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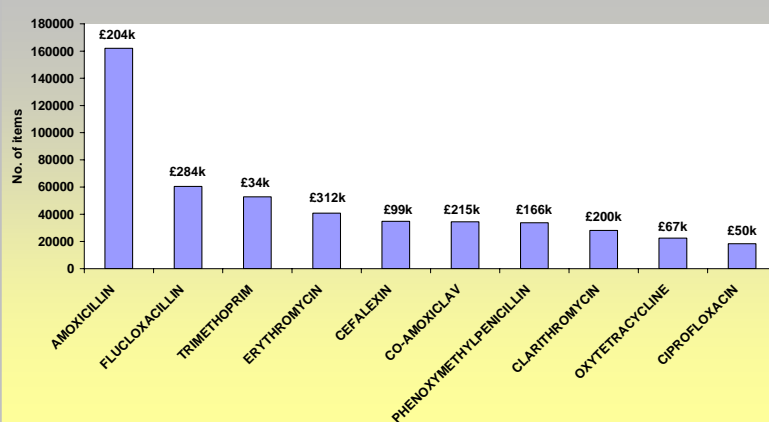
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## Cefalexin - prescribed too much?

Cefalexin is currently the fifth most common antibiotic prescribed in primary care in Lothian (see graph), but the Lothian Joint Formulary suggests limited use of this antibiotic. Are you prescribing it too often?

Cephalosporins have been a routine part of antibiotic prescribing in general practice for many years. Prescribing data show significant variation in the use of these drugs between primary care prescribers, some managing to rarely prescribe them while others remain regular cephalosporin prescribers.

NHS Lothian, January 2008 to December 2008



### Cephalosporins and *Clostridium difficile*

Guidance to prevent and manage *Clostridium difficile* commends avoiding broad spectrum antibiotics, including cephalosporins. Often potent second and third generation agents such as ceftriaxone and cefuroxime may be required to systemically treat infection in hospitals. However the potential for oral cephalosporins prescribed in the community to contribute to *C difficile* infection must be recognised, based on their activity against coliforms and consequent ability to alter bowel flora, allowing potential for proliferation of *C difficile*. Data from the Swiss Adverse Drug Reporting system suggest that 61 of 69 cases of *C difficile* infection were associated with cephalosporin use.<sup>1</sup>

It should be remembered that the symptoms of *C difficile* infection can emerge two months, and in rare cases up to three months, after exposure to antibiotics.

#### Key message:



**Few absolute indications exist for the use of cephalosporins in primary care.**

### Respiratory infections

Cefalexin is not suitable for lower respiratory tract infections, for instance pneumonia and exacerbation of COPD. The common pathogens are *Streptococcus pneumoniae* and *Haemophilus influenzae*. Cefalexin does not achieve adequate pulmonary levels to treat Streptococcal infection, and is not generally useful in Haemophilus infections either.

It is recognised that cephalosporins are often used in patients noted to have penicillin allergy, but there is a 10 per cent chance that these patients will also be allergic to cephalosporins. Therefore, in respiratory and skin and soft tissue infection, macrolides are a better option than cephalosporins. The LJF now recommends clarithromycin, not erythromycin, as the alternative to amoxicillin or co-amoxiclav, as it has less gastro-intestinal side effects and better cover of Haemophilus infection.

### LJF recommendations

The only recommendation for the use of cefalexin in the LJF is bacteriuria in pregnant women, when it is equal first choice with amoxicillin.

### Reference

1. Thompson A. Prescriber 2008; 19(23-24):24-7.  
[www.prescriber.co.uk](http://www.prescriber.co.uk)

# Safer management of controlled drugs - the Controlled Drug Governance Team

New arrangements for the safer management of controlled drugs were introduced in 2007 in light of the recommendations of the Shipman Enquiry.<sup>1</sup>

Accountable Officers (AO) were introduced with Professor Pat Murray, Director of Pharmacy appointed as the AO for NHS Lothian. AOs have specific responsibility for ensuring that activities involving the management and use of controlled drugs within their NHS Board are both legal and appropriate. The AO's responsibility extends to ensuring adequate monitoring, inspection and auditing processes are available and employed.

To assist in this task, the AO has appointed a Controlled Drug Governance Team (CDGT). The members of this team have been tasked with developing and undertaking a controlled drug

inspection programme in NHS hospitals and general practices within the NHS Lothian area. A programme of inspections will start at the beginning of May 2009. In addition, the team will take over the responsibility of 'Authorised Witnesses' for the destruction of unwanted or expired controlled drug stock from Bill McKendry, Lothian and Borders Police.

Existing arrangements for inspection within community pharmacies will remain the same with Sheena Greig, Royal Pharmaceutical Society of Great Britain Inspector continuing to do routine inspections.

## In summary the CDGT will:

- ✓ Inspect and monitor adherence to legislation regarding safe storage and recording of controlled drugs
- ✓ Advise and provide support regarding controlled drug legislation
- ✓ Witness the destruction of unwanted or expired controlled drug stock.

## The Lothian Controlled Drug Governance Team (CDGT) are:

Judie Gillies	Lead Pharmacist	0131 561 5547
Karen Robb	Inspection Officer	0131 561 5527
Michael Coleman	Inspection Officer	0131 561 5528
Miguel Ferrand	Data Analyst	0131 561 5567
Linda Wright	Administrative Assistant	0131 561 5529 (drug destruction appointments)

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## Reference

1. Safer Management of Controlled Drugs: Guidance on Strengthened Governance Arrangements. HDL 12(2007). The Scottish Executive, 14 February 2007. [www.sehd.scot.nhs.uk/mels/HDL2007\\_12.pdf](http://www.sehd.scot.nhs.uk/mels/HDL2007_12.pdf)

*Thanks to Judie Gillies, Lead Pharmacist, Controlled Drug Governance Team.*

## eLJF-GPASS - an effective tool with an uncertain future

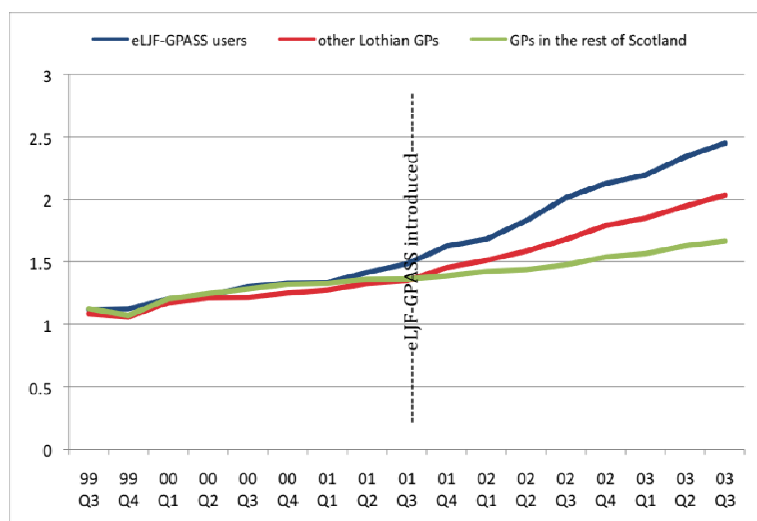
The eLJF-GPASS had its seventh birthday at the end of 2008. It was introduced in 2001 and offers users prescribing advice based on the Lothian Joint Formulary (LJF) at the time a prescription is issued. It has a unique way of guiding prescribers to a preferred medicine at the moment a decision on drug choice has to be made. It is quick and easy to use and operates within the existing GPASS patient clinical record.

A thorough assessment of the eLJF-GPASS has just been completed by a Lothian GP as part of his MBA thesis.<sup>1</sup> It demonstrates that the release of this software tool had a statistically significant impact on prescribing trends in the region after its launch (see graph below). This is an important finding because previous assessments of traditional formularies have suggested that they have little impact on clinicians' prescribing behaviour.<sup>2</sup>

User feedback on the eLJF-GPASS has generally been positive with many commenting that it has helped make their prescribing more consistent across their practice. The recently collated evidence demonstrates that the eLJF-GPASS has helped standardise prescribing across the region, using more of the drugs identified by the Formulary Committee as being effective and offering good value for money.

As an intervention which has helped to improve the quality and efficiency of prescribing in the region, the Medicines Management Team (MMT) is aware that the withdrawal of GPASS from Scottish GPs will leave Lothian GPs without the support of the eLJF-GPASS. The MMT is working to try and ensure that a new generation of the eLJF will work with new GP clinical systems. If this is unsuccessful, for whatever reason, it is possible that inefficiencies may arise and prescribing costs may increase faster than before.

### Ratio of LJF recommended : LJF not recommended prescriptions dispensed, 1999-2003



Prescribing data was collected from 13 prescribing areas over a 4-year period. This data was derived from 2.6 million prescriptions (448 Lothian GPs) and was benchmarked against approximately 28 million prescriptions dispensed in the rest of Scotland. The prescribing areas were selected on the basis of drugs with narrow therapeutic indications which were not subject to other prescribing interventions. The significance of the diverging trends was confirmed by an interrupted time series analysis.

A full copy of the report is available on request from MMT: [prescribing@nhslothian.scot.nhs.uk](mailto:prescribing@nhslothian.scot.nhs.uk)

### References

1. Walls N. Assessing the Impact of an Electronic Drug Formulary on GP Prescribing Patterns in the Lothian Region [dissertation]. University of Strathclyde Graduate School of Business; 2008.
2. Duerden M, Walley T. Prescribing at the interface between primary and secondary care in the UK. Towards joint formularies? *Pharmacoconomics*. 1999 May; 15(5):435-43.

Thanks to Dr Nick Walls, GP, Bruntsfield Medical Practice, Edinburgh.

## eLJF-GPASS v2009 upgrade

The latest version of eLJF-GPASS was recently emailed to all practices. This includes all the latest changes to the LJF.

EPASS accredited CPD packs for new users of eLJF-GPASS are available free of charge from MMT or can be downloaded from the LJF website.

## Oral salicylate gels for pain relief: do not use in under 16s

The Commission on Human Medicines has recommended that topical oral pain relief products containing salicylate salts should be contraindicated in children less than 16 years of age. This is a precautionary measure due to the theoretical risk of Reye's syndrome. This advice brings these oral gel products into line with other oral salicylate containing products which were contraindicated in 2002.

There are currently four products available in the UK, which are affected: Bonjela<sup>®</sup>, Bonjela<sup>®</sup> Cool Mint, Dinnefords Teejel<sup>®</sup> Gel and Pyralvex<sup>®</sup>. (Other Bonjela<sup>®</sup> products are not affected as they do not contain salicylates. Bonjela<sup>®</sup> Teething Gel is not affected by this advice and can be used in infants over 2 months old.)

Packaging and patient information is being redesigned and should be available in May 2009.

There are a number of other products, containing local anaesthetics/mild antiseptic, on the market which may be purchased for the treatment of teething pain and mouth ulcers in children. Alternative treatments depend on what the product was to be used for.

- For infant teething, gentle pressure with something cool such as a chilled teething ring may be helpful.
- For pain associated with orthodontic devices, salt water mouthwashes are recommended for sore areas, and a paracetamol based painkiller for pain associated with tooth movement.

Further information is available on the MHRA website [www.mhra.gov.uk](http://www.mhra.gov.uk)

## The return of dexamethasone 500 microgram tablets

For commercial reasons, Organon (now Schering-Plough) stopped the manufacture of dexamethasone 500microgram tablets. A new licensed product manufactured by Chemidex has been fast tracked through the Medicines and Healthcare Regulatory products Agency (MHRA) and should be available via wholesalers from March 2009. Dexamethasone 2mg tablets (Organon) and dexamethasone 2mg/5mL oral solution (Dexsol<sup>®</sup>, Rosemont) are still available as UK licensed preparations.

## 'The Bottom Line' No. 5 - Expiry dates To use or not to use? That is the question...

Expiry dates on medicines can be expressed in various formats e.g. 'use by', 'use before', 'expiry date', and this may lead to confusion. The Royal Pharmaceutical Society of Great Britain (RPSGB) issued a Law and Ethics Bulletin in November 2008 to clarify the meaning of the different expiry date formats.<sup>1</sup> This guidance states that when a product states 'Use by' or 'Use Before' this should be taken to mean use before the end of the previous month. For example if a product states use by 06/2009 the medicine should be used by 31 May 2009.

If, however, the product states 'Expiry date' it can sometimes be less clear when the product should be used by. In this case the MHRA advise that this term should be taken to mean that the product should not be used after the end of the month stated. So if a product is labeled 'Expiry date June 2009', this means do not use after 30 June 2009.

### Reference

1. Expiry Dates. RPSGB Law and Ethics Bulletin. [www.rpsgb.org/pdfs/LEBexpirydates.pdf](http://www.rpsgb.org/pdfs/LEBexpirydates.pdf)



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View the Lothian Joint Formulary at [www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk)