LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

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NHS Lothian

In this issue …

LJF update - which anticholinergic bronchodilators for COPD?

The Lothian Joint Formulary has recently been updated following the discontinuation of Atrovent® Forte (ipratropium bromide 40microgram MDI) and Atrovent® Autohaler (ipratropium bromide 20microgram breath actuated inhaler). Ipratropium is the anticholinergic bronchodilator of choice in the LJF for mild symptoms of COPD. Despite the discontinuation of two iptratropium products, it is still available in a wide range of formulations, as CFC-free aerosol inhalation, nebuliser solution and dry powder for inhalation (Atrovent® Aerocaps). Tiotropium has the advantage of once daily administration but is only available as a breath actuated inhaler, which requires good manual dexterity. Tiotropium may have greater efficacy than ipratropium and is recommended for moderate to severe symptoms of COPD. Neither ipratropium nor tiotropium are suitable for the relief of acute bronchospasm. Tiotropium must not be given in combination with ipratropium (inhaled or nebulised).

Lothian Joint Formulary www.ljf.scot.nhs.uk

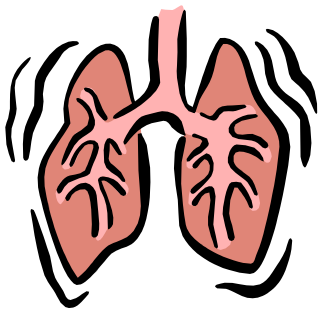
3.1.2 Anticholinergic bronchodilators

Mild symptoms

First choice: ipratropium bromide

Moderate-severe symptoms

First choice: tiotropium

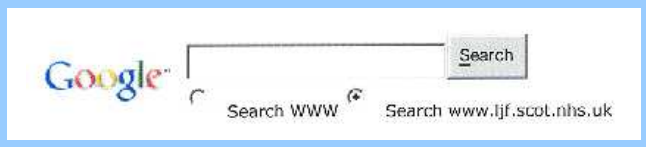


Key messages:

- **Atrovent® Forte and Atrovent® Autohaler are no longer available.**
- **Ipratropium is the anticholinergic bronchodilator of choice in the LJF for mild symptoms of COPD.**
- **Tiotropium is only available as a breath actuated inhaler which requires good manual dexterity.**
- **Tiotropium must not be given in combination with ipratropium (inhaled or nebulised).**

LJF website - new search facility

Take a look at the improved LJF website! There is now a more sophisticated search tool which allows the entire website to be searched at one time. It is no longer necessary to perform separate time-consuming searches to locate information in the Lothian Prescribing Bulletins, Lothian Joint Formulary, Shared Care Protocols or Recommendations on New Drugs.



In addition, you can now print off the most up-to-date copy of the LJF by clicking on "Download the Lothian Joint Formulary in PDF format".

Contact the editorial team at ljf@lhb.scot.nhs.uk

Pharmaceutical Industry Representatives

All pharmaceutical industry representatives (drug reps) are expected to observe the ABPI Code of Practice[1]. Guidance notes for health professionals have also been published recently[1] (September 2004 - see picture).

In the hospital setting it is important that drug reps are only seen by appointment, only meet with senior staff and do not enter wards. Educational events should take place outwith wards and other clinical areas.

NHS staff should not:

- provide access to any data that could identify patients
- disclose information on the cost of medicines to representatives, as this is confidential.

A study published in the BMJ in 2003[2] looked at attitudes and behaviours of GPs who frequently saw drug reps. GPs who saw drug reps at least once per week were more likely as a first course of action to prescribe a new drug for a patient and monitor results. The authors had previously found that frequent GP contact with drug reps was strongly and independently associated with higher prescribing costs.

Effective, evidence based medicines management in Lothian is supported through the widespread use and promotion of the Lothian Joint Formulary. We should be working in partnership with industry to promote this process.

When meeting with drug reps consider whether the drug has been approved by the SMC and its place in therapy has been established by the Formulary Committee.

Key messages:

- **Drug reps should only meet with senior members of staff and strictly on an appointment basis.**
- **Confidentiality relating to patient and financial information must always be preserved.**
- **Do not prescribe a new drug until it has been approved by the SMC and its place in therapy has been established by the Formulary Committee.**

References

1. www.abpi.org.uk
2. Watkins C, Moore L, Harvey H et al. Characteristics of GPs who frequently see drug industry representatives: national cross sectional study. BMJ 31 May 2003:7004; 1178-179

Local policies

- West Lothian Healthcare NHS Trust, Policy for Medical Representatives, April 2001
- Lothian University Hospitals NHS Trust, Policies and Procedures for Medicines, Version 1, January 2003
- Edinburgh Healthcare Trust, Formulary News: Policy for Medical representatives, No.19, September 1997

LUHD Adult Emergencies Handbook - 3rd Edition

The recently updated handbook details management guidelines for adult medical emergencies. It is designed to advise staff in training on the management of both common emergencies and unusual but important clinical conditions. The appropriate specialists have written each section and the contents are aligned with national and international guidelines, evidence and best practice. In addition there is guidance on many issues relating to good clinical practice including good prescribing, documentation and discharge of patients.

The handbook should not be used in isolation and does not remove the need for referral and advice from senior colleagues. It should be used in conjunction with local and divisional protocols and guidelines. The Lothian Joint Formulary, LUHD Guidelines for Antimicrobial Therapy and LUHD Acute Pain Guidelines offer detailed information, which complements the handbook content.

Full text is available on the LUHD hospital intranet http://intranet/AdultEmergenciesHandbook.pdf.

Stop Press …
Following the worldwide withdrawal of rofecoxib, the European Medicines Agency (EMEA) has been asked by the European Commission, as a precautionary measure, to conduct a review of COX II selective inhibitor medicines. See http://www.emea.eu.int/pdfs/human/press/pr/11790804en.pdf

Withdrawal of rofecoxib (Vioxx®, Vioxx® Acute)

The Committee on Safety of Medicines have advised of the immediate voluntary worldwide withdrawal, as of 30 September 2004, of the Cox II selective inhibitor, rofecoxib (Vioxx®, Vioxx® Acute, Merck, Sharp & Dohme). Trial results suggested an increased risk of thrombotic events following long term use. Safety analysis showed an increased risk of heart attack and stroke associated with rofecoxib, apparent after about 18 months' treatment.

This new data relates specifically to rofecoxib and is not generalised to other Cox II selective inhibitors. However, the European Agency for the Evaluation of Medicinal Products Committee for Proprietary Medicinal Products (CPMP) has completed a recent review of the gastro-intestinal (GI) and cardiovascular (CV) safety of the Cox II selective inhibitors, celecoxib, etoricoxib▼, parecoxib▼, rofecoxib and valdecoxib▼. They found that:

- Significant and consistent GI benefits of Cox II selective inhibitors compared with conventional NSAIDs have not been demonstrated
- There is a trend towards a higher overall CV risk with Cox II selective inhibitors compared with conventional NSAIDs.

The CPMP recommended several additions or updates on the Summaries of Product Characteristics for Cox II selective inhibitors, which have now been implemented (see http://www.medicines.org.uk/). These include:

- Caution is advised in patients at most risk of GI complications, i.e. the elderly, those taking other NSAIDs or aspirin, or those with a history of GI ulceration or bleeding
- Caution is advised in patients with a history of ischaemic heart disease and discontinuation should be considered if the patient's condition deteriorates.

Lothian Recommendations – NSAID choice and gastroprotection for patients with rheumatoid arthritis or osteoarthritis at high risk of gastro-intestinal side effects

Not at high risk [a]	High risk [a] but also requiring low dose aspirin for cardiovascular protection	High risk [a]
↓	↓	↓
Prescribe LJF NSAID [b]	Prescribe diclofenac [b] + omeprazole 20mg daily **Do not prescribe Cox II selective inhibitor**	Prescribe NSAID [b] + omeprazole 20mg daily ***or*** celecoxib

[a] the high risk groups include:

- Previous peptic ulcer
- Previous GI bleed
- Alcohol related diagnosis
- Over 70 years old
- Systemic corticosteroids
- Anti-coagulants
- Requiring very high dose NSAIDs
- Over 70 years old

[b] LJF NSAID choice (see LJF section 10.1.1)
1st choice = ibuprofen
2nd choice = diclofenac sodium or naproxen

Key messages:

- **Review patients' continuing need for anti-inflammatory treatment.**
- **For patients with rheumatoid arthritis or osteoarthritis requiring treatment with an anti-inflammatory analgesic, consider GI risk, previous NSAID use and Lothian Joint Formulary (www.ljf.scot.nhs.uk) choice.**

References

1. MeReC Extra bulletin No.14, September 2004. http://www.npc.co.uk/MeReC_Extra/2004/no14_2004.pdf
2. Medicines and Healthcare products Regulatory Agency (MHRA) advice 30 September 2004. http://www.mhra.gov.uk/index.htm
3. Scottish Executive Health Department Class 2 Drug Alert (PLW/3/7) & Urgent Message (PLW/3/8) letters. Immediate withdrawal of rofecoxib (Vioxx/Vioxx Acute). 30 September 2004.

What's new in osteoporosis?

The osteoporosis section of the Lothian Joint Formulary has recently been revised and a number of changes are worthy of mention.

HRT

Recent evidence from several studies has demonstrated the unacceptable adverse effect profile of HRT. The CSM now advises that HRT should **not** be considered for long-term prevention of osteoporosis in women over 50 at increased risk of fractures. Treatment with oral contraceptives or HRT should only be considered for women with an early menopause before age 45 years, and only given until around age 50 years.

Raloxifene

Although raloxifene acts at the oestrogen receptor it should **not** be viewed as an alternative to HRT. Its use should be restricted to women who are intolerant of bisphosphonates, particularly if they have low bone density of the spine.

Bisphosphonates

Alendronate and risedronate are now both regarded as first choice bisphosphonates for postmenopausal osteoporosis. *Once weekly dosing is preferred.* There are still a significant number of patients receiving Didronel PMO® (disodium etidronate and calcium carbonate). Evidence suggests it is less effective than alendronate or risedronate with a more complex dosing regimen. Side effects from the calcium preparation are common. Patients currently receiving Didronel PMO® should have their therapy reviewed.

Teriparatide

Teriparatide, an active fragment of parathyroid hormone, has recently been approved for the treatment of established **severe** osteoporosis in postmenopausal woman with two or more fragility fractures. Teriparatide should only be used in patients where there has been an inadequate clinical response to bisphosphonates, usually by occurrence of further fractures, or where intolerance has been demonstrated despite adherence to administration instructions.
In Lothian, prescribing is restricted to specialists, in line with SMC advice.
Patients require an assessment of fracture risk by DXA scan. Treatment involves a once daily subcutaneous injection for 18 months.

Calcium and Vitamin D

Adcal-D3® remains the preparation of choice.

Key messages:

- **HRT should no longer be used for prevention or treatment of osteoporosis.**
- **Change patients on daily bisphosphonates to a weekly preparation.**
- **Review patients on Didronel PMO® with a view to prescribing weekly alendronate or risedronate.**
- **Teriparatide should only be prescribed by specialists.**
- **Adcal-D3® remains the calcium and vitamin D preparation of choice.**

Supporting evidence
SIGN 71 Guideline. http://www.sign.ac.uk/guidelines/fulltext/71/index.html

Our thanks to Dr Brian Chapman, Consultant Physician, LUHD, and Anne Kinnear, Lead Directorate Pharmacist for Medicine of the Elderly, LUHD, for contributing this article.

eLJF-GPASS v2004.1

The latest version of eLJF-GPASS was circulated to over one hundred GP practices at the end of September on CD-ROM. This update reflects changes to the LJF and contains all revisions up to June 2004. eLJF-GPASS users should ensure that they have upgraded their systems to this latest version.

Training packs are available for new users of eLJF-GPASS. If you would like a training pack, please contact the Medicines Management Team Secretary, Margaret.Lawrence@lpct.scot.nhs.uk.

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