LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

Issue No. 47

November 2010

In this issue …

- Dalteparin – Lothian's low molecular weight heparin of choice
- Welcome Simon
- Supporting and monitoring nurse prescribing
- Risk of photosensitivity reactions with topical ketoprofen
- Space for another – Fostair® and AeroChamber® Plus
- Update on prescribing information on LJF website
- SSRI/SNRI risk in newborn - persistent pulmonary hypertension
- Rosiglitazone withdrawal
- Supplement: SMC and Lothian Formulary Committee Recommendations
- LJF Calendar 2011

Dalteparin – Lothian's low molecular weight heparin of choice

Dalteparin will be used as the low molecular weight heparin (LMWH) of choice in NHS Lothian for patients initiated on therapy from 1 November 2010. Enoxaparin has been used for more than 10 years, however dalteparin has the following clinical advantages over enoxaparin:

- ✓ It is licensed for the extended treatment of venous thromboembolism in patients with solid tumours. Dalteparin is the only LMWH licensed for this indication. This patient group is using an increasing amount of LWMH in both primary and secondary care
- ✓ The dose regimen is easier to prescribe and administer. Dalteparin is dose-banded for the treatment of venous thromboembolism, and supplied in pre-filled syringes with the exact dose required.

In addition, there is now an opportunity to make financial savings by changing to dalteparin.

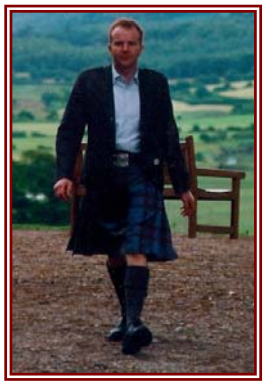
The NHS Lothian University Hospitals Division 'Antithrombotic Guide' for adults has been amended and is now available on the Intranet at Home > Healthcare > A-Z > Haematology > Haematology Documents > Policy Documents, and local protocols will need to be changed accordingly.

Educational sessions for clinicians are being run at hospital sites to ensure they are familiar with new doses, and other relevant clinical information.

Notes:

- All patients should have a risk assessment undertaken to establish if they require thromboprophylaxis
- For patients on LMWH, record the patient weight, renal function, indication for use and length of treatment in the medical notes, and on the immediate discharge letter
- When prescribing dalteparin, write the word 'units' in full; 'IU' is not an acceptable abbreviation and causes errors
- No LMWH is licensed in paediatrics or in pregnant women, where all preparations are administered off-licence
- Like all LMWHs, the dose of dalteparin is calculated according to a patient's weight in kilograms, and assumes normal renal function. LMWHs should not be given to patients with significant renal impairment (creatinine clearance of less than 30mL per minute) as the level of anticoagulant will escalate; in such cases specialist input is required, and monitoring of anti-Xa levels will be necessary. In addition, adjustment in doses for patients with extremes of bodyweight or at risk of bleeding may be required and should be discussed with haematology
- Like all LMWHs, dalteparin is only partially reversible with protamine, and care must be taken when prescribing in a patient with a high risk of bleeding.

Thanks to Dorothy Hughes, Associate Director of Pharmacy and Dr Julia Anderson, Consultant Haematologist, for contributing this article.



Welcome Simon

We would like to welcome Dr Simon Hurding to Lothian. Simon has joined the primary care Medicines Management Team, and has also become a member of the LPB Editorial Team.

Simon has worked as a GP for NHS Highland for the last 15 years and as a Clinical Prescribing Lead since 2004. He has a special interest in primary care antibiotic use, and is a GP member of the Scottish Antimicrobial Prescribing Group. He is delighted that at last he has a 'proper' job, and that it is with NHS Lothian.

Supporting and monitoring nurse prescribing

NHS Lothian has 189 independent /supplementary nurse prescribers and 420 community nurse prescribers across acute and primary care services. This provides patients with a choice of consultation and improved access to medicines and treatments. The training that the independent/supplementary nurses have undertaken allows them to prescribe from any chapter in the BNF and of course the LJF[1] but only within their professional competency. The community practitioners prescribe from a limited formulary. **A nurse's registration may be at risk should she/he prescribe outwith their agreed competency and personal core formulary.**

What support and monitoring is in place?

- A secure database holds details of all nurse prescribers including annotation as to whether controlled drugs can be prescribed
- The Safe Use of Medicines Policy and Procedures[2], the Framework for Non-medical Prescribers[3], and the NMC Proficiency standards[4] are used as guides to good practice
- The Primary Care Pharmacy Team produces quarterly prescribing reports (via PRISMS) for nurses based in primary care. These reports detail nurse prescribing both by locality and individual prescriber. Prescribing reports are shared with local clinical nurse managers to promote safe, quality and cost-effective prescribing, and to maximise adherence to the LJF. Nurses wishing advice on prescribing practice should contact their Prescribing Lead or Clinical Nurse Manager.

References

1. Lothian Joint Formulary www.ljf.scot.nhs.uk
2. Safe Use of Medicines Policy and Procedures. NHS Lothian 2010. http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/ClinicalGuidance/Pages/MedicinesPolicies.aspx
3. Framework for Nurses, Midwives and Allied Health Professionals (NMAHP) prescribing (2010 update). http://intranet.lothian.scot.nhs.uk/NHSLothian/NHS%20Lothian/BoardCommittees/AreaDrugTherapeutics/Pages/ADTCRelatedDocuments.aspx
4. Standards of proficiency for nurse and midwife prescribers. Nursing and Midwifery Council. 2006. www.nmc-uk.org

Thanks to Patricia McIntosh, Clinical Nurse Manager and Elaine Anderson, Prescribing Support Pharmacist, West Lothian CHCP for contributing this article.

Risk of photosensitivity reactions with topical ketoprofen

A scientific review of medicines containing ketoprofen was recently conducted by the European Medicines Agency's Committee for Medicinal Products for Human Use (CHMP), following reports of photosensitivity reactions. The review concluded that photosensitivity reactions of topical ketoprofen preparations are important adverse reactions but that the benefit/risk profile of these medicines remains favourable.

Key messages for your patient:

- **Protect treated areas from sunlight during the whole period of topical ketoprofen treatment and for two weeks after stopping treatment**
- **Wash hands carefully after every application**
- **Stop treatment immediately if any skin reaction develops after application of these medicines, and seek medical advice**
- **Read the product information.**

The LJF recommends that topical non-steroidal anti-inflammatory drugs (NSAIDs) may be considered as additional pain relief for people with knee or hand osteoarthritis.

Reference

1. Drug Safety Update: Volume 4, Issue 1, August 2010. MHRA. www.mhra.gov.uk/Publications/Safetyguidance/DrugSafetyUpdate/CON090932

Space for another – Fostair® and AeroChamber® Plus

One of the disadvantages with Fostair® was that previously it was not suitable for use with a spacer device. The summary of product characteristics[1] has now been updated and states that:
"Patients who find it difficult to synchronise aerosol actuation with inspiration of breath, may use the AeroChamber® Plus spacer device. They should be advised by their doctor, pharmacist or a nurse in the proper use and care of their inhaler and spacer and their technique checked to ensure optimum delivery of the inhaled drug to the lungs. This may be obtained by the patients using AeroChamber® Plus by one continuous slow and deep breath through the spacer, without any delay between actuation and inhalation."

Often people use a spacer due to co-ordination problems with actuation and inhalation. Practically patients should be informed to inhale the dose through the spacer immediately after actuation and to hold their breath for approximately five seconds at the end of inspiration.

Fostair® is included in the LJF, for use in adult asthma patients. It may be used **if a combination inhaler is appropriate.**

Combination inhalers

Asthma	
First choice:	**Fostair®** (beclometasone plus formoterol)
Second choices:	**Seretide®** (fluticasone plus salmeterol)
	or **Symbicort®** (budesonide plus formoterol)
COPD	
First choices:	**Seretide®** (fluticasone plus salmeterol)
	or **Symbicort®** (budesonide plus formoterol)

Additionally

- Fostair® is only licensed for use in asthma; the beclometasone is an extrafine particle and therefore is more potent than Clenil Modulite®. Beclometasone dose 100micrograms in Fostair® is equivalent to 250micrograms in Clenil Modulite®.
- Fostair® cannot provide the high dose inhaled corticosteroid doses that are required for Step 4 (of the BTS guidelines) asthma management, therefore patients will require an alternative inhaler prescribed.

References
1. Fostair®. Summary of Product Characteristics. www.medicines.org.uk

Update on prescribing information on LJF website

Due to technical issues the LJF website currently cannot be updated in the format that we have all become used to. As an interim measure, each chapter now appears as a pdf document. This has allowed us to ensure that the content is up to date.

Feedback so far has indicated that the main issue with the new layout is the search facility. To search the adult or child formulary you need to click on that page and then the search facility appears. You cannot search directly from the home page.

Below are alternative routes to finding some of the other prescribing advice available on the LJF website:

- Scottish Medicines Consortium (SMC) advice is available from the SMC website www.scottishmedicines.org and Lothian recommendations are detailed in the Lothian Prescribing Bulletin (LPB) supplements
- Shared Care Protocols (SCPs) are updated regularly and are also available on the NHS Lothian Intranet at Home > Healthcare > A-Z > Shared Care Protocols
- Paper copies of the LPB are widely distributed as well as being cascaded by email to practices, and also available on the NHS Lothian Intranet at www.ljf.scot.nhs.uk/lpb/index.html.

A new-look website will be coming in the New Year. Any major changes to LJF advice have been, and will continue to be, communicated in issues of this LPB and the supplement.

An eLJF for INPS/Vision is being developed for Lothian prescribers, and as a first stage, LJF first and second choices are tagged as 'formulary' in the drug dictionary. When prescribing in INPS/Vision, please make sure that 'formulary' is your default prescribing setting.

Any queries regarding current prescribing recommendations should be referred to your local pharmacy team.

SSRI/SNRI risk in newborn - persistent pulmonary hypertension

Both selective serotonin reuptake inhibitors (SSRIs) and selective noradrenaline reuptake inhibitors (SNRIs) are used to treat depression during pregnancy when required. **However, epidemiological data suggests that the use of SSRIs in pregnancy, particularly in the later stage after 20 weeks gestation, may increase the risk of persistent pulmonary hypertension (PPH) in the newborn** (observed risk of 5 cases per 1000 pregnancies when the background rate in the general population is 2 per 1000 pregnancies).[1]

The Drug Safety Update from May 2010 recently highlighted this issue and reminded healthcare professionals to be aware of this and to observe neonates exposed to SSRIs and SNRIs more closely. Although there is no evidence for the association of PPH in the newborn with SNRIs, the potential risk cannot be ruled out taking into account the related mechanism of action.[1] Therefore, where possible SSRIs and SNRIs should be avoided after 20 weeks gestation, however, the potential risk of PPH in the newborn should be balanced against the risk of not treating the maternal condition.[1]

Based upon the current evidence, if the risk/benefit from receiving an SSRI or SNRI during pregnancy outweighs any potential risk to the baby then the medicine should not be withheld. **However, if the medicines are to be continued throughout pregnancy where appropriate, consideration of tapering off the dose after 20 weeks gestation should be considered. If this is not possible then careful monitoring of the neonate at birth for PPH is recommended.**

NICE have provided guidance for the treatment of antenatal mental health problems, which includes the explanation of risks to patients and choice of antidepressant during pregnancy.[2]

References

1. SSRIs and SNRIs risk of persistent pulmonary hypertension in the newborn in the Drug Safety Update. London: Medicines and Healthcare products Regulatory Agency (May 2010).
2. Antenatal and postnatal mental health – clinical management and service guidance. London: National Institute for Clinical Effectiveness (February 2007). Available via www.nice.org.uk/nicemedia/pdf/CG045NICEGuidelineCorrected.pdf [Accessed 07 July 2010].

Rosiglitazone withdrawal

Rosiglitazone will cease to be available in Europe after 21 October 2010. The European Medicines Agency recommended the suspension of the marketing authorisations of rosiglitazone across the European Union following a Europe-wide review of the risks and benefits of medicines containing rosiglitazone for the treatment of diabetes, which concluded that the benefits of treatment no longer outweigh the risks.[1]

Rosiglitazone is associated with an increased risk of cardiovascular disorders, including heart attacks and heart failure.

Takeda, the manufacturer of pioglitazone has advised that switching therapy from rosiglitazone to pioglitazone is well tolerated. Takeda have also provided the following recommendations, which include taking into account the monitoring of glycaemic control:

Current rosiglitazone dose	$HbA1_c$	Suggested pioglitazone dose
4mg daily	< 7.5%	15mg daily
4mg daily	> 7.5%	30mg daily
8mg daily	< 7.5%	30mg daily
8mg daily	> 7.5%	45mg daily

Key messages

- **The LJF recommends pioglitazone as first choice glitazone**
- **Prescribers should ensure that all patients are reviewed and changed to another suitable treatment in line with the LJF.**

Reference

1. Rosiglitazone (Avandia®, Avandamet®): Recommended withdrawal from clinical use. Medicines and Healthcare products Regulatory Agency (MHRA). 23 September 2010. www.mhra.gov.uk

Correspondence address:
Medicines Management Team (MMT)
Pentland House
47 Robb's Loan
Edinburgh
EH14 1TY **Tel: 0131-537-8510**

Email: prescribing@nhslothian.scot.nhs.uk