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Unused medicines - what a waste

Medicines waste is an ongoing cause for concern. It is estimated that £3 million of unused medicines are wasted every year in NHS Lothian. In 2006 the weight of medicines returned to community pharmacies for destruction was 17,000kg, a 70% increase from 2003.

Causes

Some wastage of prescribed medicines is inevitable due to adverse drug reactions, poor therapeutic response, changes in medical condition or death. Prescription volumes continue to rise due to growing elderly populations, improved chronic disease management, primary prevention strategies and QOF targets.

The repeat prescribing system in primary care helps to balance patient convenience, with regular review of medicines. Patients may order more medicines than they actually need, and may not be taking their medicines exactly as the prescription states. This can contribute to stock-piling.

Consequences

Unused medicines can pose a danger to public health if not disposed of correctly. Furthermore, traces of pharmaceuticals have been detected in soil and water samples.

What can we do to minimise waste?

It is important that the quantities prescribed are balanced with the likelihood that the treatment may be changed, discontinued or taken infrequently. Medicines reconciliation and effective communication on admission to and discharge from hospital can help to minimise duplicate supplies, with the added benefit of improving patient safety.

Public awareness campaign

NHS Lothian is launching a public awareness campaign in June to promote responsible use and ordering of medicines by patients and carers. This will endorse only ordering what you need when you need it, and that medicines returned to pharmacies cannot be re-used.

Unused medicines
cost NHS Lothian
around
£3 million
every year

It could pay for...

75 more nurses
or
460 more hip replacements
or
260 more heart bypass operations

Only order what you need.

Wasted Medicines

Help us to help you



Think
before you
tick

Returned
medicines
cannot be
reused

Ask your
pharmacist
or GP
for advice

www.nhsllothian.scot.nhs.uk/wastedmedicines

'The Bottom Line' No. 2

Antibiotic prophylaxis against infective endocarditis

Over the past 50 years, patients at risk of infective endocarditis have been prescribed antibiotic prophylaxis before dental and certain non-dental procedures. After reviewing the evidence, the National Institute for Health and Clinical Excellence

(NICE) has produced a short clinical guideline for prophylaxis against infective endocarditis.¹ A patient information leaflet has also been produced to explain the reasons behind this change in advice to patients and carers.

The Bottom Line:

Antibiotic prophylaxis against infective endocarditis is not recommended:

- for patients undergoing dental procedures
- for patients undergoing procedures at the following sites:
 - upper and lower gastrointestinal tract
 - genitourinary tract; including urological, gynaecological and obstetric procedures, and childbirth
 - upper and lower respiratory tract; this includes ear, nose and throat procedures and bronchoscopy

Reference

1. Prophylaxis against infective endocarditis. NICE clinical guideline 64. 17 March 2008.
www.nice.org.uk/guidance/index.jsp?action=byID&o=11938

Epipen® - recommended by Lothian paediatricians

Epinephrine is an effective treatment for anaphylaxis, and easy administration in such circumstances is essential. Auto-injectors are a simple and safe means of giving epinephrine, but the person administering treatment must have received appropriate training in their use.

Epipen® auto-injectors are the first-choice preparation in Lothian. Patients or their carers

receive training from a specialist nurse in the correct use of Epipen® auto-injectors, and this device should therefore be prescribed by brand name for these individuals.

If an alternative needs to be supplied, it is essential that the prescriber provides appropriate training. Pharmacists should also check what brand of device the patient has been trained to use.

Key messages:



Epinephrine auto-injectors should be prescribed by brand name.



The first choice epinephrine auto-injector in Lothian is Epipen®.

Accidental ingestion of clove oil can be dangerous

The MHRA has summarised literature reports indicating that accidental ingestion of excessive amounts (reported cases involve volumes $\leq 5\text{mL}$) of clove oil by children can result in life-threatening reactions, including liver failure.

Clove oil, traditionally used to treat toothache, should be kept out of the reach of children.



Reference

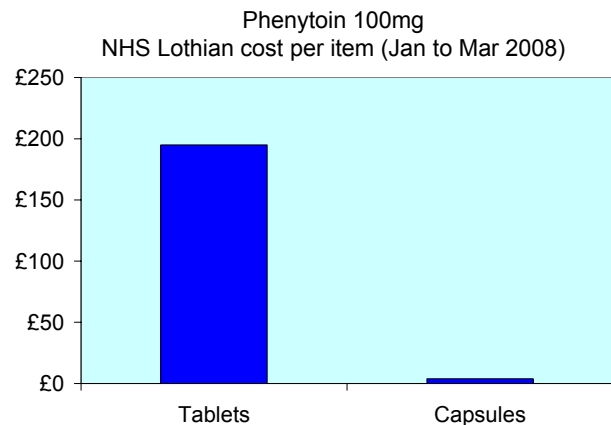
1. Drug Safety Update: Volume 1, Issue 9, April 2008. The Medicines and Healthcare products Regulatory Agency (MHRA).
www.mhra.gov.uk/Publications/Safetyguidance/DrugSafetyUpdate/CON014505

Did you know?

Phenytoin 100mg tablets cost much more than capsules

Lothian advice endorsed by neurology specialists at the Western General Hospital is:

- all new patients should be started on phenytoin capsules
- patients not controlled and experiencing seizures while on phenytoin tablets can be changed to the capsule formulation
- automatic switching is not recommended; individual patients should be reviewed as there may be a basis for maintaining the same formulation due to possible pharmacokinetic differences
- patients should be asked to report any symptoms of intoxication or change in seizure frequency within 6 weeks of a change in formulation.



Guidance issued on cervical cancer vaccine

NHS Lothian has written to practices¹ with details of the implementation of the 'catch up campaign' detailed by the Scottish Government. This campaign will be implemented across Scotland from September 2008, and applies to girls who are aged from 13 years, to under 18 years on 1 September 2008.²

Advice has also been issued that human papillomavirus (HPV) vaccine should not be prescribed to women aged 18 to 25 years old.³ These women should be encouraged to attend for cervical screening from their first call up. Women aged 18 to 25 years are not included in the national programme as this would not be cost effective.

The Scottish Government advised that "Individual requests for vaccination, outwith the national programme, should be considered locally by GPs

based on their assessment of individual clinical need with relevant prescribing and administration in the normal way...".



References

1. National HPV immunisation programme for all girls aged up to 18. *Letter to GPs*. NHS Lothian. 20 June 2008.
2. Implementation of Immunisation Programme: Human Papilloma Virus (HPV) Vaccine - Project Update including the Catch Up Campaign. The Scottish Government. 6 February 2008. www.sehd.scot.nhs.uk/mels/CEL2008_05.pdf
3. HPV (cervical cancer vaccination) 18-25 year olds. *Letter to GPs*. NHS Lothian. 27 May 2008.

... LJF update ... LJF update ... LJF update ...LJF update ...

The treatment of acne rosacea

LJF topical treatment for rosacea has changed to azelaic acid 15% gel (Finacea®). This is a new product that was reviewed by the Scottish Medicines Consortium (SMC) in March 2007 and they accepted it for use within NHS Scotland for the topical treatment of papulopustular rosacea. SMC noted that it shows equivalent efficacy at a lower cost compared to another topical preparation used for rosacea. Azelaic acid is more cosmetically acceptable to many patients as it may be used under moisturisers and make up.

First choices:	or	azelaic acid gel
Second choices:	or	oxytetracycline oral
		metronidazole topical
		lymecycline

... LJF update ... LJF update ... LJF update ...LJF update ...

Private prescriptions - who is watching you?

Doctors and other independent prescribers can sometimes issue private prescriptions, and indeed must do, for certain medicines such as malaria prophylaxis.

Pharmacists have a professional and ethical obligation to take appropriate action¹ if they have cause for concern about a private prescription, which may include reporting to the Royal Pharmaceutical Society Inspector or the local Health Board.



There are standardised private prescription forms for Schedule 2 and 3 Controlled Drugs (CDs) which pharmacists submit monthly to NHS National Services Scotland. Private prescribing of CDs can therefore be monitored by ISD and the Health Board.

Each professional regulatory body (e.g. doctors, nurses, pharmacists) has its own prescribing guidance which should be referred to. Prescribers should avoid providing medical care to anyone with whom they have a close personal relationship.^{2,3}

References

1. Code of Ethics for Pharmacists and Pharmacy Technicians. RPSGB. 1 August 2007. www.rpsgb.org.uk/pdfs/coeppt.pdf
2. Good Medical Practice. GMC. 2006. www.gmc-uk.org/guidance/good_medical_practice/GMC_GMP.pdf
3. Doctors should not treat themselves or their families. Lothian Prescribing Bulletin. Issue 20. April/May 2006. www.ljf.scot.nhs.uk/lpb/LPB20.pdf

Midazolam - now Schedule 3 Controlled Drug

From 1 January 2008 the legal classification of midazolam changed from a Schedule 4 Part 1 Controlled Drug (CD) to Schedule 3. This applies to all midazolam products including midazolam injection 10mg/2mL, 10mg/5mL, 50mg/50mL and the named

patient preparation, buccal midazolam liquid 10mg/mL. Midazolam is the only Schedule 3 CD that, in certain circumstances, can be included in a patient group direction (PGD). There is no PGD for midazolam in Lothian at the current time.

Practice points:

- Full CD prescription writing requirements are now necessary for all midazolam products to be legal and valid, i.e. must include the dose, formulation, strength and the total quantity of the preparation in both words and figures.
- Midazolam does not legally require storage in a CD cabinet and records are not required to be kept in the CD register.

BNF moves with the times - new electronic newsletter

A free BNF e-newsletter service is now available to those who sign up at www.bnf.org/newsletter. The BNF states: "Communications will include: details of significant updates; tips for using the BNF and BNFC effectively; latest developments on BNF and BNFC publications; and links to case studies and examples of prescribing excellence".

The BNF remains the 'gold standard' for information about drugs. However, it does not provide guidance on 1st and 2nd drug choices. The most effective and efficient drug choices can be found in the Lothian Joint Formulary (LJF) www.ljf.scot.nhs.uk.

LJF ring binders



Reminder – please destroy paper copies of the LJF issued in 2002 as these are out of date. Paper copies are no longer produced and current advice is available at www.ljf.scot.nhs.uk

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