working with all specialist groups to create a refreshed formulary in each area to ensure we are choosing the most cost effective products which will be published on the main formulary homepage

Moreover they will assure processes of review to affirm ongoing use of the best product and utilise novel supply methods where this may be possible.

Something of interest from the Journals...

We are continually being encouraged to review long-term opiate prescribing. The prescribing data shows we are making a difference with notable reduction in the past 2 years.

DTB have just published a useful ***summary*** of the current evidence in chronic pain.

Long-term nasal steroid use is increasingly common for nasal congestion (whatever the cause). ***Nasal saline irrigation is safer*** and with some ***evidence***. It is safe, cheaper, avoids steroid dependency and local steroid side effects.

Fairly large volumes of saline are needed to achieve the clinical benefit, and so prescribed sprays are not recommended (and they are not on Tayside Formulary). Patients can use the ***Tayside PIL*** to help.

Use of steroids should be within the context of ***recommended pathway*** for polyps/presumed polyps.

How good is this drug?

A 75 year old man, who doesn't have AF, has a TIA. His blood pressure and cholesterol are appropriately treated. What is the absolute risk reduction of stroke gained by giving aspirin over 5 years?

There is a staggering ***10% reduction*** in the risk of events over the next 5 years from aspirin following a TIA.

The increase risk of major GI bleeds is 0.5%.

As previously cited, many thanks to Julian Treadwell of the Nuffield Department of Primary Care Health Sciences, Oxford for focussing on this type of issue and we look forward to an open resource to help us all better articulate and understand the intended benefits of medications.

NHS Tayside recently approved their *guidance* on managing prescription requests after a private consultation . There are some key messages to note particularly in relation to receiving a non-formulary suggestion. Please utilise your practice pharmacist and if needed HSCP leads if required. I am always happy to answer these queries as Angus colleagues will be aware.

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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