LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

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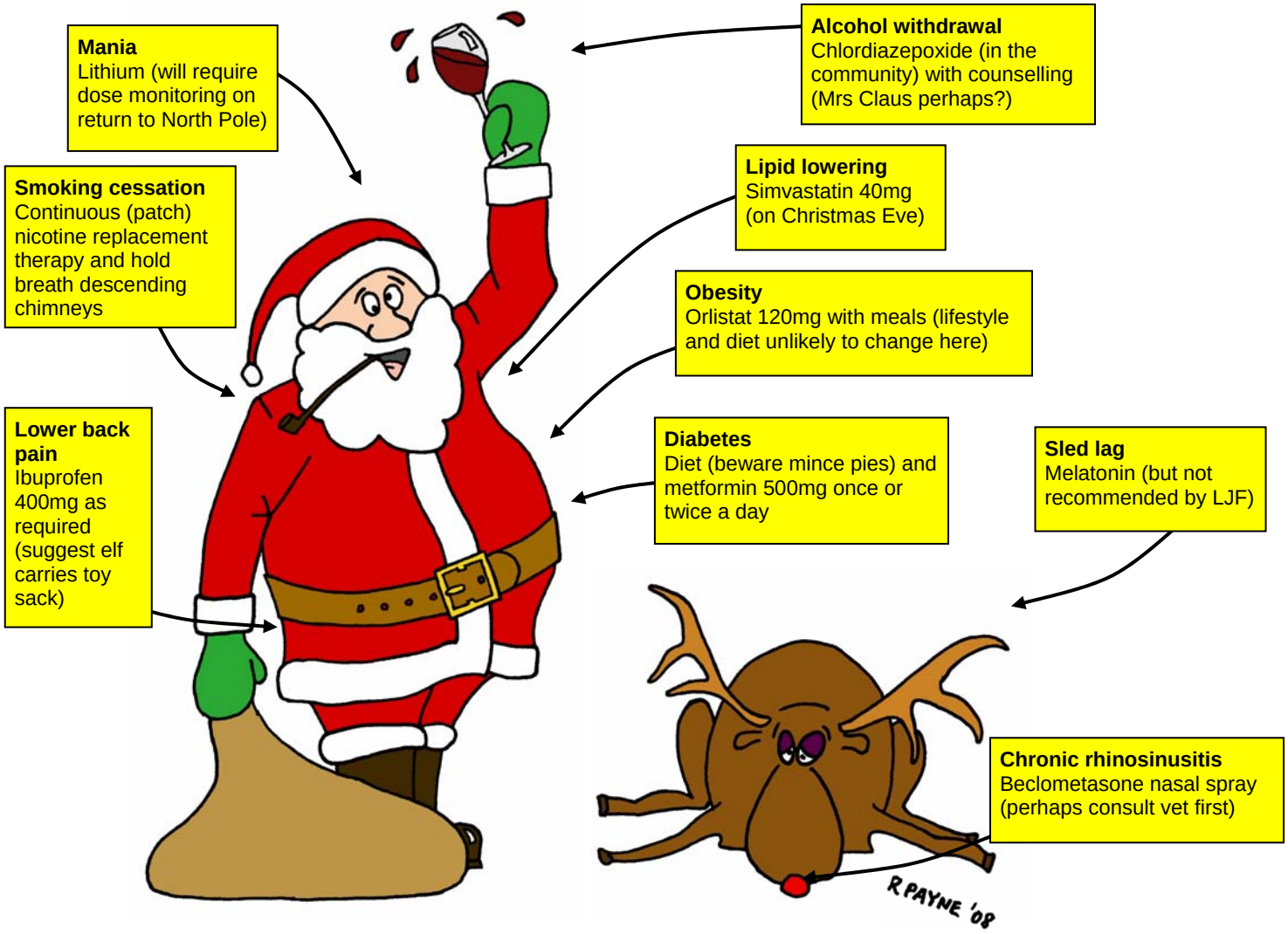
Santa Claus is coming to town…

Some of you may be aware that Christmas is just round the corner, and your editorial team therefore feel it is of great importance to pre-empt any potential unwanted festive extravagance, by providing a reminder of essential Lothian Joint Formulary (LJF) prescribing advice.

In particular, we have been made aware that a jolly old fat bloke called Santa, who undoubtedly has a number of significant health problems, will be spending a brief period in the Lothian area. Prescribers should be aware that he may seek treatment for these problems during his visit. Although he is (probably) not entitled to free NHS care, we feel that it would be in keeping with the spirit of the season to overlook this just this once.

It is therefore essential that he receives the best possible prescribing, as detailed in the LJF.

Have a Merry Christmas!



Does your patient really need hydrocortisone 2.5% topical

Prescribers may be surprised to learn that topical hydrocortisone is the number 32 drug by cost in Lothian. This appears to be due to the Drug Tariff pricing of the 2.5% cream and ointment – see table below. The 2.5% formulations account for 12% of all topical hydrocortisone scripts but 59% of total costs.

Practices should review patients on hydrocortisone 2.5% cream and ointment. If a mild potency topical steroid is required, the 1% strength may be adequate.

	Formulation & Cost per pack		Potency
Hydrocortisone 2.5% [15g]	Cream £24.03	Ointment £32.52	mild
Hydrocortisone 1% [15g]	Cream £2.70	Ointment £2.55	mild

Paracetamol remains safe choice in children

Results from a recent international collaborative research study[1] suggested a link between asthma and paracetamol use in the first year of life or use during the previous 12 months, or both.

However, an Medicines Healthcare Regulatory Agency (MHRA) advisory group concluded that the study does not provide strong evidence that paracetamol use in infancy can cause asthma[2].

Concerns included:

- the possibility that use of paracetamol in infancy reflects treatment of a true underlying cause of asthma such as a viral illness
- the fact that paracetamol was the only available analgesic in many regions of the world
- the fact that no consideration was given to the effect of parental choice of analgesic, which may be based on the parents' own asthmatic status and their consequent avoidance of a non-steroidal anti-inflammatory drug.

Key messages:

- **The results of this new study do not necessitate any change to the current guidance for use in children; the Lothian Joint Formulary for Children (www.ljf.scot.nhs.uk) recommendations reflect the general principles of the treatment of acute and chronic pain developed by the World Health Organisation**
- **Paracetamol remains a safe and appropriate choice of analgesic in children**
- **There is insufficient evidence from this research to change guidance regarding the use of antipyretics in children.**

References

1. Beasley R, et al, for the ISAAC Phase Three Study Group. Lancet 2008; 372: 1039–48.
2. Drug Safety Update: Volume 2, Issue 4, November 2008. Medicines and Healthcare products Regulatory Agency. www.mhra.gov.uk.

Focus on hydrocolloid dressings – Lothian could do better

In this, our second article on wound dressings, our focus has switched to hydrocolloid dressings. Hydrocolloid dressings are used for wounds that are superficial and have low to moderate exudate. They aid rehydration and autolytic debridement of dry, sloughy or necrotic wounds where some exudate is present. The dressings absorb exudate and swell to form a gel, which forms a moist environment under the dressing. A secondary dressing with a hydrocolloid dressing is not required.

Hydrocolloid dressings should be changed every three to seven days according to the manufacturer's instructions. Dressings should be changed when they become saturated with exudate, when strike through occurs or daily in infected wounds.

Expenditure in NHS Lothian on hydrocolloid dressings in 2007/08 is detailed in table 1, below. This expenditure consists of 11 different brands, including nine non-formulary brands.

Granuflex®, one of the non-formulary brands prescribed accounts for 29% of all prescribing and 57% of non-formulary prescribing. Granuflex® is a familiar brand name but should not be prescribed; it is a less effective dressing and more expensive than the recommended products.

LJF Choices www.ljf.scot.nhs.uk

First choice:	*standard*	**DuoDERM® Signal®**
	thin	**DuoDERM® Extra Thin**
Second choice:	*standard*	**Comfeel® Plus**
	thin	**Comfeel® Plus Transparent**

Table 1

Hydrocolloids	No. of items	Expenditure 2007/08	Cost per item
1st and 2nd choice products	1468 (67% LJF adherence)	£29,252	£19.92
All other products	736	£29,083	£39.51
Total	**2204**	**£58,335**	

Key messages:

- **LJF adherence to hydrocolloid dressings is currently only 67%**
- **Granuflex® is not an LJF choice, it is less effective and should not be prescribed**
- **Hydrocolloid dressings can be left in situ for three to seven days according to the manufacturer's instructions**
- **Refer to the LJF wound section 13.13 for advice on all types of wounds**

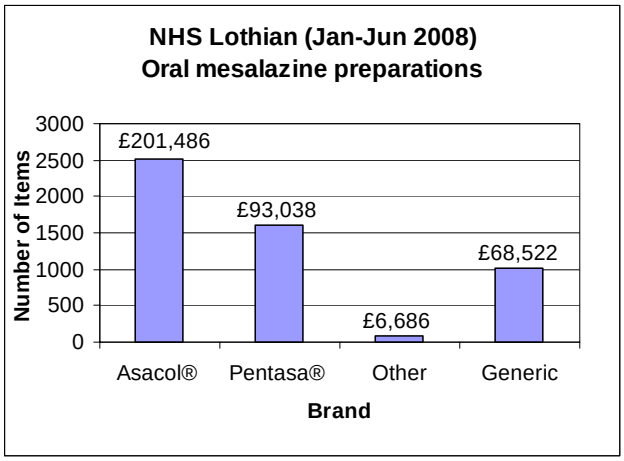
Mesalazine - prescribe by brand name

The Lothian Joint Formulary (LJF) recommends oral mesalazine for maintenance of remission of colonic inflammatory bowel disease (IBD). Mesalazine (or 5-aminosalicylic acid (5-ASA)) acts as an anti-inflammatory at a local level on the colonic lining. Its actions at a cellular level are poorly understood. Some studies suggest that mesalazine may have a protective effect in reducing the risk of bowel cancer in patients with inflammatory bowel disease[1,2].

A previous issue of the LPB highlighted that oral mesalazine should be prescribed by brand name.[3] Different formulations of oral mesalazine have different release characteristics and should not be regarded as interchangeable; the proprietary name should be specified. Pentasa® and Asacol® MR release 5–ASA in the colon and have comparable efficacy. Pentasa® is significantly cheaper than Asacol®.

Mezavant® XL (once daily preparation) is an option in patients who receive Asacol®. It is substantially more expensive than Pentasa®, so should not be used as an alternative to Pentasa®.

Prescribing of generic mesalazine is still occurring in NHS Lothian. The graph below indicates the number of items for January to June 2008.



LJF Choices www.ljf.scot.nhs.uk

First choice = **Pentasa®** 500mg *slow release* tablets

Second choice = **Asacol®** MR 400 mg *enteric-coated* tablets

Key messages:

- **Specify the brand name when prescribing mesalazine**
- **Pentasa® is the LJF 1st choice**
- **Asacol® is more expensive.**

References

1. Eaden J *et al*. Colorectal cancer prevention in ulcerative colitis: a case-control study. Aliment Pharmacol Ther 2000;*14*:145–153.
3. Van Staa TP *et al*. Gut. 2005;*54*:1573–1578.
2. Lothian Prescribing Bulletin. Issue 13. February/March 2005.

Festive greetings to all our readers!

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