

Tayside Prescriber

ADTC Supplement No. 16

December 2001

Introducing the ADTC Website

Information relating to the Tayside Area Drug & Therapeutics Committee is now available on the NHS Tayside Intranet. It is hoped that this site will facilitate the communication of decisions and recommendations of the ADTC and Sub-Committees, and improve access to the numerous documents produced.

What's on the site?

- Role and remit of the main Committee and Sub-Committees (see below)
 - Drug Evaluation Panel (DEP)
 - Short Life Working Groups
 - CFC-Free Inhaler Strategy
 - Shared Care
 - Primary Care Antimicrobial Prescribing
 - Patient Group Directions
 - Treatment Review Sub-Groups
 - Hepatitis C
 - Dementia
 - Formulary Sub-group
- Membership details
- Minutes of meetings
- Committee recommendations

In addition, the following are also available and can be downloaded via Adobe Acrobat:

- Prescribing Bulletins
 - Tayside Prescriber
 - ADTC Supplement
 - New Drug Supplement
- Tayside Area Drug Formulary (TADF)
- Guidelines
 - Dyspepsia guidelines
 - Cardiovascular guidance notes
 - Smoking cessation guidance

- HRT product selection
- Osteoarthritis treatment algorithm
- Advisory notes on the management of acne
- Hospital adult antibiotic policy
- Hospital paediatric antibiotic policy
- Hospital guidance notes
- Primary care anti-infective advisory notes

Where is it?

The site can be found from the THB page, About the Board, Board Committees, ADTC.

Find it today!

Save it as a favourite!

Feedback regarding content and format of the site would be gratefully received, either directly to Jan Jones, Prescribing Adviser, Ashludie Hospital, or via the feedback button on the site.

New Drug Evaluations

Desloratadine (Neo-Clarityn®)

Category 1(a): use for common conditions. There is a need to review the future choice of non-sedating antihistamine in the next edition of the Formulary. Other options (e.g. fexofenadine) exist.

Gemcitabine (Gemzar®)

Category 2(a): hospital use only. Oncologists to monitor use in pancreatic cancer in line with HTBS/NI CE guidance.

Gentamicin + Clindamycin Bone Cement (Copal®)

Category 2(a): hospital use only. Restricted to use by orthopaedic surgeons in a relatively few high risk procedures.

Imatinib (Glivec®)

Category 2(a): hospital use only. The clinical effectiveness of this drug and its likely impact on the oncology budget over the next 5 years is noted. Used according to a strict protocol produced by the haematologists.

Mitozantrone (Novantrone®) in MS

Unlicensed use. Advice is sought on the Board's and Trusts' position on licenced medicines for unlicensed uses.

Nateglinide (Starlix®)

Category 1(b): may be included in specialist protocols or treatment pathways. Diabetologists are requested to assess nateglinide alongside other new drugs in Type 2 diabetes (e.g. glitazones) and feedback advice on their future role in practice.

Oral Transmucosal Fentanyl Citrate (Actiq®)

Category 2(b): shared care. Restricted to use under palliative care specialists until its future role is determined. Views sought from LHCC Prescribing Groups on this and on possible abuse potential.

Evaluation of Recent Clinical Trials

CURE Study

This trial provides evidence of increased benefit from clopidogrel plus aspirin compared to aspirin alone.

- It also provides evidence of an increased risk of bleeding.
- The optimum duration of treatment with clopidogrel is unclear.
- The main benefit appears to be in the early phase of treatment whereas the risk of bleeding continues throughout treatment
- Clopidogrel is currently unlicensed for this indication.
- GPs should consider their prescribing of aspirin + clopidogrel after discharge from hospital on the above evidence.

PROGRESS Study

This trial provides evidence that lowering of BP with perindopril plus indapamide reduces the risk of a further stroke in both hypertensive and non-hypertensive patients presenting with stroke or TIA, or with a history of stroke or TIA within the previous 5 years. The following should be noted.

- The trial excluded patients intolerant of, or already receiving, an ACEI. There seems no justification therefore in switching patients who are already receiving ACEIs onto perindopril.
- Treatment was commenced two weeks after the onset of stroke or TIA. There is no indication for treatment in the acute phase of stroke and indeed there may be risks attached.
- There was up to a 14% drop out rate in the trial suggesting the need for close monitoring. Treatment may require to be discontinued in some patients.
- In effect, the treatment will apply to relatively few given the current widespread use of ACEIs in those with cardiovascular risk factors.
- GPs should consider their prescribing of perindopril + indapamide on the above evidence.

A more detailed review of the CURE study was recently published in the Tayside Prescriber, Issue 86, November 2001. A similar appraisal of the PROGRESS study will be published shortly.

Shared Care Joint Sub-Group

Following wide consultation in the Trusts and with the cooperation of their respective Drug & Therapeutics Committees, guidelines on the management of patients under shared care agreement are anticipated early in 2002.

Medicines Management Strategy Group

The above group has been established to inform decisions on medicines management across the Tayside trusts. Three sub-groups have been set up whose remits cover the following areas.

- The review of existing Drug & Therapeutics Committees to ensure most effective use of the structure in the future.
- Identification of clinical priorities.
- The review of medicines management issues (patients' Journey).

Primary Care Antimicrobial Prescribing Short-life Working Group

A Short-life Working Group was set up late 2000 in response to the Scottish Executive Health Department document "Antimicrobial Resistance Strategy and Action Plan". This group has the following objectives:

- To develop a local strategy for the appropriate use of antimicrobial agents in primary care in Tayside.
- To provide advice to the TPCT on evidence-based approaches to implementation.
- To advise the TPCT on the establishment and maintenance of appropriate monitoring arrangements.

To date, the group has taken forward a public awareness campaign to improve the public's understanding of the appropriate use of antibiotics. This campaign received press and radio coverage and will continue over the winter months.

Comments on issues raised in this bulletin and other matters to be raised with the Area Drug & Therapeutics Committee should be sent to Mr A. MacConnachie, Department of Pharmacy, Ninewells Hospital. gus.macconnachie@tuht.scot.nhs.uk