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## A CVD Risk Calculator for your computer

Prescribing guidelines for treating hypercholesterolaemia and calculating CVD risk (rather than CHD risk) were distributed with our Lothian Prescribing Bulletin Issue No. 15 (June/July 2005).

The 'eagle-eyed' amongst you will have noticed the comment "Wherever possible use a computer program, rather than risk charts, for greater accuracy in calculating CVD risk".

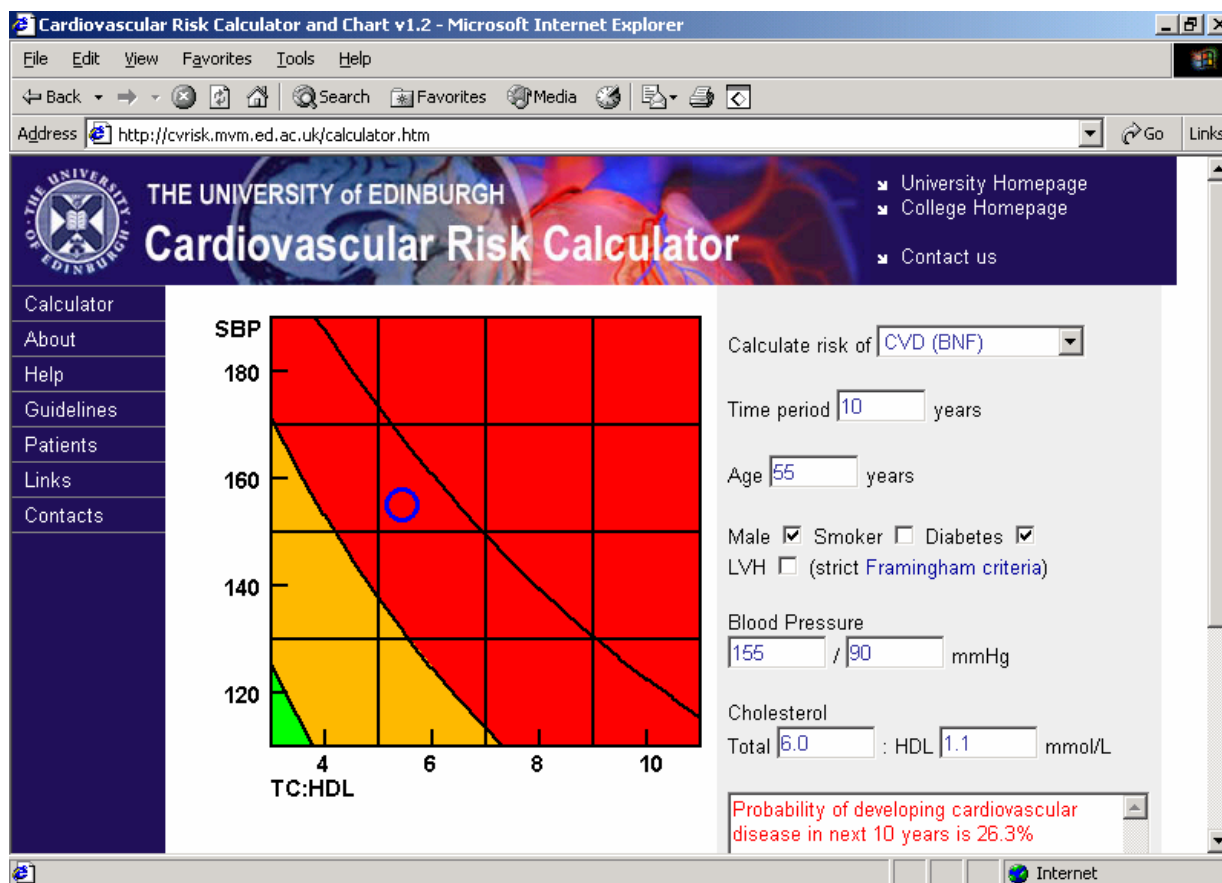
Rather than use the new CVD charts in the back of the BNF, you can access a CVD calculator which has recently been revised by Dr Rupert Payne, Lecturer in Clinical Pharmacology & Therapeutics, University of Edinburgh.

The calculator is based on Joint British Societies risk prediction charts. The percentage CVD risk is plotted on the chart and is age specific and more accurate than the paper charts which work in 10 year blocks. You may find it a useful tool when discussing risk factors with individuals. The calculator can be used for patients with diabetes unlike the new charts at the back of the BNF.

Available on the Internet at

<http://cvrisk.mvm.ed.ac.uk/calculator.htm>.

This link is also available via the LJF website homepage [www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk).



# Prescribing and medication issues in palliative care

## Continued shortfall in the availability of diamorphine injection

The national shortage of diamorphine injection will extend into 2006. In the interim **morphine sulphate** injection is the first choice alternative to subcutaneous diamorphine in Lothian. An updated guidance document to deal with the diamorphine shortage was issued in Lothian in June 2005.

The NHS Purchasing and Supplies Agency reports that:

- Wockhardt (CP Pharmaceuticals) have maximised production of 5mg, 10mg and 30mg diamorphine ampoules and is releasing batches as soon as they are available. Chiron Vaccines Ltd is also manufacturing 10mg and 30mg diamorphine ampoules. Despite this, full market demand cannot be met.
- Chiron Vaccines Ltd no longer have a stock of 100mg and 500mg diamorphine ampoules - Wockhardt (CP Pharmaceuticals) are manufacturing 100mg and 500mg diamorphine ampoules but again full market demand cannot always be met.
- The morphine 10mg/ml injection supply position remains robust.

## Lothian Palliative Care Guidelines (LPCG)

The second edition of the LPCG was distributed in paper format in October 2004. This document aims to provide clear, concise, practical, clinically focused palliative care guidance that can assist the multi-professional team in providing high quality palliative care. Patient leaflets on opioids, strong painkillers and driving, using your medicines safely and coping with symptoms are also included to improve patient information.

An appendix highlighting key aspects of the guidelines is included in the Lothian Joint Formulary ([www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk)) and a web version of the guidelines is available via the South East Scotland Cancer Network ([www.scan.scot.nhs.uk](http://www.scan.scot.nhs.uk)).

## Specialist Palliative Care Medicines

The Formulary Committee has recently classified the specialist palliative care medicine "ketamine" as an amber category - general use with restrictions within the "Policy for use of unlicensed and off-label medicines in NHS Lothian". Ketamine is an adjuvant analgesic used for patients with neuropathic pain that is poorly responsive to opioids and is initiated by a consultant in palliative medicine. Patients stabilised on ketamine may be discharged to home and treatment is continued in the community. Guidelines on the use of ketamine in specialist palliative care services are currently available and a shared care protocol is in development.

Prescribing guidelines for other specialist palliative care medicines (e.g. oxycodone) are available from specialist palliative care units and teams.

## Levomepromazine 6mg tablets

A recent survey highlighted a problem for healthcare professionals accessing a supply of levomepromazine 6mg tablets (Levinan®). This medicine is:

- commonly used in palliative care for the control of nausea and vomiting
- a named patient medicine
- routinely stocked by the community pharmacy palliative care network sites.

Refer to the guidance document in the LPCG for detailed information on levomepromazine 6mg tablets and for information on how to access the network community pharmacies.

## Pharmaceutical advice on medicines used in palliative care

Advice on medicines used in palliative care is available from:

- Community pharmacy palliative care network pharmacists
- Specialist palliative care pharmacists:
  - Lynn Bennett, St John's Hospital, West Lothian
  - Helen Mouldsdale, Western General Hospital, Edinburgh
  - Dorothy McArthur, Marie Curie Hospice and St Columba's Hospice, Edinburgh.

Contact details are available in the Lothian Palliative Care Guidelines.

*Thanks to Dorothy McArthur, Principal Pharmacist, Marie Curie and St Columba's Hospices for contributing to this article.*

## Key messages:

- Supply difficulties continue with diamorphine - the first choice injectable opioid for subcutaneous use in palliative care is now morphine sulphate injection.
- Levomepromazine 6mg tablets is a palliative care medicine which is stocked in the community pharmacy palliative care network.
- The community pharmacy palliative care network is available 24 hours a day and specialist palliative care advice can be obtained 24 hours a day via the two Edinburgh Hospices.
- Consult the Lothian Palliative Care Guidelines for clinical and patient focused information.

## Nurse Prescribing - a Lothian update

- *There are currently 473 nurse prescribers within primary care in Lothian. These are health visitors and district nurse prescribers as well as the extended/supplementary nurse prescribers.*
- *Supplementary prescribing courses are enabling the development of nursing roles that are being utilised to support the GMS contract and chronic disease management.*
- *With increasing roles for nurse prescribers their numbers continue to rise. Nurse prescribing now accounts for almost £1m of the entire annual prescribing budget in Lothian. This figure has increased from £15k in 1996.*

### Quality prescribing

The Lothian Joint Formulary (LJF) underpins quality prescribing locally, providing guidance on appropriate, cost effective prescribing and best practice. Agreement between primary and secondary care ensures that patients have continuity of medicines across the interface. Work continues to look at using the LJF in conjunction with the nurses' formulary.

The latest versions of GPASS (v5.5 and v5.6) provide the facility for nurses to prescribe electronically and this is being rolled out by the IM&T Department. **Nurses are encouraged to prescribe from the electronic version of the LJF (eLJF-GPASS).**

The wound management chapter of the LJF is being developed, the urgency of this work has been recognised.

### Monitoring prescribing

Models for monitoring doctors' prescribing have been in place in Lothian for some time, managed by the Medicines Management Team. As a result, Lothian continues to promote and demonstrate evidence based, cost effective prescribing. The Prescribing Budget Setting Group, a sub-group of the General

Practice Prescribing Committee, continues to develop prescribing indicators to monitor prescribing and systems to feed back information to medical prescribers.

The nurse prescribing currently undertaken is largely unmonitored. Now that PRISMS prescribing data is available from NHS Scotland Information Services (IS), this will assist any process of monitoring. However, it has to be recognised that IS only have the data generated by GP10N prescriptions. They have no data for nurse prescribers working in the acute sector. **It is important that nurse prescribers only use pads allocated to the practice that they are prescribing in. Nurse prescribers should advise the Community Nurse Advisory Team if they change practice.**

Experience has shown that feedback to prescribers on prescribing practice, combined with guidance about good practice have been successful in improving medical prescribing. From a clinical governance perspective, a similar approach is needed to monitor and implement good practice in nurse prescribing. PRISMS data will be used to monitor prescribing and a feedback process will be established.

### Nurse prescribing points of contact:

#### Local course contacts:

- Anne Sherry, Queen Margaret University College, tel: 0131 317 3563 or email [asherry@qmuc.ac.uk](mailto:asherry@qmuc.ac.uk).
- Jane Brown, Napier University, tel: 0131 455 5321 or email [j.brown@napier.ac.uk](mailto:j.brown@napier.ac.uk).

#### NHS Lothian Primary Care contact:

- Patricia McIntosh, Clinical Nurse Adviser - Practice Nursing, Community Nurse Advisory Team, tel: 0131 537 8532 or email [Patricia.McIntosh@lpct.scot.nhs.uk](mailto:Patricia.McIntosh@lpct.scot.nhs.uk).

## Lothian Hypertension Guidelines

It's the BP that counts! Many of you will have noted the recently published ASCOT-BPLA study (Dahlöf B *et al.*, *Lancet* Sep 10 2005;366:895-906). There is no change to Lothian prescribing recommendations for the treatment of hypertension which state that "*reduction of BP is the key determinant of benefit not the specific drug used to achieve it*". Please refer to the recently updated Lothian Hypertension Guidelines, available on the LJF website [http://www.ljf.scot.nhs.uk/lpb/LPB15\\_Hypertension.pdf](http://www.ljf.scot.nhs.uk/lpb/LPB15_Hypertension.pdf).

## Flomax<sup>®</sup> MR capsules discontinued

Flomax<sup>®</sup> MR (tamsulosin) capsules, indicated for the treatment of urinary retention, have been discontinued, with stocks possibly running out in November 2005. The company now produce Flomaxtra<sup>®</sup> XL (tamsulosin) tablets (SMC-approved, but LJF classification not yet agreed). In the meantime, we advise prescribers to continue to prescribe tamsulosin MR capsules generically. Community pharmacists can endorse prescriptions with the preparation dispensed as appropriate.

**This is an opportunity to review the management of urinary retention in patients receiving Flomax<sup>®</sup> MR.**

## When it comes to doxazosin - let's keep it plain

The Lothian Area Drug and Therapeutics Committee (ADTC) recommends the prescribing of plain doxazosin and the switching of patients from the XL to the plain preparation. The XL preparation was introduced at a time when the pharmaceutical company withdrew the 4mg strength of Cardura<sup>®</sup>, leaving only 1mg and 2mg tablets on the market. It was agreed at that time to change to the XL preparation as it was more cost effective than prescribing multiples of 1mg and 2mg strengths.

There are now generic forms of doxazosin available in 1mg, 2mg and 4mg strengths. It is therefore more cost effective to prescribe the generic preparations.

The only perceived clinical benefit of the XL preparation is the reduction in incidence of postural hypotension on initiation of therapy, therefore care should be taken when switching back to the plain

preparation. It is recommended that blood pressure is monitored during this period of switching preparations. In patients that have changed preparation already the switch has gone smoothly. There may need to be a period of titrating from a lower dose back up to the required dose.

The licensed maximum daily dose for hypertension is 16mg for plain and 8mg for XL. The dose regimen is identical for the two preparations, i.e. once daily dosing, due to the long half-life.

### Cost

Generic doxazosin	1mg	£1.73 (Drug Tariff)
Generic doxazosin	2mg	£1.92 (Drug Tariff)
Generic doxazosin	4mg	£2.42 (Drug Tariff)
Cardura <sup>®</sup> XL	4mg	£6.33 (MIMS Sep 05)
Cardura <sup>®</sup> XL	8mg	£12.67 (MIMS Sep 05)

### Key messages:

- The switch from XL to plain doxazosin can now take place and this has the support of prescribers in secondary and primary care.
- Blood pressure should be monitored during the switch period.

## Angiotensin-II receptor antagonists LJF recommendations

The LJF continues to reserve angiotensin-II receptor antagonists (ARAs) for patients who develop a persistent cough with ACE inhibitors.

Within this class of drugs, the LJF recommendations are:

*Heart failure or hypertension:*

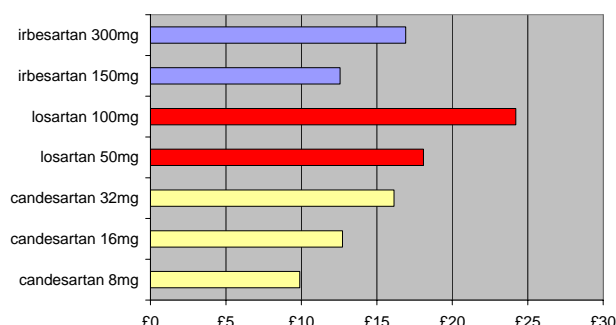
**First choice:** candesartan  
**Second choice:** losartan

*Diabetic nephropathy in type 2 diabetes mellitus:*

**First choice:** irbesartan  
**Second choice:** losartan

The chart shows the different costs and demonstrates the value for money that can be obtained by using candesartan as first choice ARA for hypertension and heart failure.

Cost of 28 day supply of LJF recommended ARAs



### Key message:

- Candesartan is the recommended LJF first choice ARA for hypertension and heart failure.

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