LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

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In this issue ...

- Lothian Depot Antipsychotic Guidelines
- Generic lamotrigine
- Withdrawal of Gaviscon® tablets and liquid (500mL)
- Novo Nordisk insulins update
- NSAIDs, COX-2s and cardiovascular safety
- Pneumococcal Immunisation Programme 2005/06
- eLJF-GPASS Training Sessions
- Volumatic® spacer discontinued
- Supplement: SMC and Lothian Formulary Committee Recommendations

Lothian Depot Antipsychotic Guidelines

The Lothian Depot Antipsychotic Guidelines were launched in August 2005[1] and reflect national clinical standards for schizophrenia[2]. The guidelines, approved by the Lothian Area Drug and Therapeutics Committee, were developed following a request from the Lothian Primary Care Medication Incident Reporting Group for a comprehensive review of the processes involved in the management of patients receiving depot antipsychotics.

The guidelines provide advice to the healthcare team for prescribing, supply, administration, monitoring and transfer of care with regard to depot antipsychotics. The guidelines highlight where reported medication incidents concerning depot antipsychotics have occurred, for example:

- Doses being given before or after next due date in error.
- Wrong medication or dose being dispensed or administered.

The guidelines highlight systems that should be put in place to minimise these incidents, including appropriate records, communication and checking procedures around 'depot due date' and administration.

Patients may receive their depot antipsychotic injection in a variety of healthcare settings. It is anticipated that these guidelines will be adapted accordingly. Implementation plans should be developed and implemented locally.

Patients should be given the '*Understanding Your Depot Injection*' card and advised to bring it to each appointment.

The guidelines recommend the Liverpool University Neuroleptic Side Effects Rating Scale (LUNSERS) self-reporting measure to monitor antipsychotic side effects.

The guidelines also include structured communication forms for transfer of depot antipsychotic administration details and notification of change to prescription. These are available to download from the LPCD Intranet site[3]:

- Depot Antipsychotic Transfer of Administration Form.
- Depot Antipsychotic Notification of Change to Prescription Form.

It is hoped that the introduction of the new guidelines will be helpful to healthcare professionals and that their use will improve the management of patients receiving depot antipsychotic injections in both primary and secondary care and across the interface.

Key messages:

- **Consider identifying and reviewing all patients prescribed depot antipsychotics.**
- **Use communication forms for transfer of depot antipsychotic administration details and notification of change to prescription.**
- **LUNSERS is the recommended tool to monitor side effects (see above).**

References

1. Lothian Guidelines for the Management of Patients Prescribed Depot Antipsychotic Injections, June 2005. http://lpctweb/elib/2_ClinicalPractice/home_cp.htm
2. Schizophrenia. Clinical Standards Board for Scotland. January 2001. http://www.nhshealthquality.org/nhsqis/files/Schizophrenia%20jan%2001.pdf
3. LPCD Intranet Site - http://lpctweb/downloads/main_d.asp

Thanks to Elaine Rankine, Medicines Management Pharmacist (Secondary Care), LPCD for contributing to this article.

Generic lamotrigine

The anti-epileptic drug lamotrigine is now available generically following the patent expiry of Lamictal® in May 2005.

The Medicines and Healthcare products Regulatory Agency (MHRA) recently issued the following advice: "MHRA will ensure that bioequivalence is established between the brand Lamictal® and potential generic alternatives. Some commentators have suggested that there should be no switching of products used in the treatment of epilepsy. But, in this instance, there is no compelling evidence to suggest that switching from the originating brand to a generic alternative will have an adverse clinical outcome. However, it is open to prescribers to modify their usual generic prescribing practice if, in their clinical judgement, the circumstances of individual patients warrant such action".

The Lothian Formulary Committee noted the above statement at their June meeting and agreed that the use of generic lamotrigine is acceptable.

Withdrawal of Gaviscon® tablets and liquid (500mL)

The manufacturer has withdrawn Gaviscon® tablets and liquid (500mL). As a result, the Lothian Joint Formulary (LJF) has been updated to recommend Peptac® suspension (containing sodium alginate 250mg, sodium bicarbonate 133.5mg, calcium carbonate 80mg per 5mL). This has the same active composition as Gaviscon® liquid and is a cost effective alternative. Practices should consider changing patients on Gaviscon® liquid to Peptac® suspension.

The LJF now also includes Gastrocote® tablets (containing alginic acid 200mg, dried aluminium hydroxide gel 80mg, magnesium trisilicate, sodium bicarbonate).

1.1 Antacids and alginates

First choice:	**co-magaldrox** (Mucogel®/Maalox®)
Second choice:	**compound alginic acid preparations** (Peptac® suspension or Gastrocote® tablets)

Novo Nordisk insulins update

The following Novo Nordisk insulin preparations are to be withdrawn from the end of October 2005:

Actrapid NovoLet®
Actrapid Penfill® (available until end December 2005)
Insulatard FlexPen®
Insulatard NovoLet®
Mixtard NovoLet® (10, 20, 30, 40, 50)
Monotard®
Ultratard®

Patients receiving any of the above insulins should be reviewed and a new insulin preparation prescribed. In most instances patients will be reviewed by Hospital Diabetes Specialist Nurses. Patients with insulin-treated diabetes not attending hospital clinics will need to be identified in primary care.

Key messages:

- **All patients receiving the above insulins should be reviewed.**
- **A specialist opinion should be sought for those patients not attending hospital clinics.**

NSAIDs, COX-2s and cardiovascular safety: an updated review of the evidence by the MHRA

The Medicines and Healthcare products Regulatory Agency (MHRA) recently provided an update on the evidence of the cardiovascular safety of non-steroidal anti-inflammatory agents (NSAIDs)[1]. The Committee on Safety of Medicines (CSM) reviewed available safety data following concerns that the increased risk of myocardial infarction (MI) and stroke identified with selective COX-2 inhibitors may also apply to non-selective NSAIDs [most of the data of which relates to ibuprofen, diclofenac and naproxen]. The CSM concluded that "the evidence is insufficient to change the balance of risks and benefits of NSAIDs, and no changes to current prescribing practice are recommended on the basis of current evidence on thrombotic risk." The CSM also advised that "short-term use of ibuprofen at the doses that can be bought over the counter (OTC) is unlikely to be associated with any measurable increased risk".

MHRA advice - non-selective NSAIDs

- Non-selective NSAIDs are widely used effective medicines in the treatment of arthritis and other painful conditions.
- Prescribing should be based on overall safety profiles of NSAIDs (particularly gastrointestinal safety) as set out in product information, and risk factors for individual patients.
- Switching treatment between non-selective NSAIDs is not justified on available evidence.
- All patients should take the lowest effective dose of NSAIDs for the shortest time necessary to control symptoms.

MHRA advice - selective COX-2 inhibitors *(as previously issued)*

- Patients with established ischaemic heart disease or cerebrovascular disease should not take selective COX-2 inhibitors: celecoxib (Celebrex®), etoricoxib (Arcoxia®), parecoxib (Dynastat®).
- For patients with risk factors for cardiovascular events, individual risk assessment is appropriate.
- All patients should take the lowest effective dose of COX-2 inhibitors for the shortest time necessary to control symptoms.

Key message:

No change to current LJF prescribing recommendations for NSAIDs.

Reference

1. Cardiovascular Safety of NSAIDs Review of Evidence. PLW/3/8 (Letter). Scottish Executive. 2 August 2005.
   See also www.mhra.gov.uk

Pneumococcal Immunisation Programme 2005/06

The arrangements for the immunisation programme in 2005/06 continue to build on the programme of previous years.

The programme is targeted at all those aged 65 years and over who have not previously been immunised. It is also recommended for at-risk groups aged from 2 months and over.

The clinical at-risk category for chronic respiratory disease has been amended and now asthma is NOT an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids. This is defined as individuals on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg a dose of 1mg or more per kg per day.

Further detailed information

- Immunisation Against Infectious Disease 1996 - "The Green Book" http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4072977&chk=87uz6M
- SEHD/CMO(2005)3. The Pneumococcal Immunisation programme 2005-06. http://www.show.scot.nhs.uk/publicationsindex.htm

eLJF-GPASS Training Sessions

Three new eLJF-GPASS training sessions have been organised at The Lister, Hill Square, Edinburgh on Tuesday 27 September, Thursday 27 October and Tuesday 22 November. Sessions run from 13.30 - 16.30 and there are 12 places available at each session.

For further information or to book a place, please contact your Primary Care Pharmacist or the Medicines Management Team Secretary, Margaret.Lawrence@lpct.scot.nhs.uk.

Volumatic® spacer discontinued - but patients advised to continue to use

GlaxoSmithKline are discontinuing the Volumatic® large-volume spacer device, due to factory closure, replacing it with the AeroChamber® Plus Valved Holding Chamber (VHC). The Volumatic® spacer is unlikely to be readily available on prescription from the end of August 2005[1].

However, whilst data are available to support the use of the Volumatic® device, only limited data are available at this time to support the use of the AeroChamber Plus®, and it is not clear what effect this device will have on drug delivery, effect, systemic absorption and side effects. An evaluation on the effects of spacer devices on drug delivery to the lung by the Committee on Safety of Medicines (CSM) is awaited. In the meantime, the CSM has recommended that patients using a Volumatic® retain the device and continue using it. If a patient's spacer device is being changed from a Volumatic® to the AeroChamber Plus® such patients should be regarded in the same way as *new* patients receiving a spacer device for the first time and should be monitored frequently for the emergence or worsening of disease symptoms or side effects. The dose may need to be titrated against signs and symptoms and alternative treatments may need to be considered.

Spacer devices may be useful for patients with poor inhalation technique, for some patients requiring higher doses of beclometasone dipropionate, and for patients prone to candidiasis with inhaled corticosteroids. Spacer devices are used *with all metered dose inhalers (MDIs)* in children. Children, adolescents and, less commonly, adults will receive high-dose bronchodilator for acute severe bronchospasm via MDI and spacer. It is important to prescribe a spacer device that is compatible with the MDI.

Many patients cease to use large volume spacers after a time. Patients who do not use a spacer device with an MDI should have their technique checked and if necessary an appropriate inhaler device considered.

Lothian hospitals will issue AeroChamber Plus® once stocks of Volumatic® have been exhausted. AeroChamber Plus® is compatible with all brands of MDIs and should be renewed every 12 months.

Four variations of AeroChamber Plus® VHC are available:

AeroChamber Plus® VHC with Infant Mask
suitable for children <1year old

AeroChamber Plus® VHC with Child Mask
suitable for pre-school children (~1-5 years old) and young primary school children (~<8 years)

AeroChamber Plus® VHC with Adult Mask
suitable for older children (~8years+) / adults who require a mask / cannot tolerate mouthpiece

AeroChamber Plus® VHC with Adult Mouthpiece
suitable for older children (~5years+) / adults

Key messages:

- **Patients currently using a Volumatic® device should continue to use it.**
- **If prescribing a new device, patients should be monitored for worsening of symptoms or side effects.**

Reference

1. Discontinuation of the Volumatic spacer device. PLW/3/8 (Letter). Scottish Executive. 18 August 2005. *See also* www.mhra.gov.uk

Thanks to Neil Richardson, Senior Pharmacist, Medicines Information, Royal Hospital for Sick Children and to Professor Andrew Greening, Professor of Pulmonary Disease, Western General Hospital for contributing to this article.

Correspondence address:
Medicines Management Team
Stevenson House
555 Gorgie Road
Edinburgh
EH11 3LG Tel: 0131-537-8573