PRIMARY CARE PRESCRIBER

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

November 2017

Primary Care Services &

Medicines Advisory Group

Increased pharmacy support

The new GP Contract

There is an ambitious commitment in the proposed *new GMS contract* to increase 'pharmacotherapy' support in practices [more pharmacists & pharmacy technicians].

There is an impressive list of roles GPs will be turning to our pharmacy colleagues to take on [detailed on page 31 of the document].

It is clear that where pharmacotherapy staff already contribute significantly to practice support, this transition of tasks could almost double their current workload—all potentially by April 2021.

It was welcoming to see the increased recognition of the skills of the pharmacy technician.

Technicians have the shortest training pipeline in the system. If they can take on some of the roles a pharmacist currently completes, this may help offset this increased workload.

Not only will this type of change free-up GP time, but may improve prescribing safety utilising the expertise of the practice pharmacist.

Importantly, day-to-day work of the pharmacy team will be coordinated by the practice to match the needs of the practice and of their population.

Target Drug

In previous PCPs, the conflicting role of branded prescribing versus generic prescribing has been discussed.

It is frustrating to have to report another instance whereby a change in brand will save £92K/annum.

As always, NHST will use technician and software support to make this type of change as easy as possible.

Alternative

Zomorph® will be the brand of choice for morphine sulphate modified release, apart from where 5mg BD dosing is required— you will still need to use MST Continus® for this as there isn't a 5mg version of Zomorph®.

Drug Safety Updates

MHRA this month have released 4 warnings of note: methylprednisolone sodium succinate 40mg strength (Solu-Medrone) (not the same as methylprednisolone acetate used for joint injections) contains lactose in the 40mg strength version and should not be given to patients allergic to cow's milk proteins. *http://tinyurl.com/ybn9rsne*

There was a warning of the risk of respiratory depression in patients taking gabapentin and to consider dose adjustment in those at risk. *http://tinyurl.com/ycckbvzv*

Isotretinoin (Roaccutane®) may cause erectile dysfunction and reduce libido in a very small number of patients—it may be worth asking directly about this side effect to establish if it is more common than *reported*.

The potentially fatal risk of obstruction/ileus/faecal impaction with Clozapine was also *highlighted*.

BNF Updates

There are no updates of note this month.

Formulary Updates

The *HRT section* of TAF will be updated. Changes including encouraging use of patch given as cost effective and better safety. There are also some changes in first-line brands. S/switch will assist in highlighting the equivalent first line choices.

Costs to note

Surprises, price drops, price increases & drugs coming off patent.

Amitriptyline Oral SF Solution 10mg/5ml 150mls £111.96 vs 10mg tabletsx28 (crushable) £1.10
Betahistine 16mg 84 tabs (**AMBER**) £8.50 vs cinnarizine 15mg 84 tabs (**GREEN**) £5.99
Buprenorphine 10mcg/hr x4generic patches (**non-formulary**) £31.55 vs Butec® brand (**GREEN**)10mcg/hr x4 patch £14.20
Escitalopram 20mg 28 tabs (**AMBER**) £1.59 vs citalopram 40mg 28 tabs (**GREEN**) £3.29
Liothyronione 60mcg daily 1month supply (**non-formulary**) £756.60 vs levothyroxine 150mcg 28 tabs (**GREEN**) £3.97

FreeStyle Libre

Abbott have ***developed*** a usable, accurate, wearable glucose sensor which can remotely send glucose levels to a monitor or to your Mobile App.

A paper on the local adoption of this device is pending approval to permit secondary care initiation where patients meet the agreed criteria.

Rather than measuring capillary glucose, this sensor (about the size of a £2 coin) measures interstitial fluid glucose continuously.

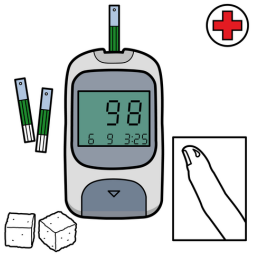
There are some exceptions when finger-prick testing is recommended (unwell, driving, hypoglycaemia). So we will continue to prescribe standard monitoring kit.

Each new sensor patch needs calibrated and will need replaced every 2 weeks.

That said, it may be useful when skin prick testing is less desirable in certain occupations or patient groups.

Uptake is anticipated to be high, though costs will be off-set by potentially averting unexpected hypoglycaemia treatments (estimated costs of £77/year) and improved glucose monitoring.

Cost difference is £222 per year (£963 for the FreeStyle Libre vs £741 for standard monitoring).



Antihistamines to stop an itch

The likely cause of an itch can be used to determine the antihistamine of choice.

Non-sedating anthistamines are useful first line in allergic rhinitis and in pruritus caused by urticaria.

However, when the cause of the itch is non-histamine mediated, the itch will be unlikely to be controlled without the use of a sedating antihistamine (and hunting for the underlying cause! See PCDS website for a useful ***review***.)

When a patient presents with an itch which is non-urticarial, it is better to pick a sedating antihistamine taken at night (e.g. 10mg hydroxyzine) which will have a prolonged half-life and may also aid sleep (if needing a shorter half-life/pregnant/breast feeding choose chlorphenamine).

For itch mediated by histamine, it is not uncommon to require an increase in the dose of non-sedating antihistamine to control the itch beyond licensed dose. (e.g. 20-40mg cetirizine).

Topical antipruritics are also useful (calamine, lauromacrogols (E45 itch® and Balneum Plus®) as well as menthol in aqueous cream (e.g. Dermacool®).

Something of interest from the Journals...

This week's ***lead article*** in the BMJ discussed the use of antibiotics (norfloxacin) versus diclofenac for uncomplicated UTIs in a primary care population.

There was a similar paper published in 2015 again in the ***BMJ*** [ibuprofen vs fosfomycin].

Both papers highlight the issues in not treating uncomplicated UTIs with antibiotics. Both studies showed a prolonged symptom duration and increased rates of pyelonephritis.

However, treatment of a UTI can be more dynamic to match symptoms.

In 2010 this well conducted ***RCT*** demonstrated by empowering the patient with a delayed prescription (and self-help advice) there is a reduction in antibiotic use by 20-25% without increased complications. Though this outcome was overshadowed by the step away from sending off samples for culture, which they also strongly advocated.

Your ideas

"Why bother having periods if you are taking a combined oral contraceptive?" This was the question Professor John Gillebaud posed to the RCGP Annual Conference this year.

There are no physiological reasons for having a 'period' every month when taking combined contraception. The bleed which happens is induced by the withdrawal of medication, and can still happen if you are pregnant.

After a 7-day pill-free-period you are more likely than ever to begin to ovulate (risking pill failure). So why take this risk 12 times every year? Prof Gillebaud proposes taking the pill continuously. If spotting starts, a 4 day pill free period can be taken. Pill packets to support this with a licensed product are already coming out in the USA, and we anticipate this will also be coming to the UK. You could also now 'miss a pill' for 7-days with no concern you'd require emergency contraception.

His talk is worth a ***watch*** on Youtube—a compelling speaker as always!

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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.]

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

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

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

Syringe Driver Compatibility http://www.palliativedrugs.com/ (Register for free and hit SDSD)

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