PRIMARY CARE PRESCRIBER

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

September 2019

Prescribing updates written for Primary Care in NHS Tayside

Medicines waste

The flip side

Whilst planning support to primary care prescribers to manage shortages at a practice, Board and national level, it remains a sad irony that the Scottish Government estimates that anything between 15% and 50% of all dispensed medicines "*go to waste*".

The Scottish Government has just launched an *inquiry* looking specifically at the 'value' of medicines prescribing.

In local HSCP prescribing initiatives, value remains at the centre of our improvements.

Specifically the Inquiry will cover issues surrounding the purchasing, the prescribing, the dispensing and the consumption of medicines.

It is worth noting that although recently we have been reducing the number of items prescribed, in the past 10 years the total number of prescribed items in Scotland has risen by 20.5%, with a spend increase of 25.7% over the same period.

For the next 2 months the Government specifically seeks prescribers views *here* regarding 4 key areas.

Where I appreciate our time is precious, this is an opportunity to share experiences and I would encourage all to consider submitting their thoughts.

Target Drug

GPs will no longer be required to prescribe oral nutritional supplements (Ensure® shakes etc) to care home residents in Tayside from 1 Oct 2019.

Improvements in the service have cut prescribing costs by half, saving £570K annually.

Out with care homes, **GPs should refer anyone to a dietitian who is expected to need more than a one month supply.**

Alternative

All ONS—with some very minor product exceptions—will be directly provided to care homes with no GP prescription required.

There are some care home residents on ONS not known to the dietetic team. They will be moved to Formulary products and reviewed in due course.

Drug Safety Update

No drug safety updates this month.

Formulary Update

There has been an *update* affirming Edoxaban as the first line DOAC in NVAF. Apixaban should not be considered out with Formulary guidance.

Are your Vision antibiotic defaults 'Formulary compliant'? Taking 10 minutes to update your practice default doses as listed *here* can cut your overall antibiotic prescribing. We would encourage you to consider updating these.

Picato® is now non-formulary.

Cannabis-based drugs

The utility of cannabis-based products are cited by a breadth of patients. It is sensible to keep up to date here and TURAS have developed a *module* covering prescribing considerations. This *Cochrane review* and *meta-analysis* are also worth noting.

Respiratory queries

Need an asthma action plan? Download them *here*.

A 55 year old lady with bronchiectasis wishes antibiotics for a more productive cough. You can see her last sputum sample was negative. Should you prescribe antibiotics assuming normal observations otherwise or wait for a culture? *See page 3 for discussion.*

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...!

Ketoconazole 2% shampoo 120ml £3.46 versus Nizoral® brand £3.59

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*****

Specialist baby milk

In a reflection of the changes to oral nutritional supplement provision, the prescribing of specialist baby milks (SBM) is also undergoing a review to improve the prescribing pathway.

Two key areas are initially being tested: trialling of alternative products and secondly to ensure all infants are reviewed at 4 weeks to re-challenge prior to affirming a diagnosis of non-IgE mediated cows' milk allergy (CMA).

Rather than using the current Formulary choice of Nutramigen LGG, SMA Althera and Similac Alimentum will instead by trialled. The former being used by Dundee Central and P&K Health Visiting teams, and the later by Angus Health Visitors.

Any infant already started on a SBM will not be switched.

Health Visitors have the expertise and support to manage children with suspected cows' milk allergy; as such, **GPs should refer all infants to health visitors to complete a symptom assessment before prescribing a SBM**.

All children will then be challenged to ensure after 4 weeks ongoing SBM is required.

Moving forward, we are looking on how to optimise provision pathways to ensure there is embedded governance and avoid long-term prescribing without indication or review.

If you have any questions please contact ***Caroline Brown***, Specialist Baby Milk Project Manager tel. 01241 430303.

Who should we anticoagulate with atrial fibrillation?

There is an increasing popularity of Smartphone based ***1-lead*** and now ***6-lead*** ECG rhythm strips.

Coupled with similar advances in Apple Watch, there is an increase body of ***evidence*** to ***support*** accuracy.

However, we need to ensure we are using these tools appropriately. In detecting atrial fibrillation and then managing in accordance with usual guidelines, we assume all people can have their ***stroke risk*** equally applied to both those picked up with symptoms and more casual asymptomatic screening.

Even assuming a ***shared decision***, this may not be true.

While we await the results of the ***SAFER study***, an ***accepted definition*** of AF sits more in the region of 30 mins/day of AF or 5.5 hours in 30 days—not a momentary capture. For all we know this might be normal and anticoagulation confers only harm without benefit...

Something of interest from the Journals...

Cochrane feel there is ***no strong evidence*** of benefit for prescribed vitamin D to patients with multiple sclerosis.

Dexamthasone or prednisolone for croup? This well conducted ***RCT*** of 1252 children says there is no statistical difference. [dose of dexamthasone was 0.6mg/kg or 0.15mg/kg and prednisolone at 1mg/kg].

Negative pressure wound therapy is an expensive intervention to aid wound healing. Cochrane's two most recent reviews still leave uncertainty on the effectiveness. Where there is low quality evidence it may have a small benefit in ***diabetic foot wounds***, there was ***not the quality of evidence*** needed to support the use of such therapy more generally.

Respiratory queries

A 55 year old lady with bronchiectasis wishes antibiotics for a more productive cough. You can see her last sputum sample was negative. Should you prescribe antibiotics assuming normal observations otherwise or await a sputum culture?

Respiratory patients with established lung disease such as COPD/bronchiectasis should not have a delay to antibiotic prescribing whilst awaiting sputum culture. While sending a culture can help direct future therapy and highlight bacterial resistance, the sensitivity - especially from a community culture - is far too low to be used as a threshold in itself to delay therapy. Antibiotics should be initiated based on symptoms and clinical assessment.

*If you wish any further information on this, or any other area of respiratory medicine in Tayside, please **email**.*

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

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