PRIMARY CARE PRESCRIBER

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

November 2019

Prescribing updates written for Primary Care in NHS Tayside

Shortages update

What's a MSAN?

Medicines which are in short supply form a tiny proportion of the total number successfully dispensed every day.

However, shortages take up a disproportionate amount of time. In September, the Scottish Government began to write Medicines Supply Alert Notices. They come in *4 levels*: level 1 (short duration disruption), level 2 (shortage but with alternatives), level 3 (shortage with limited alternatives) and level 4 (shortage with no alternatives).

To date we've had 23 MSANs *published*. Of particular interest to primary care are those on: *Slo-Phyllin®*, *ranitidine* (plus an *update*), *Efudix®*, *Jext®*, *adrenaline autoinjectors*, *Detrusitol XL® 4mg*, *procyclidine injection* and *fluoxetine*. For adrenaline be mindful of the current *recall* of Emerade®.

Where possible we will try to support primary care with advice, but it's difficult to come up with a generic process we can apply as you'll appreciate.

Slo-Phyllin® is prescribed throughout Tayside—we will need to 'switch or stop' all patients. The *MSAN* provides further information. Details of the latest data we have on use is attached with PCP, however, please double-check with a local search in your practice and agree a process to review.

Target Drug

Ranitidine is subject to an ongoing *MSAN* with a recent *update* this week affirming a lack of any foreseeable resupply.

We have been advised to conduct a review of all patients on ranitidine with view to either stopping if no longer required or switching if that hasn't been tried.

I have attached aids to support a practice level review with this edition.

Alternative

As we know there is an alternative in this case. *Deprescribing* should be considered first with the same caveats as we'd use for PPIs.

Lansoprazole 15mg has a broader license than omeprazole 10mg. For gastroprotection you need 20mg omeprazole (currently omeprazole 20mg caps is cheaper at £0.83 vs £1.13 for lansoprazole 15mg.

Drug Safety Update

No drug safety updates this month beyond the Emerade® *recall*. If stored at >25°C, a misalignment of components can occur. Patients can keep their current pens, they should carry 2 as per normal advice and be advised not to leave the pens in a hot place.

Formulary Update

Apixaban can only now be used for atrial fibrillation if the patient as tried and is intolerant of edoxaban.

Sulphonylureas have had a note added to use in caution in the elderly population due to their increased risk of hypoglycaemia.

Prescribing gem

Prescribing erythromycin with edoxaban? As well as needing to use 30mg edoxaban in CrCl of 15-50ml/min and body weight ≤60kg, you should also cut the dose to 30mg if on erythromycin as per the *SPC*.

Drug misuse awareness

In preparation for a forthcoming national update on drugs with potential for misuse, we will discuss some gems on this subject.

You notice your baclofen prescribing is going up. What is the misuse potential of this medicine?

See page 3 for discussion.

Costs to note

Prednisolone 10x 25mg tablets £13.92 *[non formulary]* versus 40x5mg tablets £2.10

Oxytetracycline tabs (as 500mg BD dose for 3m in acne) £59.88 versus lymecycline 84x408mg caps £12.99

Nefopam 90x30mg caps £7.99 versus 100xco-codamol 30/500 tabs £3.03

Colecalciferol 20mg (800iU) 30 caps £3.60 versus £9.99 for 365 capsules 1000iU bought over the counter

****From October—March all should take vitamin D over the counter as per *Government advice*****

Pain pathways launched

The Chronic Pain Service Improvement Group has developed 2 algorithms, for ***Chronic Neuropathic Pain*** and ***Chronic Non Neuropathic Pain***, which will support prescribers in their diagnosis, assessment and care management of people living with chronic pain.

The algorithms include the various drug treatments which may be considered as part of their overall management and also:

• Highlights the importance of regular reviews after commencing medications

• Provides links to patient information and clinical guidelines

• Good practice points

• Key principles for clinicians including goal setting with patients

• The value of self management and non-pharmacological approaches

There is growing evidence against long-term opioid use, and indeed showing that it may be making pain worse.

There is always a fear from patients that pain will increase on discontinuation. The converse may be true—their experienced pain may improve as they stop their opioids this ***study*** shows.

As we have previously highlighted, long-term analgesia prescribing can be tracked for every practice, cluster and board in Scotland using ***NTIs*** (openly accessible to all). There will be a data update in January with a broader update of indicators in April.

Since launching NTIs have attracted >3000 website hits and are an easy access data tool on prescribing.

Primary Care Research

A reasonable complaint to voice is that there is a lack of research based in primary care in the UK to support some of our most common clinical scenarios.

Implementation of research in a busy general practice can be a challenge with the perception of burden of time/resource on a practice forming a barrier.

In my experience with local researchers in recent years, we have had to do no more than provide a computer, read a list of names for anyone who should be excused an invitation (palliative etc) and the research team will contact and follow up all patients directly.

The ***EVIDENCE*** trial is recruiting now and is comparing whether bendroflumethiazide or indapamide are better for outcomes in hypertension. The design involves the whole practice using either bendroflumethiazide or indapamide and patients opt to be followed up.

There is minimum work for practices and with 29 practices already recruited, they are looking for more as the study expands.

If you are interested in joining please email Angela Flynn (a.x.flynn@dundee.ac.uk) for more details.

Something of interest from the Journals...

Telogen effluvium is a less common cause of hair loss. It is a non-scarring alopecia and the patient complains “my hair is all falling out in clumps”. It can be very distressing and the management is summarised in ***this*** review article.

The ***ISCHEMIA trial*** presented their findings at the AHA conference showing definitely that without severe chest pain/acute heart attack, medical management of stable ischaemic heart disease from the outset will produce the same outcome as doing an invasive PCI. (Although procedural MIs were higher in the interventional group).

Finally we should highlight a notable ***publication*** in BJGP on local OOH use in those dying from cancer use by Dr Sarah Mills of Dundee University. Well done Sarah!

Drug misuse awareness

You notice your baclofen prescribing is going up. What is the misuse potential of this medicine?

Baclofen has very limited indications (severe spasticity in MS/spinal cord trauma and occasional palliative care use).

It is a GABA structural analogue (an inhibitory neurotransmitter), which can also stimulate the GABAB-receptors.

When misused it is used to increase the level of sedation and a sensation of "blood pressure going down" which adds to the "pleasure" sensation.

This medication could put individuals in receipt of concurrent CNS depressant medication at increased risk of accidental overdose.

It might be worth a small audit of prescribing in your practice.

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

Written by: Dr S Jamieson, GP. Kirriemuir Medical Practice. Clinical Lead Prescribing, Angus HSCP. Medicines Advisory Group, Drug & Therapeutics Committee, Angus Representative 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 the safe 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

Cancer Drug Interaction Checker ***[NEW ADDITION]****

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