LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

Issue No. 3
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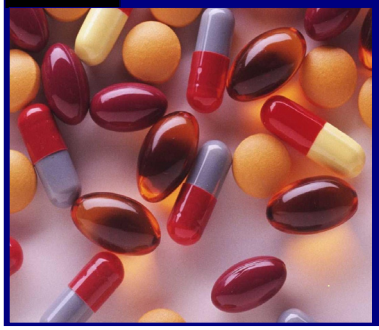
NHS Lothian



In this issue …

Does Ibuprofen Reduce the Cardioprotective Effects of Aspirin?

Several studies have provided conflicting results regarding a possible cardioprotective effect of non-steroidal anti-inflammatory drugs (NSAIDs) and their potential interaction with aspirin.

MacDonald et al recently published the results of an observational study.[1] The study used data from the record linkage database of the Tayside Medicines Monitoring Unit (MEMO). A total of 7,107 patients (age range 27-100 years) who had been discharged from Tayside hospitals over an 8 year period with cardiovascular disease, and who used low dose aspirin (<325mg/day) and survived for at least one month following discharge, were included in the study. The outcomes were all-cause mortality or cardiovascular mortality.

The patients were divided into 4 groups who were discharged with a prescription for: aspirin alone *(n=6285)*; aspirin plus ibuprofen *(n=187)*; aspirin plus diclofenac *(n=206)*; aspirin plus any other NSAID *(n=429)*. Compared with those who used aspirin alone, patients taking aspirin plus ibuprofen had a significantly increased risk of all-cause mortality and cardiovascular mortality. There was no significant difference between groups taking aspirin alone and either aspirin plus diclofenac or aspirin plus other NSAIDs.

This study had a number of limitations and the findings were not conclusive. However, it supports the theory that ibuprofen may antagonise the cardioprotective effects of aspirin in patients with established cardiovascular disease. Further studies are needed to clarify the clinical significance of the possible ibuprofen/aspirin interaction.

Reference:

1. MacDonald T M and Wei L. Effect of ibuprofen on cardioprotective effect of aspirin. Lancet 2003; *361*: 573-74.

Key messages:

- **Long-term use of ibuprofen may reduce the cardioprotective effects of low dose aspirin.**
- **Further studies are needed to confirm these findings.**
- **Diclofenac may be a suitable alternative for patients who also require low dose aspirin for cardiovascular protection.**

Withdrawal of Benzatropine Tablets (Cogentin®)

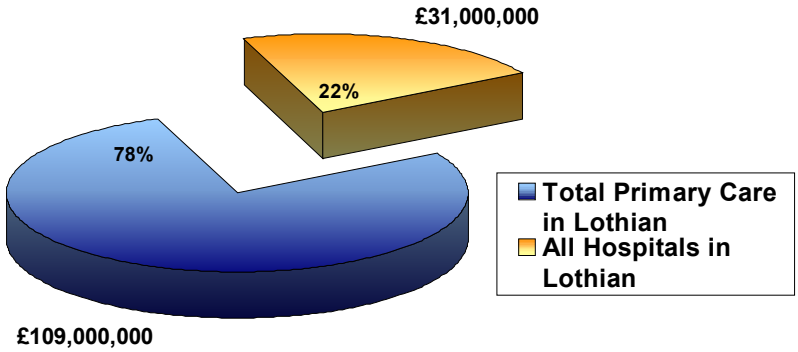
Merck, Sharp and Dohme (MSD) have ceased production of benzatropine 2mg tablets (Cogentin®). Patients currently receiving this drug should be reviewed and any changes in dose carried out gradually. Benzatropine tablets will soon be available on a named patient basis from IDIS World Medicines Ltd, for patients who cannot be changed to an alternative antimuscarinic drug.

Scottish Medicines Consortium (SMC) and Lothian Formulary Committee recommendations are detailed in the enclosed supplement. We aim to provide up-to-date information via these supplements on a regular basis.

A Piece of Cake? …. Funding for Drugs in Lothian

Each year Medicines Management Teams produce detailed reports of prescribing trends and forecast the required drug funding for the forthcoming year based on previous expenditure. Following discussions with the Directors of Finance and Lothian NHS Board, funding is allocated to Lothian Primary Care NHS Trust, West Lothian Healthcare NHS Trust and Lothian University Hospitals NHS Trust.

Lothian drug expenditure 2002/03



Primary Care

In primary care the drugs fund allocation is divided into individual practice prescribing budgets. The Prescribing Budget Setting Group (PBSG) is a sub-group of the General Practice Prescribing Committee (GPPC) and its remit is to produce proposals for setting individual practice prescribing budgets. For the last 2 years the formula used to calculate practice budgets has included a weighted capitation element. This is based on the Arbuthnott formula[1] which reflects the needs of the population. This year the formula has been further refined to reflect Lothian practice. It is proposed that the weighted capitation element of the practice prescribing budget is increased from 20% in 2002/03 to 40% in 2003/04. This proposal is yet to be ratified by the Senior Management Teams of LPCT and WLHT.

The formula for setting budgets is applied to all practices in Lothian including West Lothian. GPs will shortly be sent full details of 2003/04 practice budgets. If you would like a copy of the full PBSG report please email us at ljf@lhb.scot.nhs.uk.

Secondary Care

Hospital drug funds have previously been allocated as part of the overall allocation to each department or clinical division. In the past the allocation for prescribing has not been ring-fenced for medicines. Hospital data information systems are not as capable of providing specific feedback to individual clinicians as they are in primary care.

Contingency Funds

New Drugs

For 2003/04, a new contingency fund has been created specifically for Scottish Medicines Consortium (SMC) recommended drugs that have been endorsed for use in Lothian by the Formulary Committee. It has been agreed that the costs for these drugs, whether in primary or secondary care, will be monitored on an individual basis. It has also been agreed that funds for these drugs will be ring-fenced. The recently established Medicines Resource Group will monitor the individual drug costs throughout the year to compare estimated costs with the funding allocated and the actual spend.

Shared Care Protocols

In primary care there is a contingency fund arrangement which ensures that practices are fully reimbursed for any expenditure on all the drugs covered by shared care protocols (SCPs). SCPs give detailed information for drugs that are initiated in secondary care and prescribed in primary care. The protocols are an effective method based on an established approval process that gives clarity of understanding of the roles and mutual responsibilities in sharing care of patients between the consultant and GP. A full list of the SCPs available are on the website www.ljf.scot.nhs.uk.

Reference:

1. Fair Shares for All. The National Review of Resource Allocation in Scotland. Final Report. 'The Arbuthnott Report'. SEHD. September 2000.

Prescribing Indicators …. The Icing on the Cake!

Prescribing Indicators (PIs) have been used for many years in primary care in Lothian. They are designed to measure quality and cost effective prescribing. Lothian uses 12 PIs, each of which may reflect some or all of the following:

- Quality prescribing
- Cost effective prescribing
- Lothian Joint Formulary (LJF) Compliance

The Prescribing Budget Setting Group (PBSG) continually reviews the indicators and this year a number of the targets have been revised. The current PIs are:

PI	Target		
GENERIC PRESCRIBING	Generic rate ≥ 68%	per quarter	NO CHANGE
NON-STEROIDAL ANTI-INFLAMMATORY DRUGS	Cost per patient ≤ £1.14 for all oral and injectable NSAIDs	per quarter	NEW MEASURE
TOPICAL NSAIDs	Cost per patient ≤£0.12	per quarter	REVISED TARGET
CO-AMOXICLAV	Items per 100 patients ≤ 6	per annum	NO CHANGE
TOTAL ANTIBIOTICS	Items per 100 patients ≤ 75	per annum	REVISED TARGET
QUINOLONES	Items per 100 patients ≤ 3.5	per annum	NO CHANGE
ANTIBIOTIC FORMULARY COMPLIANCE	The LJF antibiotics are ≥ 90% of the total antibiotics	per quarter	NEW MEASURE
BECLOMETASONE AS PERCENTAGE OF TOTAL NASAL STEROIDS	Total number of items ≥ 35% of all nasal steroids	per quarter	REVISED TARGET
TRAMADOL	Cost per patient ≤£0.16	per quarter	NO CHANGE
ULCER HEALING DRUGS	Sliding scale Cost per patient £3.00 or less Cost per patient £3.01 - £3.50 Cost per patient £3.51 - £4.00 Cost per patient ≥ £4.01	per quarter	NO CHANGE
HYPNOTICS INCLUDING TEMAZEPAM	Cost per patient ≤ £0.15	per quarter	NEW MEASURE
LIPID AUDIT	Complete a Lipid Audit	every 3 years	NO CHANGE

National Prescribing Indicators

Audit Scotland has just published its second report on GP prescribing[1]. It uses a wide range of prescribing indicators at Trust level. Lothian performs well compared to other Health Board areas in the national comparison across a wide range of prescribing areas.

The Performance Assessment Framework (PAF) also includes prescribing indicators that measure and benchmark prescribing performance at Health Board level. These are:

- Generic prescribing
- Antibiotic prescribing
- Hypnotic and anxiolytic prescribing
- Statin prescribing

Secondary care prescribing can affect the attainment of these indicators. It is important that all prescribers are aware of the local and national markers of prescribing and work together in Lothian in order to make the best use of NHS resources.

Key messages:

- **GP drug budgets for 2003/04 will be based on 60% historical expenditure and 40% locally adjusted Arbuthnott formula.**
- **New drugs should not be prescribed until they have been assessed by SMC and their place in the LJF has been established.**
- **New funding will support the prescribing of new drugs.**
- **Both primary and secondary care should work together to achieve both local and national prescribing indicator targets.**

Thanks to Dr Gus Ferguson, Chair, PBSG for help in preparing this article.

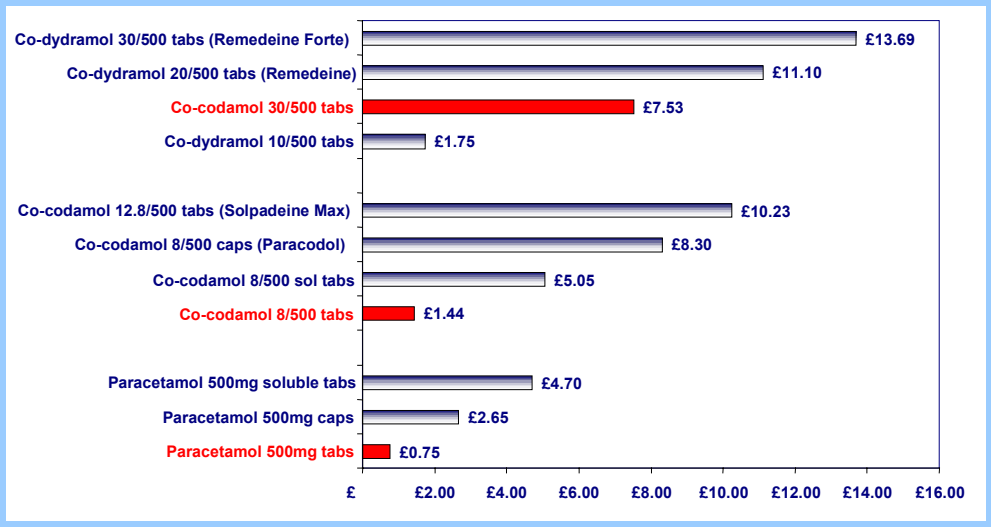
Reference:

1. Supporting Prescribing in General Practice - A Progress Report. Audit Scotland. June 2003. See www.audit-scotland.gov.uk.

Compounding the Problem with Analgesics

More compound analgesics are being prescribed than ever before. Community Pharmacists have asked us to highlight the increasing use of paracetamol and codeine compound analgesics. Since 1998 the number of paracetamol prescriptions has risen by 26% compared to a 44% rise in the number of prescriptions for paracetamol compound analgesics.

Whilst the use of these products might be justified for clinical reasons in specific individuals, there is concern that some of the selections may be made in error or ignorance. Prescribers should be aware of the large variation in costs between the different products, many of which offer little clinical advantage. A number of these products are only available as proprietary preparations.



Comparative Prices of a Range of Preparations of Compound Analgesics and Paracetamol - Prices per 100 June 2003

LJF recommended drugs are highlighted in red.

Did you know?

Many soluble preparations have a high sodium content. Eight soluble paracetamol tablets per day could result in an additional daily intake of 3.4g of sodium, more than half the recommended maximum daily intake of 6g. This may pose an unnecessary health risk for patients with hypertension, heart disease or renal failure.

Product	Sodium content per tablet
Paracetamol soluble	427mg
Co-codamol 8/500 soluble (generic)	388 to 418.9mg
Co-codamol 30/500 soluble (generic)	312.9 to 388mg

Key messages:

- **There has been a significant increase in the use of compound analgesics in Lothian.**
- **Many of the compound analgesics are expensive.**
- **Even when written generically, some compound analgesics have to be dispensed as brands.**
- **Refer to LJF, Section 4.7 (Analgesics) for Lothian recommendations.**
- **Soluble preparations have a high sodium content and should be reserved for patients with swallowing difficulties.**

Paroxetine (Seroxat®) in Patients Under 18 Years

The Committee on Safety of Medicines (CSM) has advised that paroxetine (Seroxat®) should not be used in children and adolescents under the age of 18 years to treat depressive illness. A letter with more information has recently been distributed to all GPs. Please review all patients under 18 years currently being prescribed paroxetine.

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