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eLJF-CLINICAL 3.0 – learning the strengths of Vision

It is widely recognised that the Lothian Joint Formulary (LJF) is central to clinical decision making and that this is a key factor in the quality of prescribing in NHS Lothian. In primary care, the foundation for this was provided by the successful development and implementation of eLJF-GPASS. Following migration to the InPS Vision clinical system in March 2012 it has been a challenge to replicate these previous successes. A significant step forward has been to recognise that the different functionality of InPS Vision can be utilised to enhance the use of the LJF in clinical practice.

Playing to the strengths of eLJF-CLINICAL allows for improved accuracy of complex prescribing. The guideline is built around a hierarchical tree structure, with the BNF chapters forming the start branches. The

prescriber then clicks down the 'clinical heading' branch; the 'drug regime' branch and ends at the 'dosing instruction' branch.

For version 3.0 there is the inclusion of numerous dosing options. In the last version some drugs only included the minimum dose for

28 days, whereas now all formula strengths are included, with most common dosing instructions for both 28 (or 30) days and 56 (or 60) days. In addition some of the key advice from prescribing notes is included. Because of the increase in range of dosing instructions, extra vigilance is required to select the intended product.

The appearance of version 3.0 is also different as a result of using more drop-down menus. The use of these simplifies the therapy screen and should aid more accurate selection of the correct drug. This version will be installed in practices throughout April and May 2014.

In GPASS it was celebrated that the 'correct drug is just one click away'. Conversely in Vision we have to celebrate that the 'correct drug is seven clicks away' and the resulting prescription will be highly accurate.

Gluten-free food service launched

NHS Lothian has an agreed care pathway for diagnosis and initial treatment of coeliac disease. All patients who are newly diagnosed with coeliac disease or dermatitis herpetiformis are referred to a specialist dietitian by the hospital consultant. They are given dietary advice as soon as possible and have an opportunity for follow up within the first year. The dietitian supports self-management for these long term conditions where a gluten-free diet is the key to successful treatment and prevention of complications.






All Community Pharmacies in Lothian have agreed to participate in the Scottish Government Gluten-Free Food (GFF) Service introduced on 1st April 2014. This service allows patients to self-manage their gluten-free prescriptions with the assistance of community pharmacy. This is a trial for 12 months for both adults and children and is only suitable for patients prescribed LJJ products. It is the GP's role to identify and inform patients with coeliac disease or dermatitis herpetiformis of the service. If the patient would like to use the service, the GP partially completes a form confirming the diagnosis and number of units of GFF he/she is entitled to each month based on age and sex. The patient should take this form to the community pharmacy of their choice to register for the service. If a change in the number of units is needed, a new registration form is required.

Patients can choose which staple foods they require from the LJJ up to their maximum allocated units. The community pharmacist will ask the patient to complete a GFF request order form up to the maximum specified unit amount per month. The community pharmacist will offer a health check to all adults who are registered with the GFF service. Children will be followed-up by paediatrics.



NHS Lothian GFF Service Pack and all other useful information can be found at www.nhslothian.scot.nhs.uk/Services/A-Z/GlutenFreeFoodService/Pages/default.aspx.

Key messages:

-  **To be eligible patients must be living in Scotland with a confirmed diagnosis of coeliac disease or dermatitis herpetiformis, registered with a Scottish GP and not in a care home.**
-  **Patients can only register with one pharmacy and should not normally transfer registration between pharmacies during the 12-month trial.**
-  **Patients registered with the pharmacy GFF service cannot also obtain GFF items from their GP.**
-  **Only products on the LJJ can be supplied to patients registered with the pharmacy. Patients requiring alternative items, even if recommended by a dietitian, are ineligible for the service.**
-  **When a patient registers with the service, the GP should supply a prescription in the normal way for a one-month supply of products to allow time for the service to be set up for the patient.**

Thanks to Fiona Huffer, Head of Nutrition and Dietetics and Dervilla Bray, Prescribing Adviser, for contributing this article.

LJJ update – treatment of gout

[LJJ section 10.1.4 Drugs for treatment of gout](#) has been revised, with the key changes as follows:

- Colchicine remains second choice for acute attacks of gout, after ibuprofen or diclofenac.
- The recommended dosing of colchicine has been amended to 500 micrograms 2 to 4 times daily as tolerated, and continued at the tolerated dose for the duration of attack.
- The prescribing notes have been amended to encourage use of NSAIDs at the upper end of the therapeutic range to ensure effective treatment.
- Oral prednisolone has been included as a prescribing note for treatment of acute gout in patients who do not respond to or tolerate standard treatments.
- Finally, in prophylaxis of gout, information on allopurinol dosing has been amended to ensure dose is titrated to target serum urate levels $\leq 0.36\text{mmol/L}$.

Travel with medicines

Taking medicines out of UK

[NHS Inform provides guidance on taking medicines out of UK](#). Different countries have different rules and regulations about the types of medicine and the maximum quantity allowed into the country. Some medicines available over the counter in the UK may be controlled in other countries and vice versa. Medicines should be in the correctly labelled container as issued by the pharmacist and carried in hand luggage (airline regulations permitting), with a copy of the prescription.

Hand luggage

The [UK Government provides guidance on hand luggage restrictions](#) at UK airports. Essential medicines of more than 100mL can be carried in hand luggage, but supporting documentation from a relevant medical professional is required (e.g. a letter from the doctor or a copy of the prescription). This also applies for gel packs. Medical equipment can be carried if essential for the journey. This is screened separately and documentation from a qualified medical professional must be shown, such as a letter from the doctor.

Useful websites

- www.travax.nhs.uk (for health care professionals)
- www.fitfortravel.nhs.uk (for the travelling public)
- www.nhsinform.co.uk
- www.immunisationscotland.org.uk



Controlled drugs

The [UK Government also provides guidance on travelling with controlled drugs](#). A licence from the Home Office is required if entering or leaving the UK for three months or more with medicines containing a controlled drug. For supplies of less than three months a letter from the doctor is required, detailing name, travel itinerary, list of prescribed controlled drugs and dosages and total amounts for each drug. The letter may have to be shown when going through customs. Regulations for controlled drugs with each country of travel should be checked by contacting their embassy in the UK.

Malaria prophylaxis

Medicines for malaria prophylaxis are not available on NHS prescription. Prescription only medicines should be prescribed privately, and chloroquine and proguanil are available over the counter from community pharmacies. Patients requesting other medicines, e.g. antibiotics, in case they fall ill abroad, can be issued with a private prescription if deemed appropriate.

Staying abroad for long periods of time

Patients intending to **stay abroad for long periods of time** may no longer be regarded as UK residents. In this situation they should be given sufficient medication to allow them time to access supplies from a local medical service abroad. A period of up to three months is generally considered appropriate. It may not be in the patient's best interest to continue to take medication that is not being monitored adequately, and where a change of climate may affect the course of the disease.

Travel vaccines

The NHS provides free access to vaccines against diseases considered to represent the greatest risk to public health if brought into the UK. These are **cholera, hepatitis A, poliomyelitis (age appropriate combined vaccine) and typhoid**.¹ NHS [Immunisation Scotland](#) advises immunisation against other diseases such as yellow fever may be required before entering some countries, with a vaccination certificate as proof. Yellow fever vaccines are only available from designated centres; refer to the [National Travel Health Network and Centre](#) (NaTHNaC).

Reference

1. Annex J. Part 2. Vaccines and immunisations required for the purposes of foreign travel. General Medical Services Statement of Financial Entitlements for 2012/13. NHS Circular: PCA(M)(2012)13 Scottish Government. 22 November 2012. [www.sehd.scot.nhs.uk/pca/PCA2012\(M\)13letter.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2012(M)13letter.pdf) and Annex J [www.sehd.scot.nhs.uk/pca/PCA2012\(M\)13.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2012(M)13.pdf)

St John's Wort ↔ hormonal contraceptives interaction



St John's Wort is a herbal medicine which may be used to relieve slightly low mood and mild anxiety. It is an inducer of CYP3A4, by which hormonal contraceptives, as well as numerous other drugs, are metabolised. This interaction

reduces the effectiveness of these contraceptives and increases the risk of unplanned pregnancy. It applies to all hormonal contraceptives (including implants) except intrauterine devices, for which there are currently no data.¹

The MHRA have received Yellow Card reports of suspected interactions in women with implanted contraceptives containing etonogestrel, who started

taking St John's Wort and then had unplanned pregnancies. Of 19 reports of suspected interactions between St John's Wort and hormonal contraceptives received through the Yellow Card scheme since 2000, 15 cases resulted in unplanned pregnancies and the remaining four cases in association with contraceptive pills resulted in breakthrough bleeding without pregnancies.

The MHRA emphasises the importance of advising women who are using combined and progestogen-only hormonal contraceptives that herbal products containing St John's Wort can decrease the contraceptive effect.

Herbal medicines are not included in the Lothian Joint Formulary.

Reference

1. Medicines and Healthcare Products Regulatory Agency, Drug Safety Update March 2014, Volume 7, Issue 8: A2, www.mhra.gov.uk

See also: Herbal medicines and side-effects. LPB No. 48 (January 2011). Interactions with other medicines (e.g. St John's Wort can interact with many prescribed medicines including contraceptive pill and immunosuppressant medicines), www.ljf.scot.nhs.uk

Key messages:



Women taking any form of hormonal contraception (including implants) for pregnancy prevention should not take herbal products containing St John's Wort.

Adhesive tape – stick to the formulary

The BNF describes adhesive tapes as *being useful for retaining dressings on joints and awkward body parts. Some tapes can cause irritant and allergic reactions and synthetic adhesives have been developed to overcome this problem although they may also be associated with reactions.*

<u>LJF adhesive tapes in wound section</u>	<u>LJF First Choice</u>
Permeable Non-woven	Clinipore®
Permeable Aperture Non-woven	Primafix®
Permeable Aperture Woven (synthetic)	Hapla Band® *
Impermeable plastic #	Sleek®

* Hapla Band® cannot be prescribed in primary care but is on the National Procurement Contract for hospitals.

Impermeable plastic adhesive tape (e.g. Sleek®) is for use where complete occlusion is preferred, i.e. maggot therapy or chest drains. Cavilon® no sting barrier film can be used to protect skin surrounding chest drains.

Soft silicone fixation tape (e.g. Mepitac®) is useful for exceptionally sensitive skin, e.g. neonates.

Thanks to Krista Clubb, Nurse Prescribing Co-ordinator for contributing this article.

Supplement: The National Therapeutic Indicators 2014-15

Supplement: Recent SMC and Lothian Formulary Committee Recommendations

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

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