PRIMARY CARE PRESCRIBER

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

Sept 2018

Primary Care Services &

Medicines Advisory Group

Declarations of interest

Universal DOIs

Making declarations of interest is common place at national guideline reviews. However, this practice is not universal and to obtain declarations of interest at times can be challenging.

Margaret McCartney mentioned declarations in her final column in the ***BMJ*** [a must read!]. Lesson 21: "Everyone in healthcare should make a public declaration of interest. Charities, think tanks, and pressure groups should tell us where they get their money."

In this ***review*** of declarations, a third of oncologists failed to completely disclose payments from the drug company sponsoring a trial at publication.

Making a ***declaration*** is easy and free.

We shouldn't be ashamed of the work we do. When ABPI published their ***database of payments***, some doctors withdrew consent for this information to be public.

All clinicians should declare all work they complete.

If this does not happen, we risk compromising our integrity.

Target Drug

Following the review of the Emollient section of the formulary, we have removed all bath additives from formulary given there is no ***evidence*** they improve eczema.

This was first suggested as far back as ***2007***.

Alternative

Children who used bath additives should not use a standard soap instead.

NHS Tayside only supports using Hydromol® Bath & Shower or QV® Gentlewash as soap alternatives.

Dermol® 500 is more expensive, less user friendly might be harmful in some and has no evidence to support use over cheaper and better soap alternatives.

Drug Safety Updates

No updates to report this month.

BNF Updates

No BNF updates of note to report.

Formulary Updates

The entry for vitamin D has been updated to reflect the ***new guidance***. There is no need to test vitamin D levels in the majority of cases—all people should be taking it OTC in line with ***SG guidance***. For those who are already prescribed it, NHS Tayside will be reviewing patients in due course.

The ***emollients section*** of TAF was reviewed and a summary of the changes are ***here***. First line will be the most cost effective, usable option of each type: i.e. Epimax® ointment; Isomol® gel; Epimax® cream & QV® lotion. Patients on an identical emollient can be switched (roll-out pending. E.g. Diprobase® cream is identical to Epimax® cream). A non-formulary choice can only be used after all suitable formulary choices have been tried.

Medicine for travel

Prescribers are reminded that GMS does not cover 'medicines for travelling'. Beyond 4 core vaccines, this is anything they wouldn't normally need. Medicines can be obtained online on prescription if required.

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...!

Imigran® 50mg 6 caps £31.85 versus sumatriptan 50mg 6 tablets £4.92 [identical drug]
Zomig® 2.5mg 6 tablets £23.00 versus zolmitriptan 2.5mg 6 tablets £18.00 [identical drug]
Naramig® 2.5mg 6 tablets £24.55 versus naratriptan 2.5mg 6 tablets £23.00 [identical drug]
Maxalt® 10mg 6 tablets £26.74 versus rizatriptan 10mg 6 tabs £19.76 [identical drug]

Penicillin turns 90

Penicillin was discovered 90 years ago.

Though not used 'in anger' for another 2 years, in September 1928 Alexander Fleming returned from his summer holiday to St Mary's Hospital, London to find a Petri dish with Staphylococcal growing and a clear area around an area of mould—later to be identified as *Pencillium notatum*.

By the Normandy landings in 1944, 2.3 million doses had been produced.

Even in the early clinical studies resistance was recognised. Over the past 70 years of widespread use, it took until ***2015*** before any reduction in the use of antibiotics was recorded.

We remain in a research void in some ways. There are people who never take antibiotics; there are some who continually request antibiotics. Equally those who often feel an infection has 'gone to their chest' and it's a 'horrible green colour' (there's no ***evidence*** that having green sputum means you always merit an antibiotic).

That said, despite 90 years of exposure to bacteria which can multiplying up to every 20 minutes, penicillin still remains on formulary.

After a breadth of public health campaigns, patients are more willing to accept that not all infections merit antibiotics. Moreover, the long term risks for the individual are significant. A single course of amoxicillin will ***double the chance*** of a recurrent AOM over the next 3.5 years.

We are also still to discover the ***implications*** for a generation who have grown up on long-term antibiotics for acne...

Eye drops for dry eyes

Dry eyes are very common. With increasing attendances at opticians through funded screening, we are seeing a steady increase in requests for eye drops on prescription.

There are 2 basic causes: aqueous insufficiency (Sjögren's & systemic medication) or evaporative dry eye (meibomian gland dysfunction reducing lipid content). External causes can include allergy, topical eye medication and contact lenses.

You should review medication which can aggravate symptoms (antihistamines, BB, oestrogen therapy, TCAs, SSRIs, isotretinoin) and consider systemic causes.

Tayside Formulary is divided into 2 sections with the preservative-free drops being more expensive and reserved for those using drops more than 6 times daily.

Beyond this there is no meaningful differences between the products. There is a ***lack*** of any good comparative trials or standardisation of definitions.

Given this, starting with the cheapest seems sensible.

Something of interest from the Journals...

From 1 August 2018, ***Prescrire*** reports that France's national health insurance system will no longer reimburse the costs of donepezil, galantamine, rivastigmine and memantine.

They feel (not unreasonably) that drugs for dementia have minimal, transient efficacy. They have disproportionate rates of serious and sometimes fatal adverse events as well as many interactions with other drugs.

They feel time is better spent supporting the patient and family/carers with every day tasks and improving physical activity.

We still struggle to know how the efficacy of trials translates into any meaningful, long-term quality of life improvements in patients.

DTB isn't' quite as negative in their review 4 years ago, but still highlight that we are looking at differences of an average of 1.4 points on MMSE...

With this, the reservations of our French colleagues is understandable.

Your ideas

Over the past month, a couple of issues regarding shared care of medications have been highlighted by colleagues.

Firstly regarding transgender patients being seen by tertiary care. With no shared care agreement for prescribing the medications requiring monitoring, this issue has been escalated via the local DTC to the national DTC Collaborative. Our Sandyford colleagues are aware of the issue and in due course we would hope an agreement clearly delineating responsibility from each party, named for each patient will be forthcoming.

Locally, it has also been highlighted that there is an inconsistency with the use of Shared Care Agreements. GPs are sometimes (but not always) rightly requesting a signed copy of the full ***shared care agreements***. However, some are content with the treatment summary sheet. At the moment, policy would currently dictate that a signed full copy is in place for each patient. This is not consistently done, and might in itself not be practical or most useful. If the guidance changes, the signed original is not helpful, but we would still need the summary monitoring sheet in each case. This will be reviewed by Medicines Policy Group imminently.

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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