LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

Issue No. 71

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In this issue …

Lothian takes further action to reduce *Clostridium difficile*

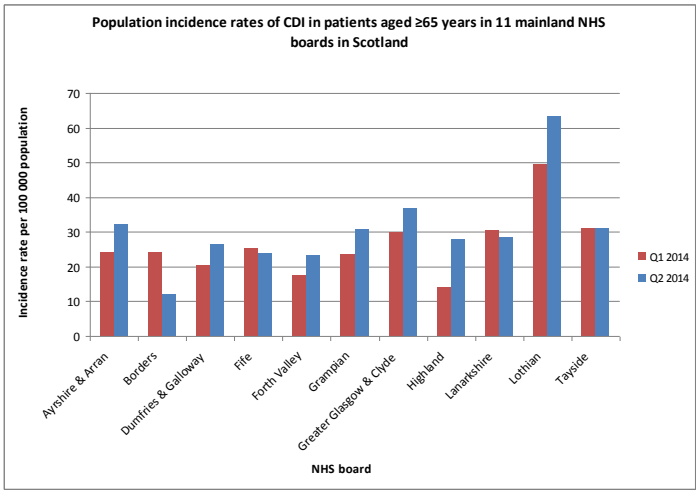
The Antimicrobial Management Team has produced a more restrictive antibiotic prescribing guideline for use in secondary care which reduces the use of broad spectrum antibiotics. Changes are recommended in the empirical treatment of upper UTI, intra-abdominal sepsis, hospital-acquired and aspiration pneumonia and sepsis of unknown cause. The revised guidelines have been widely consulted on and implementation is planned for the beginning of February 2015.

All the other large health boards in Scotland have adopted antibiotic prescribing guidelines that restrict the use of broad-spectrum agents such as co-amoxiclav and piperacillin/tazobactam ('pip/taz') and rely more heavily on older agents, especially amoxicillin and gentamicin. Lothian use of piperacillin/tazobactam and meropenem remains high compared to other boards. The introduction of restricted antibiotic prescribing in other boards has not been associated with an increase in treatment failure or adverse effects.

Actions include:

- ✓ A programme of education for healthcare staff to underpin implementation of the revised guidelines will be delivered during the next few months. This will comprise development of an eLearning programme and delivery of presentations to the appropriate staff groups at the educational forums in NHS Lothian.
- ✓ The effect of implementation of the revised guidelines will be monitored. This includes monitoring and reporting on any possible adverse renal and ototoxic effects from increased use of gentamicin.
- ✓ An enhanced programme of infection prevention and control measures designed to prevent and manage CDI will be introduced.

Lothian is an outlier compared to other Scottish health boards



NHS Lothian continues to have an increased rate of *Clostridium difficile* infection (CDI). As shown in the bar chart, it was a statistical outlier in Q1 and Q2 2014 compared to other health boards in Scotland. There is a CDI incidence rate of 0.53 per 1000 bed days in patients aged ≥65 years compared with a target of 0.32.[1]

Across primary and secondary care the proportion of prescribed antibiotics associated with CDI (co-amoxiclav, quinolones, clindamycin and cephalosporins) is higher when compared with other boards.

One key finding from the local review of CDI cases was that transmission between patients (as evidenced by strain typing) only featured in one in four episodes. This suggests that the key to reducing CDI is to reduce patient susceptibility, by restricting broad-spectrum antibiotic use.

Reference

1. Quarterly Scottish Clostridium difficile infection (CDI): surveillance report, April to June 2014. Health Protection Scotland. www.hps.scot.nhs.uk/haiic/amr/wrdetail.aspx?id=60710&wrtype=9 [Accessed 12/12/14]

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

LJF updates

The **respiratory chapter** of the LJF has been reviewed by the working group. A number of changes have been made to the prescribing notes and the choices boxes. Some of the major changes and prescribing points are included below. The majority of changes are in relation to prescribing in COPD. Please refer to the LJF website to see all the new contents.

The choice of combination steroid inhalers for COPD has changed.
First choice (MDI or dry powder inhaler) is determined by inhaler technique;
Fostair® MDI or Relvar Ellipta®.

Seretide Accuhaler® and Symbicort Turbohaler® are no longer included in the formulary for COPD (they currently remain a choice for asthma).

Indacaterol (LABA) may be prescribed as an alternative to a long acting muscarinic antagonist in patients with COPD.
Previously this was included in the prescribing notes.

In general terms the recommended dry powder inhalers of choice in the LJF is the Easyhaler® range.
Therefore Asmasal Clickhaler®, Asmabec Clickhaler®, Foradil® and salmeterol Accuhaler® have been deleted from the formulary.

Following review of the respiratory chapter in January 2013 **aclidinium was included as first choice LAMA and glycopyrronium and tiotropium as joint second choice, for moderate to severe COPD. The aclidinium inhaler is considered easier to use than the tiotropium devices.**
Tiotropium Respimat® has now been deleted from the formulation choices. It was previously included as an option for those patients that cannot manage tiotropium Handihaler® device.

General Prescribing Information

- There are links from the LJF to BTS guidelines for asthma, Lothian COPD guidelines, BTS guidelines for COPD and NICE guidance 101.
- All patients should have their inhaler technique assessed before a device is prescribed. This ensures that the patient can use the device to get the benefit of the medicine.
- Patients with asthma using a short acting $beta_2$-agonist bronchodilator three times or more per week should have their asthma control re-assessed. (LJF previously stated once or more per day.)
- The prescribing notes on thresholds of inhaled steroid doses, in patients requiring a steroid card due to risk of systemic effects, have been amended. The steroid dose is now lower - patients receiving more than 800micrograms daily of beclometasone (or equivalent). A previous article in the Lothian Prescribing Bulletin Issue 57 details equivalent inhaled steroid doses.
- The Department of Health has issued safety advice through the Central Alerting Service regarding electronic cigarettes and oxygen therapy. Patients and carers should be advised not to use an electronic cigarette whilst a patient is receiving oxygen therapy and batteries of electronic cigarettes should not be charged in the vicinity of a patient receiving oxygen therapy or the oxygen source.

LJF updates – continued

Safe use of nitrofurantoin in renal impairment

The MHRA have issued safety advice for the use of nitrofurantoin[1]. Nitrofurantoin is second choice in the LJF for treatment of urinary tract infections. This information has been updated in the LJF.

- The antibacterial efficacy of nitrofurantoin in UTIs depends on renal secretion into the urinary tract, which is reduced in patients with renal impairment. This may reduce the antibacterial efficacy, increase the risk of side-effects (e.g. nausea, vomiting, loss of appetite), and may result in treatment failures.
- It is now contraindicated in patients with an estimated glomerular filtration rate (eGFR) of less than 45mL/min/1.73m^2.
- However, a short course (3 to 7 days) may be used with caution in patients with an eGFR of 30 to 44mL/min/1.73m^2, who have lower urinary tract infection with suspected or proven multidrug resistant pathogens when the benefits of nitrofurantoin are considered to outweigh the risks of side-effects.
- This contraindication allows nitrofurantoin to be used in patients for whom it was previously not recommended. (Nitrofurantoin was previously contraindicated in patients with a creatinine clearance of less than 60mL/min.)

A previous article in LPB Issue 66 advised that prescribers are recommended to prescribe capsules and not tablets due to manufacturing issues. This advice is still correct.

Reference

1. Nitrofurantoin now contraindicated in most patients with an estimated glomerular filtration rate of less than 45mL/min/1.73m^2. Drug Safety Update volume 8 issue 2, September 2014: A3. Medicines and Healthcare products Regulatory Agency. www.mhra.gov.uk/home/groups/dsu/documents/publication/con457635.pdf [Accessed 12/12/2014]

Community Pharmacies continue to support smoking cessation

Community pharmacies continue to provide up to 12 weeks of one-to-one patient support plus NRT. Community pharmacy contributed 60% of the NHS Lothian Stop Smoking HEAT target which ended in March 2014. The revised HEAT target relates to smokers still abstinent at 12 weeks and the pharmacy public health services specification has been updated to reflect this.[1]

Prescribers may wish to advise patients planning to stop smoking to attend the community pharmacy for smoking cessation support.

The LJF continues to advise NRT and support as LJF first choice. Prescribing notes provide information on the safe and appropriate use of varenicline.

Pharmacists now have the option to supply varenicline under a nationally driven local Patient Group Direction (PGD). To be eligible, patients must have undertaken at least one quit attempt with NRT and recognised support. If a patient commences treatment with varenicline, their GP will be informed by letter. Anyone not suitable for treatment under the PGD will be referred to their GP or Specialist Smoking Cessation Service for further assessment.

The NHS Lothian Stop Smoking service supports the pharmacy service and can receive referrals directly from community pharmacy for clients requiring more intensive support.

Contact

Giovanna DiTano, Pharmacy Stop Smoking Lead Pharmacist, provides training and support for all pharmacy staff delivering this service (gditano@nhs.net).

Reference

1. Public Health Services (PHS) – Smoking Cessation Service Revised Service Specification. NHS Circular: PCA (P) (2014) 12. 16 June 2014. www.sehd.scot.nhs.uk/pca/PCA2014(P)12.pdf [Accessed 12/12/2014]

Thanks to Giovanna DiTano, Pharmacy Stop Smoking Lead Pharmacist.

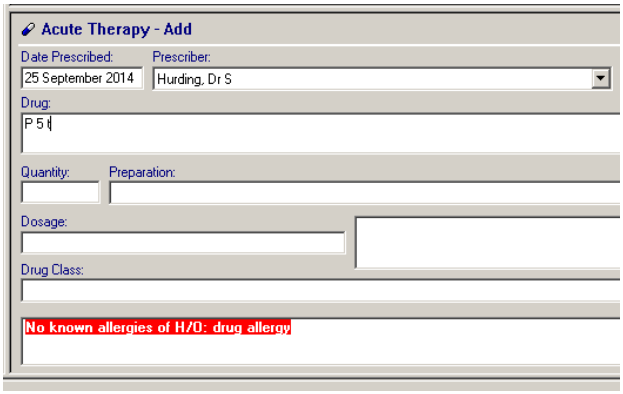
Tip Top, Top Tips
Prescribing techniques in Vision

A common frustration for Vision users is with the prescribing of common medicines, such as paracetamol. If the prescriber uses just the approved name then the first product option provided is paracetamol 60mg suppositories. The reason for this is that the drug directory (Gemscript®) is sorted in order of the drug's dm+d code, which is on the whole alphabetical, and Vision selects the first product in the list. The dm+d is an NHS dictionary containing unique codes and descriptions for identifying medicines. Each code includes the drug name, dose, formulation, manufacturer and pack size.

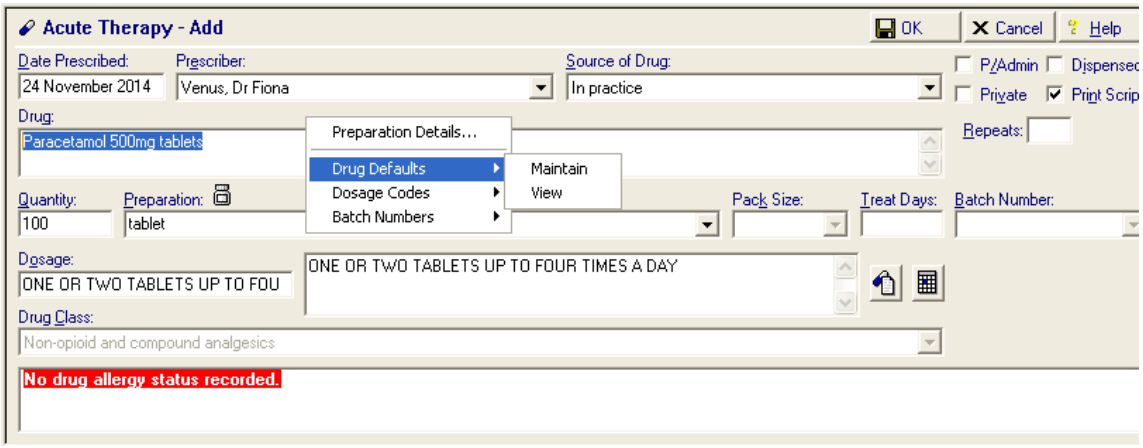
There is a quick solution to avoid this problem when locating commonly prescribed acute medicines in InPS Vision.

All you need to do is identify the medicine with the first character(s) of the approved name, the desired dose and the formulation type:

p 5 t	for **paracetamol 500mg tablets**
i 4 t	for **ibuprofen 400mg tablets**
o 2 c	for **omeprazole 20mg capsules**
co 8 t	for **co-codamol 8/500mg tablets**
co 30 t	for **co-codamol 30/500mg tablets**



It is important to insert a space in between the letter(s), number and letter. There will be other examples that could be shared at practice level. To make the process even more efficient and accurate it would make sense for the **drug default doses** to be set by the practice following agreement to do this.



It is essential that the prescriber maintains vigilance when using these short codes to ensure the correct medicine is selected. This will only work for LJF medicines listed in the FMY-file (formulary file), which is the default setting for every Vision practice. **When prescribing acutely for children, use the eLJF-CLINICAL to ensure correct age adjusted dose**.

Supplement: Holiday quiz on LJF updates 2014

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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