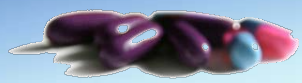
LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

NHS Lothian

In this issue …



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LJF updates

Infections in adults

The adult infections chapter of the LJF has been updated. This review was led by the Antimicrobial Management Team and aligns the Lothian recommendations with Public Health England guidance.

There are many revisions to the first and second choice medicines, doses, duration of therapy and prescribing notes throughout. Some of the main changes are summarised here. Please consult LJF chapter 5 for full information.

- The wound and skin section has been expanded to include second line options for cellulitis and impetigo.
- Acute rhinosinusitis has been added to the ENT section and first choice for oral thrush is now miconazole oral gel.
- Recommendations for treatment of *Clostridium difficile* infection have been clarified with revised prescribing notes. Metronidazole is the treatment of choice for first episode, followed by vancomycin for a second episode or if there is no clinical improvement.
- Recommendations for urinary tract infection have been revised, with first choice being nitrofurantoin or trimethoprim (where risk of resistance is low). Second choice is cefalexin. Treatment of recurrent UTI is a new section; first choice is hydration and analgesia. There are more detailed prescribing notes for treating UTI in pregnancy.

New magnesium preparation

Magnesium glycerophosphate 4mmol chewable tablets (Neomag®) have been added to the formulary. These are appropriate for patients diagnosed with chronic magnesium loss or hypomagnesaemia who are unable to tolerate magnesium aspartate dehydrate (Magnaspartate® 10mmol sachets).
Please refer to LJF section 9.5.1.3 for further information.

Melatonin for sleep disturbance in children

The **recommended melatonin preparation is Circadin® 2mg prolonged release tablets**, prescribed by brand name. The tablets should be swallowed whole; in order to retain the prolonged release profile. In patients who cannot swallow tablets, the tablets can be halved as this will retain some of the prolonged release effects. When the tablets are crushed the melatonin has an immediate release profile. If an immediate release effect is desired to induce sleep the tablets should be crushed prior to administration. This off-label method of administration is considered preferable to using an unlicensed medicine where the quality of the product cannot be assured. Please refer to the LJF for children for prescribing notes. Melatonin is not included in the LJF for adults.

Our Voice - Citizens' Panel survey

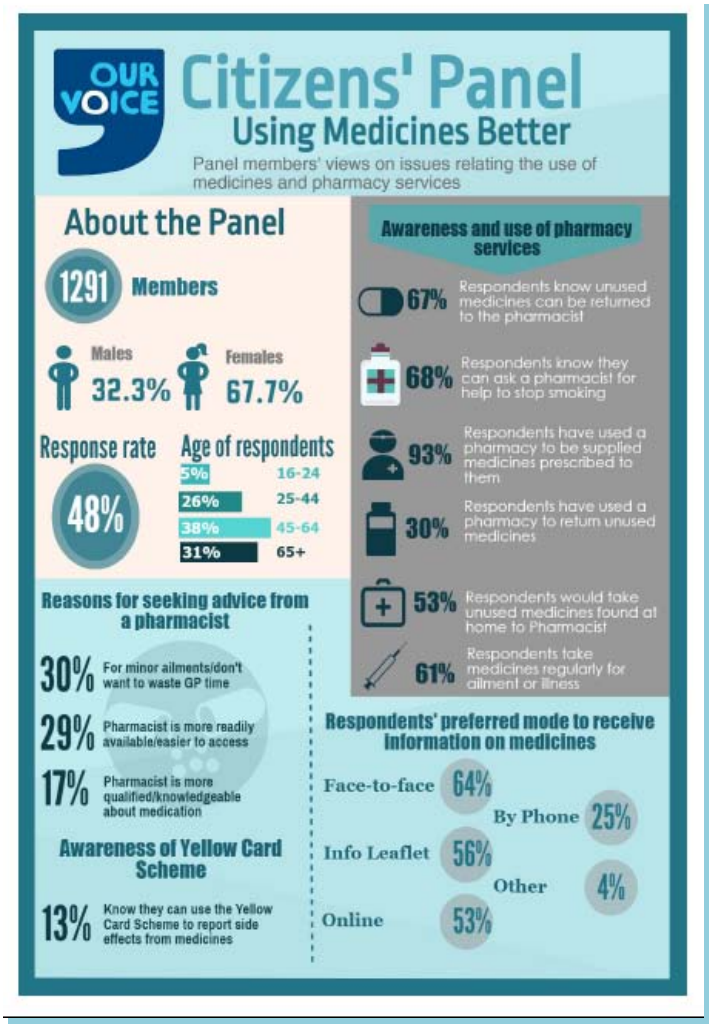
'Our Voice' is about supporting people in Scotland to get involved in improving health and social care. The panel is a representative group of the Scottish population who feedback their views in response to a quarterly survey. The latest outcomes were published in March 2017.[1]

Yellow Card Scheme

The Yellow Card Scheme allows members of the public and health professionals to report side-effects from medicines, through online forms, mail, and the Yellow Card app for smart phones. Only 13% of respondents were aware of this. Pharmacists are ideally placed to support improved reporting of side-effects using this scheme. Although approximately half the panel members who responded to the survey had experienced side- effects with medicines, only 1% reported these through the Yellow Card Scheme. The majority (80%) reported this to their GP.

Awareness of pharmacy services

The promotion of pharmacy services showed encouraging results with good public awareness of the role of pharmacists in primary care. However there are services with areas for improvement, such as the return of unwanted medicines where only 67% of patients knew that these can be returned to a pharmacy. Clearer information and advertising of the safe disposal of medicines could improve this. This is also a great opportunity for pharmacists to identify and minimise the causes of avoidable medicine waste.



Preferred way to receive information

Patients vary in their preferred method of receiving information on medicines. Being readily available means pharmacists are ideally placed to respond to patients' needs and relieve pressure on GP appointments. Younger panel members preferred advice on where to seek information online (68%). This can be delivered by encouraging use of NHS websites such as www.NHSInform.scot. Older members preferred information face to face (78%). Overall, face to face is still the preferred method of receiving information.

Reference

1. Our Voice Citizens' Panel. Survey on social care support, pharmacy service and use of medicines and improving oral health. First Survey Report. Scottish Health Council. March 2017. www.ourvoice.scot/citizens-panel

Thank you Dr Adrian Cullen

We are going to miss Dr Adrian Cullen as he leaves the LPB editorial team. Adrian was involved with 60 issues over 10 years. Who can forget Adrian's LPB article from issue 37 back in 2009 *'The unfortunate case of the toddler, the ointment and the ferrets'*? We are sure this must be at the forefront of happy memories of his time on the LPB team.

"Good luck Adrian, we will miss your experience and sense of humour."

Prescribing dilemmas

The medicines management team in primary care get asked all sorts of questions about prescribing and medicines governance. Questions like *'should a GP prescribe a medicine that has been recommended following a private consultation?'* and *'should a GP prescribe for a patient who is going to live abroad for six months?'* are frequently asked.

There are excellent sources of information and advice available from the General Medical Council and British Medical Association which will help to resolve your prescribing dilemmas.

- Good practice in prescribing and managing medicines and devices. GMC. 2013.
- Prescribing in general practice. BMA. 2016.
- Interface between NHS and private treatment: a practical guide for doctors in Scotland. BMA. 2009.

Should GPs prescribe sodium fluoride toothpaste?

High strength sodium fluoride toothpaste is available in two strengths: 0.619%, 2800ppm and 1.1%, 5000ppm. These may be prescribed by dental practitioners to NHS patients. However, as there is no facility for repeat prescriptions by dental practitioners, consideration should be given to prescribing a sufficient quantity to last until the patient's next dental appointment. It is not appropriate for the patient's GP to issue a repeat prescription for sodium fluoride toothpaste.

The NHS Lothian prescribing guidelines for the management of warfarin in primary care have recently been updated and replace the previous guidelines of February 2005.

The guidelines were designed to be used as a quick glance guide for use in everyday clinical practice and cover the common indications and scenarios occurring with warfarin in primary care. Specialist advice should be sought from the relevant secondary care team for any clinical situation not covered by the guidelines. The guidelines can be accessed on the intranet:
Home > Directory > Lothian Unscheduled Care Service > Clinical Information

Medicines and breastfeeding – a useful reference source

Local and national guidelines for pregnancy and postpartum should be considered when considering choices of medicines during breastfeeding.

For information on the safety of individual drugs in breastfeeding please refer to the Specialist Pharmacy Services (SPS) website **www.sps.nhs.uk**

Type the drug name in the 'Search' box, click on the drug name below and then scroll down the screen to the 'Lactation Safety Information' section. This will provide a quick guide as to whether the drug is compatible with breastfeeding.
Additional information is often provided under the headings 'Therapeutic Group' and 'Evidence Link'.

Fall in prescribing of high dose inhaled corticosteroids

Background to high dose ICS use

Inhaled corticosteroids (ICS) are widely used in the management of asthma and chronic obstructive pulmonary disorder (COPD). The trend during the 1990s for the use of higher doses of ICS and the introduction of more potent ICS products led to many patients being prescribed high dose ICS therapy. This is despite limited evidence of significant additional clinical benefit.

For asthma it was common for patients to be 'stepped up' to higher doses of ICS to 'gain control', but it was less likely that patients would be 'stepped down' once control was achieved.

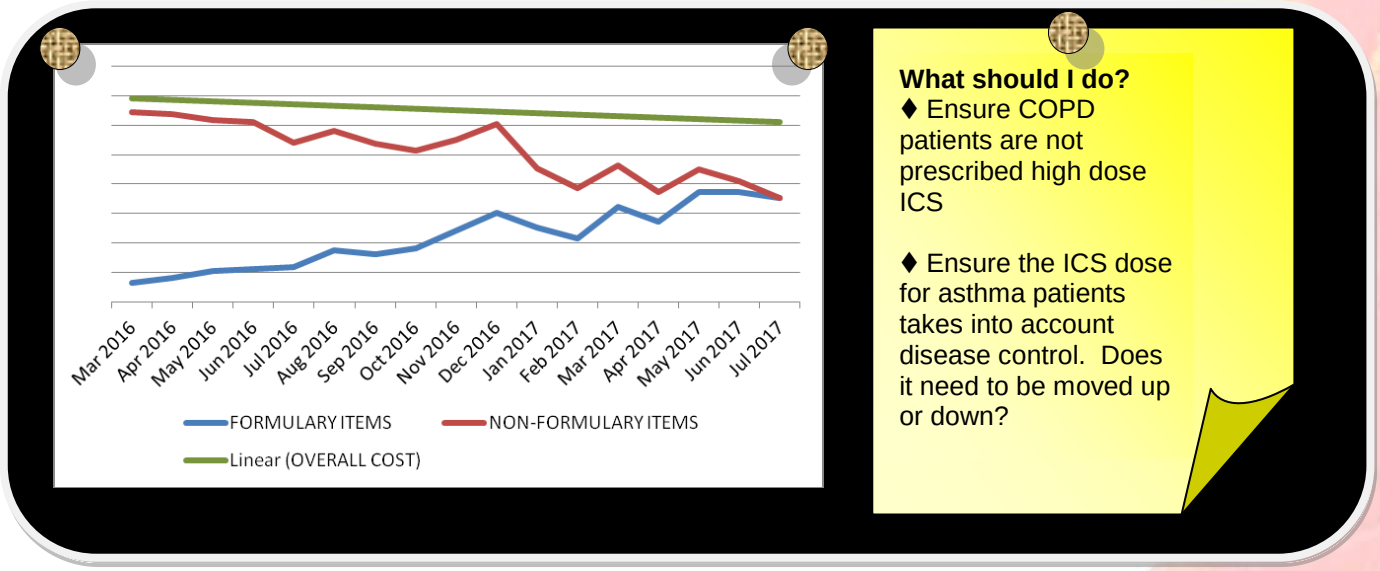
The first trial for ICS in COPD failed to show reductions in long term decline in lung function and subsequent trials targeted exacerbation rates. Views differ on the size of effect of the long-acting beta^2 agonist (LABA) +ICS combination in reducing exacerbation rates.

National and local initiatives

There is concern about the extent of high dose ICS use. This is partly due to the high cost to the NHS but also adverse effects (incidence of pneumonia in COPD, osteoporosis, adrenal suppression).

A National Therapeutic Indicator (NTI) has been developed for high dose ICS, which has been adopted for the NHS Lothian Primary Care Prescribing Indicators. The NTI was implemented in 2012/13; and since then there has been a £14 million decrease in spend on high strength ICS across NHS Scotland.

Local data shows that there has been an increase from 24% use of formulary (low and medium dose) combination ICS to 38% in 2016/17. There has been a further positive shift in Q1 2017/18 to 48%.



What should I do?

♦ Ensure COPD patients are not prescribed high dose ICS

♦ Ensure the ICS dose for asthma patients takes into account disease control. Does it need to be moved up or down?

What do the guidelines say?

SIGN 153 asthma guideline now clearly separates low, medium and high-dose ICS treatments. It has also stopped using 'stepping up' terminology and instead discusses options for moving up and down as appropriate with assessment of response. The guidelines also include information on what are low/medium/high ICS doses.

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) COPD guideline extends the groups in which a LABA + long-acting muscarinic antagonist (LAMA) combination is preferred over ICS. There is also research supporting a strategy of withdrawal of the ICS component from some patients with COPD on 'triple therapy' (LABA+ICS+LAMA).

Supplements:

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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