



Management of Acute Behavioural Disturbance

The updated [NHS Tayside guideline for the pharmacological management of acute behavioural disturbance \(rapid tranquillisation\)](#) is available on Staffnet.

The key changes are summarised below.

- Guidance is provided for adult mental health in-patient areas. Other specialities are encouraged to consider how these recommendations may impact on their area of practice.
- The policy covers administration by intramuscular injection only.
- Initial treatment should be with lorazepam **or** haloperidol rather than the two in combination.
- The licensing for haloperidol has changed as detailed in the policy.

- Routine prescribing of IM medication to manage acute behavioural disturbance on admission is discouraged. If judged to be necessary it should be prescribed as a once only initially with further doses only being prescribed after the effects of the initial dose have been assessed.

Each patient should have an individualised treatment plan for the pharmacological management of acute behavioural disturbance completed as soon as possible following admission. The multidisciplinary team should review the treatment plan regularly and consider whether there is a continued need for intramuscular medication.

Staff are asked to take account of the recommendations and to implement these in their area of responsibility.

Consultant medical staff are asked to ensure that junior medical staff (including locums) in their area of responsibility are aware of the new recommendations.

Tayside Yellow Card Reporting Data for 2016/17

The Yellow Card (YC) reporting data for Scotland for the Year 2016-17 is now available from the [YCC Scotland annual report](#). CLICK [HERE](#) for the YCC report (2016/17) for NHS Tayside.

There were 1463 Yellow Card Reports in Scotland and **124 of these came from Tayside** (up 3% compared to 2015/16). The top reported medicines in Tayside last year were empagliflozin and ticagrelor.

The highest reporter group in Tayside is Patient Groups, which accounts for 28% of all the reports in Tayside. Other top Tayside reporters were hospital pharmacists (15%) and hospital doctors

(14%). There have also been increases in community pharmacist and hospital nurse reports.

Of the reports submitted by healthcare professionals, 55% were made from within hospitals in Tayside. GP reporting in Tayside has remained largely static from last year despite the lack of electronic reporting via GP systems in Scotland compared to the rest of the UK.

The Medicines Information centre at Ninewells hospital (Tay-UHB.medinfo@nhs.net or 01382-632351) is able to report directly to the MHRA. Ten percent of all Tayside

reports were via this route last year. Other ways to report include [online](#), **via the App, or on paper.**

Thank you to everyone who submitted a Yellow Card report. Every report plays a critical role in understanding the benefits and risks of medicines on the market and **identifying important safety issues.**

Remember to report any serious reactions to established medicines, any reactions to black triangle medicines and any reactions which are not listed in the Summary of Product Characteristics or Patient Information Leaflet.

Prescribing in Palliative Care Patients

Differences in the classification of medicines included within both the [Tayside Area Formulary](#) and the [Scottish Palliative Care Guidelines](#) have recently been highlighted. The Scottish Palliative Care Guidelines provide guidance on a range of common clinical issues for the management of adult patients with life-limiting illness. These national guidelines also make recommendations about the use of various medicines. The **Scottish Palliative Care Guidelines are considered to be the most appropriate initial resource for prescribing information and include the most appropriate colour coded classifications relating to the use of medicines for symptom control in adult palliative patients.**

Where there could be confusion relating to the traffic light status of medicines within the formulary which are also used in palliative care, these entries have been updated to refer users more clearly to the Scottish Palliative Care Guidelines.

For example: oxycodone injection is a Red traffic light (to be prescribed by hospital specialists only) in the Tayside Area Formulary, but is colour coded Green in the Scottish Palliative Care Guidelines to signify that it is routinely initiated and used by generalists in the palliative care context.

Medicines not included within the Scottish Palliative Care Guidelines that are commonly prescribed or recommended by Palliative Care specialists in Tayside are included within the [Palliative Care specialist formulary list](#).

For full information on any of the drugs listed below use the link to the Scottish Medicines Consortium (SMC) website below to search by generic, brand or SMC no.
See NHS Tayside 'Local Decisions on SMC Advice' database (link below) for full details on Board decisions - these are currently listed alphabetically by page.

SMC Advice

Published 15 January 2018

darunavir 800mg, cobicistat 150mg, emtricitabine 200mg, tenofovir alafenamide 10mg film-coated tablet (Symtuza®) SMC No 1290/18

SMC 'Not recommended' medicines - 15 January 2018

adalimumab 40mg/0.4mL pre-filled syringe and pre-filled pen / adalimumab 40mg/0.4mL 40mg/0.8mL vial for paediatric use (Humira®) SMC No 1305/18

carbetocin 100 micrograms/mL solution for injection (Pabal®) SMC No (1)309/06

ceftaroline fosamil 600 mg powder for concentrate for solution for infusion (Zinforo®) SMC No 1306/18

ceftazidime/avibactam 2g/0.5g powder for concentrate for solution for infusion (Zavicefta®) SMC No 1307/18

metformin hydrochloride 500mg, 750mg and 1000mg prolonged release tablets (Glucophage SR®) SMC No 1308/18

nivolumab 10mg/mL concentrate for solution for infusion (Opdivo®) SMC No 1285/18

Published 12 February 2018

5-aminolaevulinic acid (as hydrochloride) 78mg/g gel (Ameluz®) SMC No 1260/17

cladribine 10mg tablet (Mavenclad®) SMC No 1300/18

fluticasone furoate, umecclidinium, vilanterol (as trifenate) 92 micrograms/55 micrograms/22 micrograms inhalation powder (Trelegy® Ellipta®) SMC No 1303/18

lacosamide, 50mg, 100mg, 150mg, 200mg tablets, 10mg/mL syrup and 10mg/mL solution for intravenous infusion (Vimpat®) SMC No 1301/18

levonorgestrel 19.5mg intrauterine delivery system (Kyleena®) SMC No 1299/18

lopinavir 80mg, ritonavir 20mg oral solution (Kaletra®) SMC No 1302/18

pembrolizumab 25mg/mL concentrate for solution for infusion and 50mg powder for concentrate for solution for infusion (Keytruda®) SMC No 1291/18

sevelamer carbonate 2.4g powder for oral suspension (Renvela®) SMC No 1304/18

tofacitinib citrate 5mg film-coated tablets (Xeljanz®) SMC No 1298/18

SMC 'Not recommended' medicines - 12 February 2018

eluxadoline, 75mg and 100mg film-coated tablets (Truberzi®) SMC No 1292/18

elvitegravir 150mg/cobicistat 150mg/emtricitabine 200mg/tenofovir disoproxil (as fumarate) 245mg film-coated tablets (Stribild®) SMC No 1310/18

obinutuzumab, 1,000mg, concentrate for solution for infusion (Gazyvaro®) SMC No 1286/18

pasireotide (as pamoate) 10, 20, 30 and 40mg powder and solvent for suspension for injection (Signifor®) SMC No 1311/18

peginterferon alfa-2a 135 micrograms and 180 micrograms solution for injection in pre-filled pen/peginterferon alfa-2a 90 micrograms, 135 micrograms and 180 micrograms solution for injection in pre-filled syringe (Pegasys®) SMC No 1312/18

Medicines within the Tayside Area Formulary are intended to guide choice on a rational selection of medicines for **adults** which have been included on the basis of clinical efficacy, safety, patient acceptability and cost-effectiveness.

New & Updated Formulary Links

Links updated or added within the formulary include:

[Local Treatment Protocol: Testosterone in menopausal women with low sexual desire](#) (Staffnet link)

[NHS Tayside Raynaud's Management Pathway](#) (Staffnet link)

Other Formulary Updates

Paroxysmal pain of trigeminal neuralgia added as an indication for carbamazepine. See section [04.02.03](#)

Levonorgestrel 19.5mg intrauterine delivery system (IUS) (Kyleena®) added to formulary (Green traffic light) to replace Jaydess® as second choice IUS See section [07.03.04](#)

Hospital-only medicines added: sildenafil [off-label] see section [02.05.01](#) and adalimumab see section [11.04.01](#)

5-aminolaevulinic acid (as hydrochloride) 78mg/g gel (Ameluz®) (Hospital-only) formulary entry updated see section [13.08.01](#)

Links to Additional Information

Monthly Drug Safety Updates:

www.gov.uk/government/publications/drug-safety-update-monthly-newsletter

For full details of medicines and forthcoming SMC Advice see SMC Website:

www.scottishmedicines.org.uk

For a Summary of a Product's Characteristics (SPCs) see Electronic Medicines Compendium Website:

<http://www.medicines.org.uk/emc/>

For full details on NHS Board decisions see Tayside Area Formulary - Local Decisions on SMC Advice database:

<http://www.nhstaysideadtc.scot.nhs.uk/approved/formular/medsearchmain.htm>

Local processes exist to allow prescribing of non-SMC approved medicines for individual patients and are available in the [NHS Tayside Policy on the Prescribing of Medicines that are Non-formulary \(including Individual Patient Treatment Requests\)](#).

Local implementation of SMC recommendations is taken forward by the Tayside Prescribing Support Unit (PSU). This bulletin is based on evidence available to Tayside PSU at time of publication and is covered by the Disclaimer and Terms & Conditions of Use.

This bulletin is produced by the Medicines Advisory Group (MAG), which is a sub-group of the NHS Tayside Area Drug and Therapeutics Committee. Please direct any queries to:

David Gill, Lead Clinician - Pharmacoeconomics
E-mail: david.gill@nhs.net

Claire James, Senior Pharmacist - Clinical Effectiveness
E-mail: clairejames@nhs.net

Karen Harkness, Principal Pharmacist, Clinical Effectiveness
E-mail: kharkness@nhs.net