LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

Issue No. 56

July 2012

In this issue …

New hypertriglyceridaemia guideline

The new NHS Lothian guideline on the investigation and management of hypertriglyceridaemia was approved by the Area Drugs and Therapeutics Committee in March 2012 and released in May 2012.

The full Lothian Lipid Guidelines are in the process of being revised and will make reference to the hypertriglyceridaemia guideline. Further support and advice is always available via e-mail from the RIE lipid clinic (RIE.LipidClinicAdvice@luht.scot.nhs.uk) or the WGH cardiovascular risk clinic (WGH.CardiovascRiskAdvice@luht.scot.nhs.uk).

Key messages:

- **Triglycerides can be measured on a random sample as part of a full lipid profile**.
- **Elevated triglyceride levels on a random sample may be due to the presence of dietary triglycerides. A raised triglyceride level should therefore be repeated on a fasting sample to confirm.**
- **Raised triglycerides are most commonly due to secondary causes, e.g. obesity, diabetes, alcohol excess, medicines. Any secondary causes should be identified and treated.**
- **A lipid clinic referral should be arranged for any patient with a suspected familial dyslipidaemia, e.g. patients with high lipid levels and a family history of premature ischaemic heart disease or pancreatitis.**

For ***patients with moderately raised triglycerides***, e.g. 5 to 10 mmol/L

- There is a slight increase in cardiovascular risk due to the raised triglycerides alone.
- Consider treatment with a statin if the patient is already at significant cardiovascular risk (based on current cardiovascular risk criteria).
- Initial treatment should be with simvastatin 40mg at night in line with current Lothian Joint Formulary advice.

For ***patients with markedly raised triglycerides***, e.g. > 10 mmol/L

- There is an increased risk of pancreatitis but not typically cardiovascular disease.
- Any secondary causes of high triglycerides should be identified and clinically managed.
- Consider treatment with a fibrate, e.g. fenofibrate, if not contra-indicated.
- Referral to secondary care for further management is appropriate.

Additional information

SIGN Guideline 97. Risk estimation and the prevention of cardiovascular disease. Scottish Intercollegiate Guidelines Network. February 2007. Available at www.sign.ac.uk

Thanks to Dr Sara Jenks, Metabolic Medicine Registrar, Department of Clinical Biochemistry

Lothian Joint Formulary update

Gluten-free products – ADULT section

***NEW* formulary section**

NHS Lothian gluten-free foods prescribing policy and patient pathway

NHS Lothian Area Drugs and Therapeutics Committee has approved a new prescribing policy and patient pathway for patients with diagnosed gluten-sensitive enteropathies including coeliac disease, dermatitis herpetiformis and steatorrhoea due to gluten intolerance. The aim of the policy is to improve patient care and standardise the provision of gluten-free foods to ensure cost-effective use of NHS resources. Key healthcare professionals and partnership patient representatives and Coeliac UK were involved in developing the policy.

New gluten-free foods section on Lothian Joint Formulary

To support the implementation of the policy a new LJF section has been developed. A multidisciplinary working group, including Coeliac UK, was convened to agree a list of evidence-based, cost-effective products. Gluten-free foods that form part of a healthy balanced diet are included. Gluten-free foods that are not normally required are biscuits, cakes and cake mixtures.

The gluten-free formulary is anticipated to meet the needs of the majority of adult patients, however, additional items may also be available to individuals on the written advice of a dietitian where deemed clinically appropriate. A paediatric version of the formulary will be developed in due course.

Key messages:

- **Includes information on diagnosis and management of adult patients with gluten intolerance.**
- **Provides information on the amount of gluten-free products that may be required in a month (number of units) depending on patient's age and sex.**
- **Provides information on the unit value for different gluten-free products.**
- **Provides first and second choices for staple products: bread, rolls, bread mix, flour, pasta, crackers and pizza base.**

Chapter 7 Obstetrics, Gynaecology and Urinary Tract Disorders

There has been a major revision to Chapter 7 Obstetrics, Gynaecology and Urinary Tract Disorders. Some details of the changes are described below, but for full details please refer to the LJF website www.ljf.scot.nhs.uk

Chapter 7 of the LJF is unusual as rather than mirroring the layout of the BNF, the advice is organised by condition.

- **(b) menorrhagia**
  Mirena® is the new first choice product. The combined oral contraceptive pill (COCP) is no longer recommended in the choices box, but is included in the prescribing notes. The choices box has been reconfigured and no longer differentiates between the requirement for contraception or not.
- **(d) endometriosis**
  First choice is now COCP, norethisterone (new) or medroxyprogesterone. Triptorelin injection has replaced nafarelin nasal spray as second choice. A shared care protocol has been approved for triptorelin for endometriosis and this replaces the nafarelin shared care protocol, which has been withdrawn.

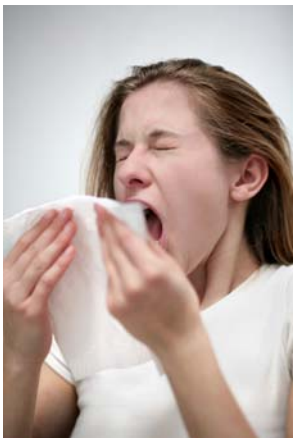
Prescribing in pregnancy (Appendix 7)

There is an appendix in the LJF providing advice on prescribing in pregnancy (Appendix 7). Again there has been a major revision to the whole appendix with some of the main changes detailed below.

- **General Notes**
  A link to the UK Teratology Information Service website has been added, which provides information on the risk of teratogenicity with different drugs. There is also a link to the new SIGN Guideline 127 '*Management of perinatal mood disorders*'.
- **(b) depression in pregnancy and the puerperium**
  The choices box has been amended. Non-pharmacological measures remain as first choice. Sertaline has been added as a second choice option with amitriptyline or fluoxetine. The prescribing notes have been amended extensively to provide information on the risk of prescribing SSRIs in pregnancy.
- **(g) nausea and vomiting in pregnancy**
  Prescribing notes have been added regarding the use of high dose prochlorperazine and includes general advice regarding the use of antiemetics.

Allergy

Sneezes, rashes and itchy eyes



Patients present in different healthcare settings with symptoms of allergy whether it be a rash or rhinitis or allergic conjunctivitis.

The Lothian Joint Formulary (LJF) contains advice on appropriate treatments, in the main adult and paediatric formularies and also the Minor Ailments Formulary (MAF), to support the community pharmacy Minor Ailment Service (MAS). Most products that are used to treat allergies can be purchased over-the-counter and patients should be encouraged to self manage these conditions where appropriate.

The LJF MAF also includes information on symptoms that require referral to a GP. For example a patient presenting to the community pharmacist requiring treatment for hay fever or rhinitis should be advised to consult with their GP if they have:

- Wheezing or shortness of breath, tightness of chest
- Suspected drug allergy
- Persisting painful ear or sinuses
- Purulent conjunctivitis
- Failed medication (no improvement in symptoms after 10 days).

The main adult and paediatric chapters of the LJF recommend chlorphenamine or cetirizine (for adults only) as first choice antihistamine. Loratadine is second choice (for adults) and cetirizine (for children). Chlorphenamine is a sedating antihistamine so can be helpful if an itchy rash is affecting sleep.

Anaphylaxis

There has been a recent change in LJF advice regarding prefilled adrenaline syringes. Jext® is now the prefilled adrenaline syringe of choice. Patients with known severe allergy should carry, and receive instruction for, the use of adrenaline for self-administration. Adrenaline for self-administration should be prescribed by brand name to ensure that the patient gets the device that they have been taught to use. Jext® and EpiPen® (the previous LJF recommendation) are very similar in device design and are administered in a similar way. **If switching a patient from EpiPen® to Jext® it is essential to ensure that the patient knows how to administer the device.**

Sharing care in opioid dependence - Suboxone®

A shared care protocol (SCP) for prescribing sublingual buprenorphine / naloxone (Suboxone®) for the maintenance treatment of opioid dependence has recently been approved, and is available at www.ljf.scot.nhs.uk.

It supports a change from specialist addiction services only prescribing to a shared care approach. Buprenorphine has a relatively safe profile and is safer in overdose than other opioids. Royal College of General Practitioners (RCGP) Guidance outlines the benefits of having a choice of treatment between methadone and buprenorphine and factors influencing that choice.[1]

In Lothian, the specialist addictions practitioner will undertake an assessment to determine the most appropriate opiate substitute prescription for a patient. Some patients may have a preference for one drug over the other, which will affect their compliance with, and retention in, treatment. Dose induction and stabilisation of Suboxone® will be managed under the supervision of a specialist addictions practitioner. Once the patient is stable, the patient's GP will be invited to take over prescribing. Transfer of suitable patients on Suboxone® back to GP prescribing will support their progress and engagement in primary care. Monitoring requirements are detailed in the SCP; this includes ongoing monitoring of liver function every six months. Patients seeking detoxification should be re-referred for further assessment and support.

Suboxone® prescribing is included within the National Enhanced Service for drug misusers and monitored by the Primary Care Facilitator Team.

Reference

1. Guidance for the use of substitute prescribing in the treatment of opioid dependence in primary care. Royal College of General Practitioners. January 2011. Available at www.smmgp.org.uk

Thanks to Dr David Ewart, Primary Care Facilitator, Substance Misuse Directorate, and Ms Elaine Rankine, Lead Pharmacist, Substance Misuse Directorate.

Lothian guidance on vitamin D

Guidance developed by a multiprofessional group was approved at the NHS Lothian Difficult Decisions Forum (DDF) in May 2012. The DDF is co-chaired by the Medical Director and the Director of Pharmacy, and was set up in 2011 to lead difficult discussions and provide recommendations on competing priorities in NHS Lothian. This guidance supports the recommendations in the UK Chief Medical Officers' (CMO) letter to health professionals in February 2012[1] and is also available on the Lothian Joint Formulary website, along with background text and supporting references. Some of the UK population may be at risk of vitamin D deficiency. Up to a quarter of people in the UK have low levels of vitamin D in their blood, which means they are at risk of the clinical consequences of vitamin D deficiency. Low vitamin D levels have been linked to adverse outcomes including rickets and, potentially, multiple sclerosis. Advocates of high dose vitamin D supplementation use this association to support their claims both for more widespread treatment and the use of higher doses. However, although the association with rickets is clear, a causal link has not been established between vitamin D levels in the general population and these conditions.

Prevention

Pregnant and breastfeeding women and infants and young children aged 6 months to 5 years

- The *Healthy Start* vitamins (folic acid, vitamins C and D for pregnant women, vitamin A, C and D for children) are the appropriate and recommended preparations for preventive purposes for pregnant women and young children
- Families who are not in receipt of *Healthy Start* vouchers can purchase other suitable vitamin preparations (such as Abidec® drops for infants and children up to 12 years old) over the counter from their local community pharmacy.

People aged 65 years and over and people who are not exposed to much sun

- Patients aged 65 years and over can take existing calcium and vitamin D supplements – please refer to the Lothian Joint Formulary section 9.6 www.ljf.scot.nhs.uk
- Calcichew-D_3® Forte is a combination product containing 500mg calcium and 400 units colecalciferol, which provides vitamin D at the recommended dose; it can be prescribed on a preventive basis, following assessment of risk factors, such as dietary deficiency, limited sunlight exposure and risk of osteoporosis
- Calcichew-D_3® Forte is in wide use already with a well established safety profile and efficacy; this and equivalent products are widely prescribed and can also be purchased in pharmacies (approximately £4 per month).

Treatment

Widespread high dose treatment is not discussed in the joint CMO letter, and is not supported in NHS Lothian. This is because an application for widespread use has not been submitted to, or assessed by, the Lothian Formulary Committee. Recommendations on the use of pure vitamin D preparations (for treatment) are influenced by decisions at a national level (outcome of SMC review of new pure vitamin D product) and local level FAF3 applications for high dose supplements are underway for paediatrics and adults.

Pure vitamin D in an unlicensed form is available for some indications (e.g. treatment of rickets in young children), rheumatology patients and HIV patients. A vitamin D preparation (colecalciferol, Fultium-D3®) for the treatment of vitamin D insufficiency and deficiency in adults and elderly patients has been submitted to the Scottish Medicines Consortium (SMC) for consideration, with a recommendation expected in September 2012.

Reference

1. Vitamin D – advice on supplements for at risk groups. CEM/CMO 2012 (04). 2 February 2012. www.scotland.gov.uk/Topics/Health/health/Health/EatingHealth/vitamind/jointcmoletter Accessed 22/06/12

Supplement: Recent SMC and Lothian Formulary Committee Recommendations

The supplement can be accessed via the LJF website www.ljf.scot.nhs.uk in 'Prescribing Bulletins'.

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