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Introducing the new Lothian Joint Formulary website

www.ljf.scot.nhs.uk

The editorial team is pleased to announce the launch of the new Lothian Joint Formulary (LJF) website. The website has been relaunched with a vibrant new look, a layout update and an improved search facility. There are some new sections in the website, namely Formulary Committee, Education and Training and Patient Zone.

Some sections are still under development, so look out for more new content soon. We encourage you to take some time to familiarise yourself with the new layout.

A user guide to help navigate round the new sections has also been added. We hope you like the new website.

The screenshot shows the NHS Lothian Joint Formulary website interface. Callout boxes provide the following information:

- All the different formularies can be accessed via the LJF tab.** (Points to the 'Lothian Joint Formularies' menu item)
- New to this website is the Formulary Committee tab. In this section you will find decisions on new drugs, meeting dates, minutes of meetings.** (Points to the 'Formulary Committee' menu item)
- The content via the Education and Training and Patient Zone tabs will be developed over the coming months.** (Points to the 'Education and Training' and 'Patient Zone' menu items)
- Quick links to external sites can be accessed from the home page.** (Points to the search bar and navigation links)
- The Latest News box will be used to provide a variety of different information. It could be the latest prescribing advice or highlight a safety concern or highlight a product withdrawal.** (Points to the 'Latest News' section)
- The latest issue of the LPB will be available from this box on the homepage. Previous issues can be accessed via the LPB tab.** (Points to the 'Latest Prescribing Bulletin' section)
- Recent updates; will detail which sections of the LJF have changed.** (Points to the 'Recent Updates' section)

Add the Lothian Joint Formulary to your smartphone - it's easy...

Create an LJF button on your iPhone

1. Open your web browser (e.g. Safari)
2. Go to www.ljf.scot.nhs.uk
3. Tap the button at the bottom of the screen
4. Select 'Add to Home Screen'
5. Enter the name you wish displayed below the button (e.g. LJF) and tap the 'Add' button

Create an LJF button on your Android phone

1. Open your web browser
2. Go to www.ljf.scot.nhs.uk
3. Bookmark this page
4. Open the browser 'bookmarks' screen
5. Long-press the bookmark you want
6. Select 'Add to Home Screen'

A link to the LJF website is now saved to your home screen!

Thanks to Dr Nick Walls, GP and Chair, LJF Implementation Working Group.

View the Lothian Joint Formulary at www.ljf.scot.nhs.uk

ICaps[®] should not be prescribed

ICaps[®] are a multivitamin that should not be prescribed under the GMS contract. There are a number of products being promoted for 'ocular health', none of which hold a product licence for use as a medicine or have undergone regulatory assessment.

The AREDS¹ trial looked at the use of high dose vitamins in preventing the progression of Age-Related Macular Degeneration (AMD). This trial demonstrated a slowing of progression (over the six-year trial period) of intermediate and severe AMD (wet AMD classified as severe) in the treatment arm when compared to placebo, but this was sub-group analysis of the data. There was no effect on the progression of mild AMD or cataracts. Patients with mild AMD should be advised to have an annual ophthalmic check.

Helpful advice for patients

- Patients with AMD should not smoke
- Patients with AMD should be encouraged to eat more vegetables particularly broccoli, kale and spinach, and egg yolk
- Patients with mild AMD need an annual ophthalmic review
- Non-smoking, well patients with intermediate or severe AMD may benefit from high dose antioxidant therapy, and this should be purchased over the counter.

It is not known how anti-Vascular Endothelial Growth Factor (VEGF) affects this outcome as the trial predates the use of anti-VEGF medicines, e.g. ranibizumab (Lucentis[®]).

There are safety concerns over the use of high dose vitamins. There is a higher incidence of lung cancer in smokers taking high dose beta-carotene (as found in ICaps[®]) so smokers should avoid these products.² High doses of vitamins C and E (twice the levels used in AREDS) are associated with increased all-cause mortality for women with pre-existing heart conditions.³ The Heart Outcomes Prevention Evaluation (HOPE) study showed a higher risk of heart failure for people with diabetes or cardiovascular disease when taking vitamin E 400 units daily (the dose used in AREDS).⁴

Key messages:



ICaps[®] should not be prescribed under NHS GMS contract

There are safety concerns regarding the use of high dose multivitamins

Patients should be encouraged to adopt a healthy life style.

References

1. The Age-Related Eye Disease Study [AREDS] Research Group. Arch Ophthalmol. 2001; 119(10):1417-36.
2. The Alpha-Tocopherol, Beta Carotene [ATBC] Cancer Prevention Study Group. N Eng J Med 1994;330(15):1029-35.
3. Women's Angiographic Vitamin and Estrogen [WAVE] trial. JAMA 2002;288:2432-40.
4. Heart Outcomes Prevention Evaluation [HOPE] and Heart Outcomes Prevention Evaluation -The Ongoing Outcomes [HOPE-TOO]. JAMA 2005;293(11):1338-47.

Prescribe Sunsense[®] Ultra *not* Sunsense[®] Facial

A common prescribing issue has been flagged by the 'Pay and Report' scheme. For those that don't know, 'Pay and Report' applies to items that should not be prescribed under the GMS contract and yet the community pharmacist is reimbursed and so NHS cost is incurred.

The issue is that patients are being prescribed Sunsense[®] Facial rather than Sunsense[®] Ultra. This is an understandable error when prescribing for photodermatoses that affect the face.

If prescribers wish to prescribe Sunsense[®] Facial they need to be aware that this is an unlicensed product. The GMC will only support the prescribing of unlicensed products where there is no suitable

licensed alternative. This is clearly not the case in this situation.

When prescribing unlicensed products it is important to document clearly in the patient's notes the clinical decision process. Ideally, informed consent should be obtained unless this would jeopardise the therapeutic effect. Lastly the prescriber has to accept full legal responsibility for any side-effects, adverse drug reactions or treatment failures.

Sunsense[®] Ultra has a product licence and is recommended by the Lothian Joint Formulary.

Sunsense[®] Ultra is designed to be used on the face as well as other sun-exposed areas.

Ten-fold errors in opioid doses

There have been several errors both in NHS Lothian and in other Health Board areas where patients have received Oramorph® 100mg/5mL instead of Oramorph® 10mg/5mL. A ten-fold error in prescribing is potentially fatal - thankfully none were, but in all cases the patients experienced symptoms of morphine toxicity and in one case required to be hospitalised.

Why did it happen?

Lack of knowledge

- Some prescribers are unaware that two strengths of Oramorph® existed.

System failure

- The Oramorph® concentrate is the top item in the drop-down list of morphine preparations on GPASS and can be selected in error
- There had been no identification of a change in strength for that patient when the Oramorph® was dispensed.

Inadequate communication

- There had been inadequate discussion with the patient regarding the change in strength when the Oramorph® was collected.

What can we learn?

The ability to highlight high strength products on GP prescribing systems may help reduce the potential for errors. This function is available on EMIS but not currently on VISION or GPASS.

The NPSA issued advice in 2008¹ on reducing errors in opioid dosing when prescribing, dispensing or administering unusual or potentially dangerous medicines:

- **Confirm any recent opioid dose, formulation, frequency of administration and any other analgesic medicines prescribed for the patient**
- **Check the usual starting dose, frequency of administration, standard dosing increments, symptoms of overdose and common side effects of that medicine and formulation.**

Reference

1. Reducing dosing errors with opioid medicines. Rapid Response Report. NPSA/2008/RRR05. 4 July 2008. www.nrls.npsa.nhs.uk/resources/?entryid45=59888 Accessed 11/08/2011

Thanks to Judie Gillies, Lead Pharmacist, Controlled Drugs Governance Team.

Prescribing for erectile dysfunction with severe distress

The Scottish Government has recently changed the prescribing regulations in relation to the treatment of erectile dysfunction (ED) for patients with severe distress.¹ Following assessment and/or advice by the relevant consultant, all patients eligible for treatment will be able to receive treatment on NHS prescription from their GP. A new sub-section (g) has been added to Schedule 2 for drugs used to treat erectile dysfunction to enable GPs to prescribe in this situation; the prescription must be endorsed 'SLS'.

Reference

1. Treatment of erectile dysfunction: patients with severe distress. NHS Circular PCA(M)(2011)4. 9 February 2011. The Scottish Government. [www.sehd.scot.nhs.uk/pca/PCA2011\(M\)04.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2011(M)04.pdf) Accessed 11/08/2011

The Lothian assessment process

In Lothian, a service has been set up, which is designed to assess a patient's eligibility for NHS ED treatment on the grounds of severe distress. It is not necessary for this specialist assessment to be face-to-face and it may be based on information provided by the referring clinician. A referral pro-forma has been produced that can be completed for such patients and sent to the ED service secure email address. If the necessary criteria are met a reply will be sent authorising the issue of ongoing NHS prescriptions. If required, or if the diagnosis is in doubt, these patients may also be referred either to Urology (using the Erectile Dysfunction protocol) or to the Sexual Problems clinic at the Royal Infirmary for assessment and recommendations on alternative treatments. RefHelp (NHS Lothian Referral Guidelines www.refhelp.scot.nhs.uk) provides guidance on the assessment of patients with erectile dysfunction in primary care.

Should Cyclimorph[®] be in the doctor's bag?

Cyclimorph[®] 10 injection (morphine tartrate 10mg and cyclizine tartrate 50mg per 1-mL ampoule) is licensed for the relief of moderate to severe pain and so it may still have a place in the doctor's bag. However its role in managing cardiac emergencies has become out of favour and in particular its use is no longer recommended in the management of myocardial infarction.^{1,2}

Cyclizine has been shown to have a clear negative effect in patients with heart failure (increased heart rate, pulmonary and systemic arterial pressures).³ As heart failure may predate a myocardial infarction or occur as a result this is a significant concern. The BNF accepts the use of cyclizine by intravenous injection in managing ST-segment elevation myocardial infarction (STEMI) "*if left ventricular function is not compromised*".¹ This is a considerable clinical challenge especially in an emergency situation.

As well as the evidenced safety concerns over Cyclimorph[®] its use no longer fits with current best practice in management of cardiac ischaemic pain. Analgesia should be titrated, which is not possible with Cyclimorph[®]. Morphine sulphate injection (10mg/mL) should be mixed with 10mL 'Water for Injections' and given by intravenous injection at a rate of 1-2mg/minute to a maximum of 5-10mg, (half dose in frail elderly).¹

In addition the current recommended antiemetic is metoclopramide, which should be administered as an intravenous bolus of 5mg (<60kg) or 10mg (>60kg).¹ (Please note that this is not definitive guidance on managing an acute coronary syndrome.)



- There are evidence-based safety concerns of using Cyclimorph[®] to manage cardiac ischaemic pain
- Analgesia should be titrated when treating cardiac ischaemic pain.

The presence of Cyclimorph[®] in the doctor's bag should be reviewed and the resultant decision based on the clinician's competencies. Pre-hospital emergency care changes with time and it is often safer for the patient if the clinician sticks with familiar clinical practice. However this fundamental change in advice may be a trigger to gain new competencies.

References

1. Section 2.10.1. British National Formulary 61. March 2011. <http://bnf.org/bnf/current/204270.htm> Accessed 11/08/2011
2. Manual of Core Material. Issue 3. 2006. Royal College of Surgeons of Edinburgh – Faculty of Pre-Hospital Care.
3. Tan LB *et al.* Lancet 1988; 1(8585):560-1.

Complan[®] Shake – LJF 1st choice oral nutritional supplement

Complan[®] Shake is now the preferred first line oral nutritional supplement in the Lothian Joint Formulary and is prescribable for certain indications under ACBS guidelines as detailed in BNF61 A7.1. It is a nutritionally balanced food supplement that comes in powdered form, which is made up with 200mL of whole, full cream milk to ensure maximum nutritional benefit.

It should only be used where patients have been screened for risk of malnutrition using MUST ('Malnutrition Universal Screening Tool', British Association for Parenteral and Enteral Nutrition) and when 'Food First' advice has failed to reach treatment goals. The 'over-the-counter' product Complan[®] is blacklisted, and therefore not prescribable on the NHS.

Supplement: Recent SMC and Lothian Formulary Committee Recommendations

Paper copies of the supplement to this issue have not been printed but are available at www.ljf.scot.nhs.uk in 'Prescribing Bulletins'.

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