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New **warning** for Valproate use in women and girls

Valproate is associated with a significant risk of birth defects and developmental disorders in children born to women who take valproate during pregnancy. The new MHRA guidance is designed to make sure patients are fully aware of these risks and the need to avoid pregnancy whilst taking it.

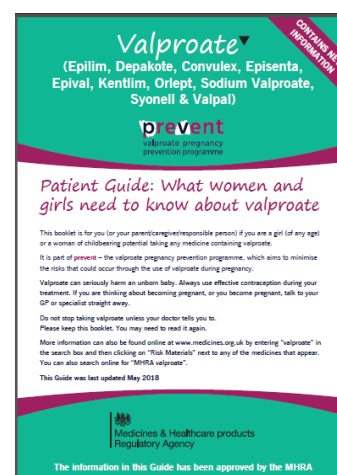
If valproate is taken during pregnancy there is a:

- **4 in 10 risk of development disorder**
- **1 in 10 risk of physical birth defects**

Women and girls who have been prescribed valproate **should not stop** taking their medicine without consulting their doctor in order to avoid harm to themselves or to an unborn child. Patients are advised to prioritise making an appointment with their GP to have their treatment reviewed as soon as possible.

Key prescribing messages for valproate use in women and girls:

- Valproate treatment should never be started in any woman or girl unless alternative treatments are not suitable. This includes young girls below the age of puberty.
- Valproate medicines must not be used in any woman or girl able to have children unless she has a Pregnancy Prevention Programme in place. The Pregnancy Prevention Programme requires the individual to sign a form to acknowledge an understanding of the risk. This requires to be completed at initiation and at least annually at treatment review. A copy should be given to the patient, the specialist and the GP.
- Long-acting reversible contraceptives should be used for a woman of child-bearing age requiring treatment with valproate.
- Valproate is contra-indicated for migraine or bipolar disorder during pregnancy.
- Valproate is contra-indicated for epilepsy during pregnancy unless there is no other effective treatment available.



Refer to MHRA guidance on valproate use by women and girls and [Valproate medicines: Pregnancy Prevention Programme materials online](#).

To obtain risk materials for the specific brand of valproate medicine search on www.medicines.org.uk. Type "valproate" in the search box and then click on "Risk Materials".

Thanks to the Epilepsy Society for the use of the infographic www.epilepsysociety.org.uk

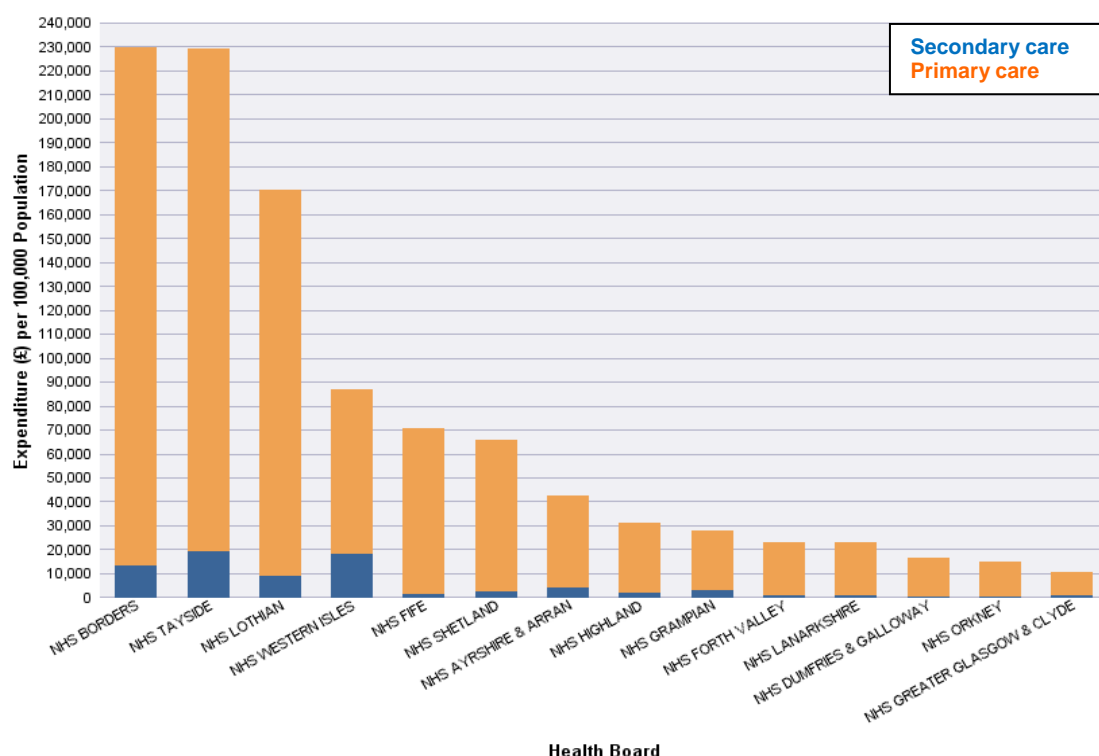
Nefopam for pain? think again...

Nefopam hydrochloride is a non-opioid analgesic considered to act centrally, although its mechanism of action is unclear. It is important to note that it also has both anticholinergic and sympathomimetic actions. **NHS Lothian spent approximately £1 million on nefopam in primary care last year.** NHS Lothian is a high user when compared with the other Boards.

Key Points:

- There is **very limited** clinical evidence available for the effectiveness of nefopam in the treatment of persistent or chronic pain.
- Nefopam is **not** recommended in [SIGN 136: Management of Chronic Pain](#) and it is **not** a Lothian Joint Formulary choice for any indication.
- Some common side-effects of nefopam include: confusion, nausea, nervousness, urinary retention, dry mouth, light-headedness and is toxic in overdose. Confusion and urinary retention are a particular problem in the elderly and there may be a cumulative anticholinergic effect with other drugs.

Total expenditure on NEFOPAM per 100,000 population from Q3 16/17 to Q2 17/18



Recommendations:

- Prescribers should consider carefully whether any anticipated benefit of nefopam outweighs the risks of adverse effects in individual patients
- Treatment should be reviewed regularly and stopped if benefit is not seen
- Nefopam is not recommended for the management of chronic non-malignant pain in SIGN 136
- When discontinuing nefopam **withdraw slowly and gradually** over at least 1 to 2 weeks. Abrupt withdrawal of anticholinergic agents can cause a discontinuation syndrome, characterised by cholinergic rebound, myalgia, anxiety and malaise.

Further information can be found in the review on nefopam by UKMi, including fully referenced evidence, which has informed the above article: <https://www.sps.nhs.uk/articles/what-is-the-evidence-to-support-the-use-of-nefopam-for-the-treatment-of-persistent-chronic-pain/>

Thanks to Karen Reid and Nathan Richardson-Read for contributing this article.

An alternative approach for managing anxiety

Anxiety disorders are common, with a lifetime prevalence of 28.8% and an average age of onset below 12 years.¹ GPs are often the first point of contact and while increasingly trying to avoid benzodiazepines, may end up prescribing alternatives, such as SSRIs (off-label) or beta blockers, which can help with symptoms and break the cerebral/autonomic neurological anxiety cycle.²

BabyGaze is a technique that reproduces the typical gaze of a neonate that uses the III and IV Cranial nerves, and has the effect of increasing gut acetyl choline. While neonates may simply be stimulating the gut for digestion, in older children and adults the gaze can be used to break the anxiety cycle at a visceral level, thereby giving the patient control of feelings of anxiety and/or anger.

The technique provides a neurobiological management of anxiety which is a time efficient intervention that encourages self-help and reduces the need to use medicines.

Those with specific anxieties such as flight anxiety have reported it to be an effective alternative to

benzodiazepines. It has been successfully taught to children.

BabyGaze has successfully been used in a West Lothian GP practice for two years. It typically takes three to five minutes to resolve symptoms and can be used in most situations.



A video leaflet for patients is available on YouTube³ and can easily be found by searching 'BabyGaze Anxiety Relief'. The technique involves adopting a lateral and upward gaze for the time required to resolve feelings of anxiety. Further details or training in the technique is available from Dr Andrew Ashworth, email him at: andrew.ashworth@nhslothian.scot.nhs.uk

References:

1. Kessler RC1 *et al.* Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005;62(6):593-602. doi:10.1001/archpsyc.62.6.593
2. Ashworth AJ, Dutton PV BabyGaze: A Rapid Neurobiological Intervention for Anxiety, Panic and Anger Int J Psychiatry, 2017 Vol 2 Issue 1 ISSN: 2475-5435
3. <https://youtu.be/8uqjNBKyPz8>

Did you know?

Opiate patches absorption increased by heat

According to the electronic Medicines Compendium, patients prescribed opiate patches should be advised to avoid exposing the application site to external heat sources, such as electric blankets, saunas and hot tubs as an increase in absorption may occur.

Could this potentially be your patient?

Patient X was found to be opiate toxic following admission to hospital for an infection, whilst prescribed their usual strength of transdermal opioid.

When treating and counselling patients, we should be mindful that fever may increase absorption of transdermal opiates and the risk of opioid reactions.



New LJJ support material

Following some recent updates to LJJ sections, posters have been produced as useful reminders of formulary choices and as education tools. They are available to download from the LJJ website in the Education and Training zone: [Emollient choice](#) [Asthma inhaler choice](#) [COPD inhaler choice](#).

The following websites are a useful additional resource, as they provide information on the different inhaler devices, and teach patients how to use them correctly: www.prescgipp.info/projects/respiratory-care#inhaler-technique-assessment-videos-and-leaflets www.rightbreathe.com



Pharmacy First - Treatment for uncomplicated UTI and impetigo from community pharmacy

Community pharmacy already plays an important role in the provision of NHS pharmaceutical care, providing highly accessible services for people both in GP hours and out of hours. To further this role, in November 2017 two specific common clinical conditions were chosen which enable patients to access free assessment and treatment from community pharmacists for:

- **uncomplicated urinary tract infection (UTI)** in non pregnant women aged between 16 and 65 years
- **impetigo** in patients aged 2 years and over.

The service involves the pharmacist undertaking an assessment with the patient and where appropriate supplying NHS treatment by means of a patient group direction (PGD).

If treatment is deemed not appropriate the patient will be given self management advice or referred on to other NHS resources as necessary. This service is currently available in 174 out of the 182 community pharmacies in Lothian.

In the first five months of the service, more than 1500 consultations were carried out:

Total UTI consultations	1319
Total impetigo consultations	274

73% of these consultations resulted in the patient being supplied with medication, 18% resulted in referral to GP or out of hours services and 9% resulted in the patient being given advice only.

Key messages:

- 🔑 **Service is accessible to patients who are registered with a GP in the UK and meet the inclusion criteria of the PGD**
- 🔑 **Available both in GP hours and out of hours**
- 🔑 **GP will receive notification from the community pharmacy of any assessment made**
- 🔑 **Patients will receive advice on preventative measures for their condition at every assessment**
- 🔑 **The full PGDs and service specifications can be found [here](#).**

Thanks to Dawn Owen, June Edwards and Aileen Boags for contributing this article.

Sildenafil: from POM to P

Sildenafil 50mg tablets are now available to buy in UK pharmacies as a P medicine under the brand name VIAGRA CONNECT[®] providing convenient points of access, both in-store and online, for men to get help and obtain treatment for erectile dysfunction (ED). Men over the age of 18 may buy a pack of 4 or 8 tablets following a consultation with a pharmacist. They will need to answer questions from the pharmacist about other medicines they are on, their symptoms and general health so that the pharmacist can check the treatment is suitable.

Men purchasing treatment should be advised to follow up with their GP within six months of first being supplied the product. This will allow any potential underlying conditions or risk factors associated with ED to be investigated. In cases where pharmacists believe the product is unsuitable, they should advise men to see their GP for further advice. The manufacturer (Pfizer) has provided a training and support package online for pharmacists and pharmacy staff to support appropriate supply.

Correspondence:

Medicines Management Team (MMT)
2nd Floor, Waverley Gate,
2-4 Waterloo Place,
Edinburgh, EH1 3EG



0131 537 8461



prescribing@nhslothian.scot.nhs.uk

Editorial Team:

Ms Elaine Anderson, Primary Care Pharmacist
Ms Jane Browning, Lead Pharmacist, MMT (Chair)
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Dr Sara Hornibrook, General Practitioner
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