



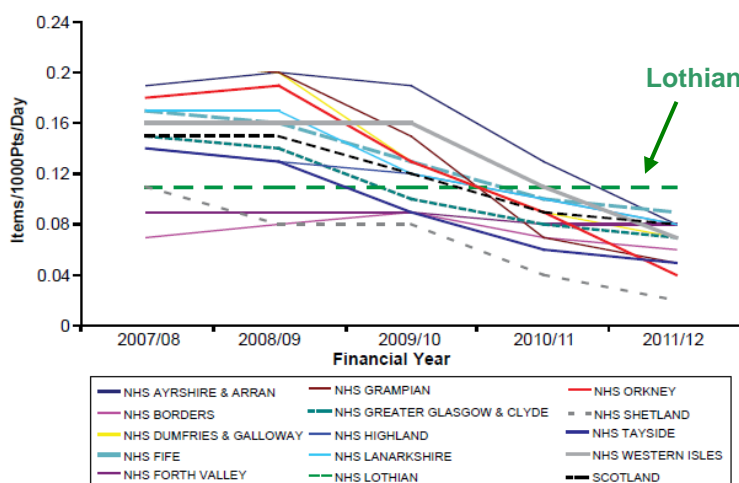
## In this issue ...

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## Lothian primary care antibiotics – need to do better

Use of co-amoxiclav in primary care by NHS Board  
Items/1000 patients/day



The Primary Care Prescribing Indicators Report 2011-12 has provided key findings on how prescribing of antibiotics in Lothian compares with other Boards in Scotland.<sup>1</sup>

- Antibiotic prescribing in NHS Lothian has **increased** by 2 percent in 2011/12
- Lothian has the **highest use of antibiotics** (percentage of all antibiotics) associated with **Clostridium difficile infection (CDI)** compared to all other Boards in Scotland
- Lothian has **not reduced** its use of **co-amoxiclav** whilst other Boards have achieved a steady decrease in use. Lothian now has the highest items of co-amoxiclav/1000 patients per day of all Scottish Boards.


## Help is at hand

**Practice Learning Time (PLT) sessions** were recently presented by the NHS Lothian Antimicrobial Management Team (AMT), and were well received. Problems associated with inappropriate over prescribing of antibiotics such as development of CDI and antibiotic resistance were discussed and prescribing trends on key antibiotic prescribing indicators were presented. Further sessions have been arranged for the next few months. Educational **on-line packages** on antimicrobial prescribing are available on the RCGP website [www.elearning.rcgp.org.uk](http://www.elearning.rcgp.org.uk).

An **audit toolkit** is available at [www.scottishmedicines.org.uk/SAPG/Quality\\_Improvement/SAPG\\_primary\\_care\\_audit\\_tool\\_documents\\_for\\_download](http://www.scottishmedicines.org.uk/SAPG/Quality_Improvement/SAPG_primary_care_audit_tool_documents_for_download). The audit tool provides qualitative information on the prescribing of antibiotics which will complement existing quantitative information available via PRISMS.

**Information leaflets** are available for patients and their families to help provide reasons for not prescribing antibiotics, 'When should I worry – your guide to coughs, colds, earache and sore throats' was highlighted in [LPB Issue 55](#).

### Key message:

 **Prescribing of co-amoxiclav, cephalosporins and quinolones in Lothian requires to be reduced.**

The AMT provide updated **reports on practice prescribing** on a 6-monthly basis and these can be discussed with your PCP at your practice visits. This allows steps to be taken to make improvements which are reflected in achievement of the Prescribing Indicator targets.

### Reference:

1. Primary Care Prescribing Indicators. Annual Report 2011-12. Scottish Antimicrobial Prescribing Group. Health Protection Scotland. NHS National Services Scotland. October 2012.  
[www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Publications/2012-10-30/2012-10-30-SAPG-PrimaryCarePI-Report2011-2012.pdf?64420717955](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Publications/2012-10-30/2012-10-30-SAPG-PrimaryCarePI-Report2011-2012.pdf?64420717955) [Accessed 27/02/13]

For further information please contact [linda.m.robertson@luht.scot.nhs.uk](mailto:linda.m.robertson@luht.scot.nhs.uk), AMT Administrator, NHS Lothian.

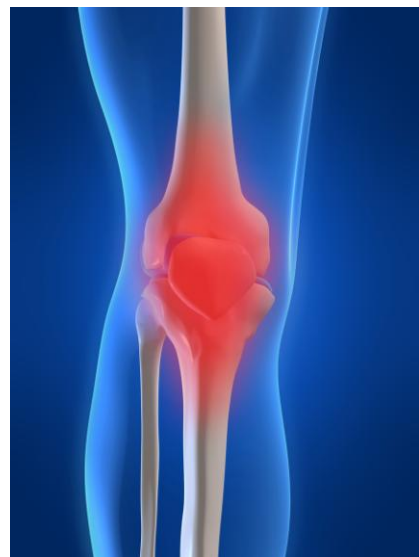
Thanks to Alison Cockburn and Carol Philip, Lead Antimicrobial Pharmacists, AMT.

# Denosumab – safe and appropriate use

**Denosumab is a human monoclonal antibody that specifically targets the receptor activator of nuclear factor-kappa B ligand (RANKL), a mediator of the resorptive phase of bone remodelling.<sup>1</sup>**

Denosumab is available in two subcutaneous injection preparations. Prolia<sup>®</sup>, which contains 60mg of denosumab, and XGEVA<sup>®</sup>, which contains 120mg of denosumab, they are licensed for different indications.<sup>2</sup>

- Denosumab (Prolia<sup>®</sup>) is recommended by Formulary Committee (FC) for specialist use, for the treatment of osteoporosis in postmenopausal women at increased risk of fractures, following guidance from the Scottish Medicines Consortium (SMC).<sup>3</sup>
- Denosumab (Prolia<sup>®</sup>) is *not recommended* by the SMC for the treatment of bone loss associated with hormone ablation in men with prostate cancer at increased risk of fractures.<sup>3</sup>
- A NICE MTA recommends denosumab (XGEVA<sup>®</sup>) as an option for preventing skeletal-related events (pathological fracture, radiation to bone, spinal cord compression or surgery to bone) in adults with bone metastases from breast cancer and from solid tumours other than prostate if the person would otherwise be prescribed a bisphosphonates, with a patient access scheme.<sup>4</sup> This advice overrules previous *not recommended* advice by the SMC for this indication. A submission has not been made to the FC for this indication, therefore it is not yet approved in Lothian.



## Safety advice

A recent MHRA drug safety update<sup>5</sup> reported cases of severe symptomatic **hypocalcaemia** occurring in patients receiving denosumab. Some of these cases were fatal in patients receiving 120mg denosumab. The MHRA now recommends the following precautions, based on the different licensed indications:

### Contraindications

- Denosumab 120mg [cancer indications] should not be used in patients with severe, untreated hypocalcaemia
- Denosumab 60mg [osteoporosis indication] should not be used in patients with hypocalcaemia, regardless of severity.

### Warnings and recommendations

- Pre-existing hypocalcaemia must be corrected prior to initiating denosumab, and supplementation of calcium and vitamin D is required in all patients receiving 120mg denosumab unless hypercalcaemia is present
- Adequate intake of calcium and vitamin D is important in all patients receiving 60mg denosumab
- Patients with severe renal impairment (creatinine clearance <30mL; eGFR 15-29mL/min/1.73m<sup>2</sup>) or receiving dialysis are at greater risk of developing hypocalcaemia, and monitoring of calcium levels in these patients is recommended.

A further MHRA drug safety update<sup>6</sup> has described rare reports of **atypical femoral fractures** in patients with postmenopausal osteoporosis receiving long-term (more than 2 and a half years) treatment with denosumab 60mg (Prolia<sup>®</sup>) in a clinical trial. The MHRA advises that during denosumab treatment, patients should be advised to report new or unusual thigh, hip, or groin pain, and patients presenting with these symptoms should be evaluated for an incomplete femoral fracture. Consideration should be given to discontinuation of denosumab if an atypical femur fracture is suspected, while the patient is evaluated. An individual assessment of the benefits and risks should be carried out.

## References

1. Martindale - The Complete Drug Reference. via The Knowledge Network. [www.knowledge.scot.nhs.uk](http://www.knowledge.scot.nhs.uk) [Accessed 27/02/13]
2. British National Formulary. via The Knowledge Network. [www.knowledge.scot.nhs.uk](http://www.knowledge.scot.nhs.uk) [Accessed 27/02/13]
3. Lothian Joint Formulary. NHS Lothian. [www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk) [Accessed 27/02/13]
4. Denosumab for the prevention of skeletal-related events in adults with bone metastases from solid tumours. (Multiple) Technology Appraisal (TA265). National Institute for Health and Clinical Excellence. October 2012. [www.nice.org.uk](http://www.nice.org.uk) [Accessed 27/02/13]
5. Drug Safety Update. October 2012. MHRA. Available at [www.mhra.gov.uk](http://www.mhra.gov.uk) [Accessed 22/02/13]
6. Drug Safety Update. February 2013. MHRA. Available at [www.mhra.gov.uk](http://www.mhra.gov.uk) [Accessed 22/02/13]

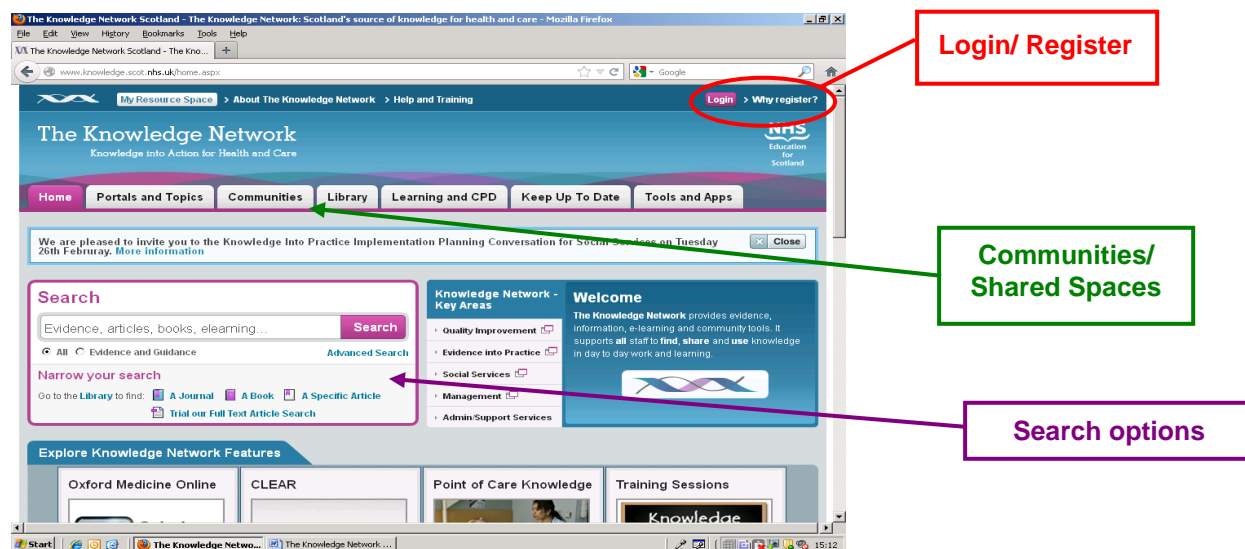
### Key message:

**Denosumab is currently recommended for specialist use only within Lothian for the treatment of osteoporosis in postmenopausal women at increased risk of fractures; it should not be prescribed in primary care.**

Thanks to Ann-Marie Garvin,  
Pre-registration Pharmacist Trainee, RIE

# The Knowledge Network ([www.knowledge.scot.nhs.uk](http://www.knowledge.scot.nhs.uk))

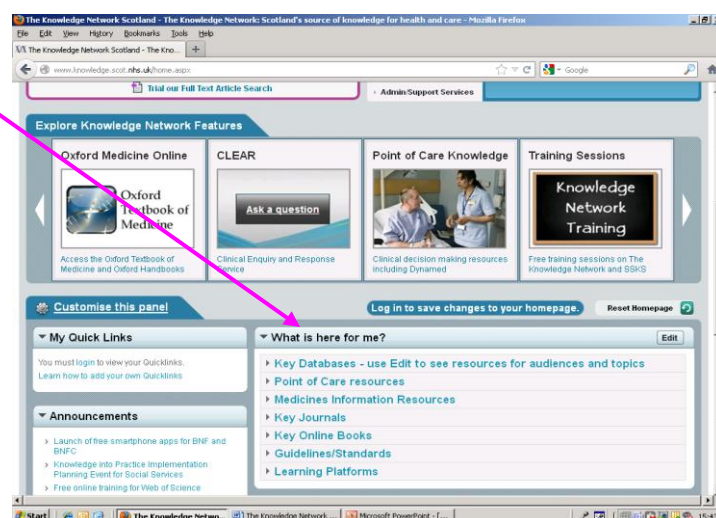
The Knowledge Network is Scotland's online knowledge service for health and social care. It provides a single, integrated point of access to information and learning resources – evidence, guidance, journal articles, books, e-learning, databases such as Medline and Embase, and other web resources. There are also community websites and shared spaces which people can join and set up to share information and knowledge. To access these resources you need to register for an Athens username via the Login link at the top right of the homepage. You are eligible if you work for NHS Scotland (this includes community pharmacy staff), if you are a student working or training with NHS Scotland, or are social services staff.



## What is here for me?

Quick links to key resources:

- The Medicines Information Resources link offers you quick links to BNF, BNFC, Stockley's, and Martindale (via Micromedex), as well as some books though these are not necessarily the current edition. Medline and Embase are also listed here
- Key Databases list the main databases available, again including Medline and Embase
- Point of Care resources – these aim to provide the best available evidence for clinical decision making. The Knowledge Network subscribe to DynaMed
- Guidelines and Standards – links to NICE and SIGN



You can search in several ways via the Search box:

- 'Google'-type general search - put in your term and select 'All' to search all resources. You will get lots of results!
- Selecting 'Evidence & Guidance' takes you to quality-assured evidence, guidance and best practice.
- If you know the journal title or book details use the 'Narrow your search' option.

To do a detailed search on a particular topic you will need to use the appropriate database and then link out from the results to full-text articles.

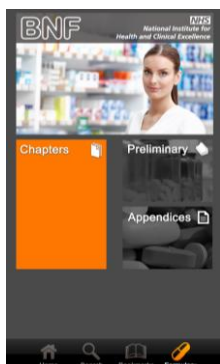
Further information on The Knowledge Network and help in using its resources is available at [www.knowledge.scot.nhs.uk/helpandtraining/help-and-training.aspx](http://www.knowledge.scot.nhs.uk/helpandtraining/help-and-training.aspx)

NHS Lothian Libraries staff are also happy to help. You can access their contact details on the Intranet homepage <http://intranet.lothian.scot.nhs.uk/NHSLothian/TrainingandDevelopment/A-Z/Libraries/Pages/Libraries.aspx>

Thanks to Anne MacKay, Information Officer, Medicines Information for contributing this article.



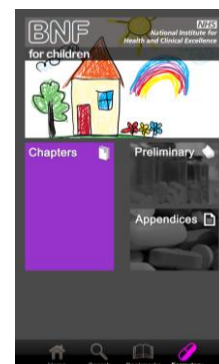
# FREE - British National Formulary Smartphone Apps



Free British National Formulary (BNF and BNFC) Smartphone applications (apps) are now available for those who work in NHS Scotland through NICE and NHS Education for Scotland (NES).

Both apps are available via the Apple App Store and Google Play Store. Users will need to enter their NES Athens user name and password to activate each app and download the content. Once downloaded and activated, the apps do not rely on a network connection and provide direct offline access to the latest version of the BNF or BNFC.

Staff who do not yet have an NES Athens password can register for free online via The Knowledge Network ([www.knowledge.scot.nhs.uk](http://www.knowledge.scot.nhs.uk)). It is quick and easy to do.



## Whooping cough – chemoprophylaxis

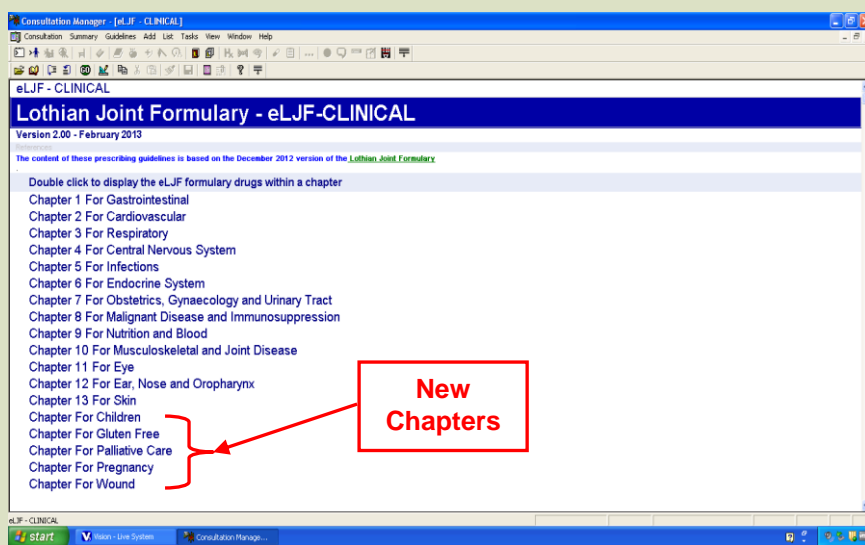
There has been a recent outbreak of pertussis (whooping cough) in Scotland, with a significant increase in the number of confirmed cases, and a vaccination programme has been implemented. At the same time updated guidance has been issued by the [Health Protection Agency](http://www.hpa.gov.uk) for the treatment and prophylaxis of pertussis. The main changes are around the choice of macrolide antibiotic and the length of course. The newer macrolides such as azithromycin (3 days treatment) and clarithromycin (7 days treatment) are now preferred to erythromycin. Clarithromycin is the preferred antibiotic in neonates.

NHS Lothian Public Health have updated their guidance. [NHS Lothian Intranet > NHS Lothian > Healthcare > A-Z > Public Health > Health Protection > Health Protection Team Guidance](http://www.nhs.uk/LothianIntranet/Healthcare/A-Z/PublicHealth/HealthProtection/HealthProtectionTeamGuidance)

## eLJF-CLINICAL new version

*The next version of eLJF-CLINICAL (Feb 2013 version 2.0) will be installed for Vision practices in March 2013.*

This is a major upgrade and includes new chapters for children, wound products, palliative care, gluten free and pregnancy. Please remain vigilant when using any electronic prescribing support and feed back any problems to the MMT. There may be remaining issues, such as not being able to prescribe certain products using eLJF-CLINICAL, due to the change from Multilex to GEMscript drug lists, of which the MMT is not aware. We require this information in order to help develop eLJF-CLINICAL.



**Supplement: We asked you to tell us what you think ... and you did**

**Supplement: Lothian Hypertension Guidelines 2013**

**Supplement: Recent SMC and Lothian Formulary Committee Recommendations**

The supplements can be accessed via the LJF website [www.ljf.scot.nhs.uk](http://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 8461  
Email: [prescribing@nhslothian.scot.nhs.uk](mailto:prescribing@nhslothian.scot.nhs.uk)

### Editorial Team:

Mr Ommar Ahmed, Formulary Implementation Pharmacist  
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View the Lothian Joint Formulary at [www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk)