PRIMARY CARE PRESCRIBER

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

May 2019

NHS Tayside

Prescribing updates written for Primary Care in NHS Tayside

Sharing the decision

SDM Tools

Delivering evidence based medicine by QOF potentially clashed with patient-led care and individual choice. With QOF came the increase attainment of population adherence to guidelines, potentially at the expense of patient involvement and understanding of the likelihood of benefit in the treatments we were offering.

A new era has begun, and with the latest CMO's report—*Personalising of Realistic Medicine*—we are encouraged more than ever to consider the importance of shared decision making.

In *Scotland* these tools are in their infancy. NICE are trying to grow their selection and this now includes: *bisphosphonates*, *hormone treatments in endometriosis*, *surgery for stress incontinence*, *antipsychotics in dementia*, *tamoxifen in breast cancer*, and *diabetes*.

Internationally, there are more developed examples for *interventions to reduce CV risk* based on QRisk score and a good selection from the *Mayo Clinic* as well.

There is also a selection in Vision (Patient Education Leaflets/Patient Decision Aids).

Moving forward this all must become integrated and draw on coding to automatically inform the information generated; importantly we must be afforded the time for these discussions.

Target Drug

Dovobet® contains calcipotriol 0.05% (Dovonex®) with betamethasone dipropionate (Diprosone®).

Separately Diprosone® is £2.16 (30g)/£6.12 (100g) and Dovonex® is £5.78 (30g).

Dovobet® as the combined therapy is £19.84 (30g)/ £39.68 (60g)/£73.86 (120g).

Alternative

Diprosone® is a bit stronger than normal potent steroids and long-term use is not recommended.

By prescribing separately (steroid AM, Dovonex® nocte) you can then taper the steroid strength/frequency of use as a flare becomes controlled.

Repeated use of Dovobet® will work, but is costly and involves the risks with continued potent steroid.

Sudden hearing loss?

Although there remains a *lack of evidence* regarding the form of treatment given, clinicians are reminded idiopathic sudden sensorineural hearing loss merits ENT assessment within 24 hrs to consider steroids.

Drug Safety Update

There are no safety updates for this edition.

There has been ongoing work across practices, community pharmacies and hospital clinics to ensure all females of childbearing age prescribed valproate are informed of the risks if they were to become pregnant.

In Tayside in Dec 2015, 29.88% of all valproate prescribing in females was to those of child bearing age. This has reduced by Dec 2018 to 25.49%.

In a recent spot check in Tayside, all patients affirmed they aware of these issues.

Formulary Update

Utrogestan® is now approved for use in HRT as an **AMBER** medication in *TAF*.

How good is the drug?

A 62 year old man is started on a beta-blocker for LVSD with reduced EF (32%). If his dose is optimised to maximum tolerated what is the absolute risk reduction of mortality at 2 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...!

Chloramphenicol 0.5% drops 10ml £2.16 versus £1.62 for 4g ointment

Full set of 'standard' JIC medication [with ongoing price increase of morphine] £47.21— worth every penny!

Vision formulary

Some practices in NHS Tayside have been trialling a Vision Guideline for Tayside Area Formulary which comprised of a limited number of BNF chapters.

This is a condition based guideline to support the use of formulary choice medicines and was seen as a possible tool to help improve adherence to the local formulary.

Feedback to the Prescribing Support Unit was mixed and at this time the decision has been taken not to proceed with this development. However, resources will be used to support the updating and development of the Vision Formulary list to improve compliance with the online TAF.

Adherence to a formulary will tend to lead to more cost effective prescribing (if only that non-formulary options tend to be higher cost).

Scriptswitch has been an extremely effective tool to support Formulary changes. If you have feedback on a Scriptswitch prompt please hit the 'Feedback' button on the tool when it triggers.

Formulary decisions are determined by the Medicines Advisory Group, which comprises of GPs, secondary care specialists and specialist pharmacists. The GPs on this group are Dr David Shaw, Dr Shawkat Hasan and Dr Scott Jamieson.

Urgent supply of medications PGD

When a patient unexpectedly requires medication they normally use, a pharmacist can at times supply the patient without a prescription—this also can be during normal working hours. The medication doesn't need to be on repeat and examples of when they can provide this is covered ***here***.

There are some ***restrictions*** to be aware of. It must be a medicine which would be safe to resupply (so excludes some specialist and controlled drugs for example). The full list is outlined ***here***.

The patient must be registered with a practice in Scotland—this can be as a temporary resident.

If they are not registered in Scotland the patient can be advised of suitable OTC remedies or receive an emergency supply following the ***RPS Guidelines***. The main disadvantage of this is the limit to 5 days supply with no fee arrangement. As such, we can be asked to do a prescription in these cases.

Something of interest from the Journals...

You may have noticed if there is a borderline TSH result, information is now provided to support ongoing investigation. This was developed collaboratively mindful of emerging evidence to avoid overtreatment. This issue was also recently highlighted by the ***BMJ***.

MIMS have developed a ***medicines shortage summary table***. That said, I would encourage shortage queries should go via pharmacy teams who can help source alternative supply and differentiate real shortage from 'no stock from our supplier'.

DTB this month summarised the lack of any evidence for any medicine (or non-medicine) approaches to chronic back pain. Most only have short term gain. "Avoid harm" in prescribing medicine, "be truthful" and promote "self-care."

How good is this drug?

A 62 year old man is started on a beta-blocker for LVSD with reduced EF (32%). If his dose is optimised to maximum tolerated what is the absolute risk reduction of mortality at 2 years?

In contrast to using beta-blockers after MI with no reduction in ejection fraction/LVSD, using beta-blockers when there is systolic impairment will have a significant population level reduction in mortality. There is a 3.4% absolute risk reduction as reported by the ***CAPRICORN study***.

NHS Tayside 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. 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