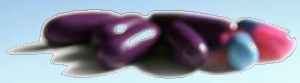
LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

NHS Lothian

In this issue …



Issue No. 95 **January 2019**

What a headache

Migraine is the single most common severe form of primary headache in the world. In the UK, it is estimated that the healthcare costs, lost productivity, and disability associated with migraines lead to direct and indirect costs of around £3 billion per annum. In February 2018 the Scottish Intercollegiate Guidelines Network published SIGN 155 on *Pharmacological management of migraine*. The guideline also updates and replaces section 6 of SIGN 107 on *Diagnosis and management of headache in adults.*

Aspects of management covered include:

- treatment for patients with acute migraine
- pharmacological prevention of migraine
- medication-overuse headache
- devices for migraine therapy
- provision of information.

The LJF section 4.6 drugs for the treatment of nausea and vomiting and section 4.7.4 migraine have been updated in line with the guidelines.

- almotriptan is added as joint second choice triptan alongside rizatriptan when sumatriptan is not tolerated or ineffective. Almotriptan can be considered if side-effects of sumatriptan are troublesome
- sodium valproate, gabapentin and pregabalin are no longer recommended as prophylactic treatments
- candesartan has been added as a prophylactic treatment
- frovatriptan has been added as an option for the prophylaxis of perimenstrual migraine
- the second choice anti-emetic for migraine has changed from domperidone to prochlorperazine.

Refer to the adult LJF for full details.

When starting acute treatment, healthcare professionals should warn patients about the risk of developing medication-overuse headache. Chronic overuse of aspirin, NSAIDs and paracetamol (use on >15 days/month), particularly in combination with codeine, may cause medication-overuse headache. Combination analgesics should therefore be avoided. Other opioid analgesics are also not recommended for migraine treatment. Prescribers and community pharmacists are advised to be mindful of this when recommending treatments.

Advice on using anti-migraine drugs during lactation can be found on the SPS website.
A summary for healthcare professionals and a BUMPS leaflet for patients discussing the treatment of migraine during pregnancy is available via the UKTIS website.

Thromboprophylaxis guideline

The thromboprophylaxis guideline has been updated to include several important changes:

1. New thromboprophylaxis dosing weight bands
2. Dosing in patients with renal impairment and moving away from low dose heparin towards using low molecular weight heparins
3. Peri-operative protocols
4. New sections on testing for thrombophilia
5. New recommendations for superficial thrombophlebitis (in line with primary care)
6. New recommendations for target INR ranges for mechanical valves.

The guideline is available on the haematology pages of the intranet.

Desperately seeking (medicines) information

Are you a healthcare professional looking for unbiased, evidence-based information about your patients' medicines?

The NHS Lothian Medicines Information Service (LMIS) provides support for clinical practice and pharmaceutical care of individual patients across primary and secondary care. It provides an enquiry answering service for medicine-related questions and offers training and guidance on a range of useful resources.

Although pharmacists and most other healthcare professionals can access information on dosing and administration of medicines, common side-effects and interactions, LMIS is available to assist with more complex enquiries. If you have not found what you are looking for in the resources to which you have access such as the BNF or Summaries of Product Characteristics, and you need more specialist pharmacy input, then you can contact LMIS. Whether you are considering the clinical significance of drug interactions, the safety of drugs in pregnancy or lactation, seeking the latest evidence for a new therapy, or trying to identify the most likely causative agent of an adverse drug reaction, the LMIS pharmacy team is here to assist you with these questions and many more.

For further information on when it is appropriate to contact LMIS, check out the Criteria for Referral on the Medicines Information webpage on the NHS Lothian Intranet (via Pharmacy Services in the Directory). Remember simple enquiries should be directed to your local community pharmacists, primary care pharmacist or clinical pharmacist.

LMIS is open 9.00am till 5.00pm Monday-Friday and can be contacted by:
Telephone - 0131 242 2920 (find the number inside the front cover of the BNF) or Email – medicines.information@nhslothian.scot.nhs.uk

GPs: medicines governance needs you

Formulary Committee (FC) is looking for 2 new GP members. Meetings are held approximately every 6 weeks on Wednesday afternoons. FC is responsible for approving new medicines for use in NHS Lothian and approving the content of the Lothian Joint Formulary.
If interested contact prescribing@nhslothian.scot.nhs.uk

Emollient bath additives - BATHE trial

Eczema is a common skin condition in children and can have a significant impact, causing itching and sleep problems. The NICE guideline[1] advises children with eczema to use emollients as primary management, with additional treatment such as topical corticosteroids for flare-ups. Emollients can include:

- emollient for washing (soap substitute)
- emollient applied directly to skin (leave-on emollient)
- emollient liquid (bath additive).

A recent trial[2] called "The Bath Additives for the Treatment of Eczema in children (BATHE)" was conducted. The BATHE trial aimed to determine the clinical effectiveness and cost-effectiveness of emollient bath additives in the management of childhood eczema. It was a randomised, open-label, multicentre, superiority trial with two parallel groups. The trial excluded participants with inactive or mild eczema (<5 Nottingham Eczema Severity Scale). Everyone in the trial was given standard eczema management (emollient and corticosteroid for flare-ups). Half of the children were asked to use a bath additive for 12 months, this was allocated at random. Parents/carers completed short questionnaires about the severity of their child's eczema throughout the trial. GP records were also reviewed to check how many flare-ups were recorded over 12 months and what treatments were prescribed.

A total of 482 children (aged 12 months-12 years) from 96 GP practices took part in the study. No difference was found between the two groups, either in eczema severity or in problems such as stinging, redness or slipping in baths.

The BATHE trial found that although bath additives are safe, they are not a useful additional treatment for children receiving standard eczema care, such as leave-on emollients and emollients as soap substitutes.

References:
1. NICE Clinical Guideline 57. Atopic eczema in under 12s: diagnosis and management. https://www.nice.org.uk/guidance/CG57/chapter/1-Guidance#treatment
2. Santer M, Rumsby K et al. *Health Technology Assessment* Volume 22, Issue 57. Published Oct 2018 https://www.journalslibrary.nihr.ac.uk/hta/hta22570/#/abstract

Scotland leads on polypharmacy reviews

The fourth and final national prescribing strategy was published in Spring 2018.

This is the third version of *Polypharmacy Guidance Realistic Prescribing 2018* which builds on the earlier work developed around how best to manage patients with multi-morbidities, who are most likely to be prescribed multiple medicines. It recognises that this is one of the greatest challenges now faced by the health service, as it can create overly complex health care for some of the most vulnerable in society. Despite research into this area being in relative infancy there exists a requirement to produce guidance for both patients and healthcare providers, based on the best evidence to date.

Polypharmacy for many is completely appropriate. However, it becomes inappropriate when the medication risks begin to outweigh the benefits for an individual patient. The aim of addressing this is to identify those patients at greatest risk of harm and to agree a medication regimen that is tailored to their changing needs and expectations.

Since the publication of *Choosing Wisely*, key policy documents, including *Realistic Medicine* and *Prudent Healthcare*, have raised awareness of using medicines wisely and the importance of the patient's involvement in decision making about their healthcare.

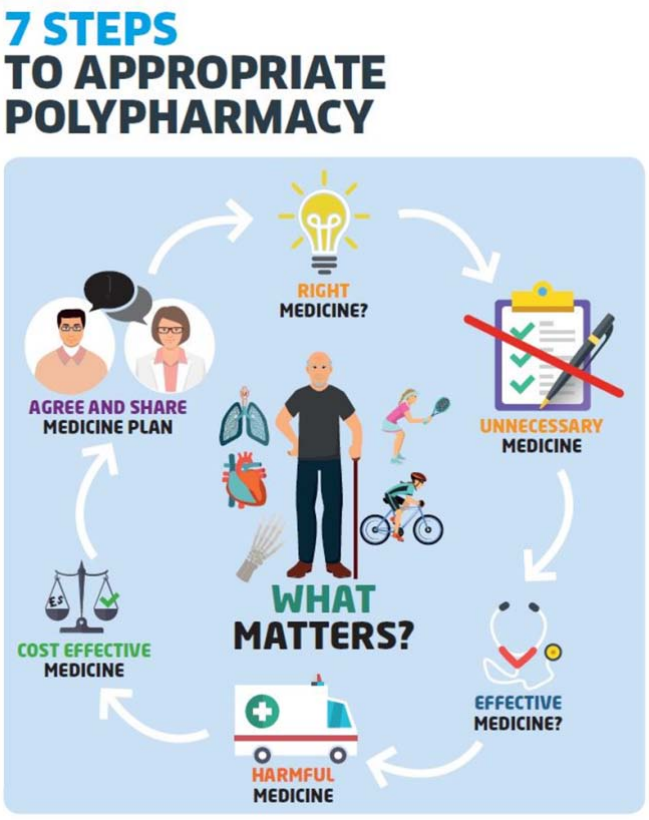
The third edition of Polypharmacy *Guidance* , aims to provide guidance on preventing inappropriate polypharmacy at every stage of the patient journey.

The *7-Steps* is a clear structure for both the **initiation** of new and the **review** of existing treatments, which has been updated to place a greater emphasis on *'what matters to the patient'*? The *Drug Efficacy (NNT)* tables have been refined and provide the relative clinical efficacy of common interventions, for the patient. Harm reduction can be targeted through the use of the *Cumulative Toxicity* and *Anticholinergic Burden* tools.

An extensive set of *Polypharmacy Indicators* have been developed and prioritised by a clinical consensus approach, in order to standardise *Case Finding*, understand prevalence, and provide *Clinical Outcomes* monitoring. For example, the number of patients >65 years prescribed an NSAID plus ACEI/ARB, plus a diuretic (the 'triple whammy'). The *Case Identifier* indicators are built into the Scottish Therapeutics Utility, to help practices prioritise patients for a polypharmacy review.

To support implementation of the *Guidance*, a patient app has been produced which will support patients in shared decision-making about their medicines: http://www.polypharmacy.scot.nhs.uk/polypharmacy-guidance-medicines-review/

Interest in the importance of polypharmacy management is now international, and the WHO Third Global Patient Safety Challenge, *Medication without Harm*, has included the appropriate management of polypharmacy as a key flagship area to address. The aim is to reduce severe avoidable medication related harm by 50% over 5 years, globally.

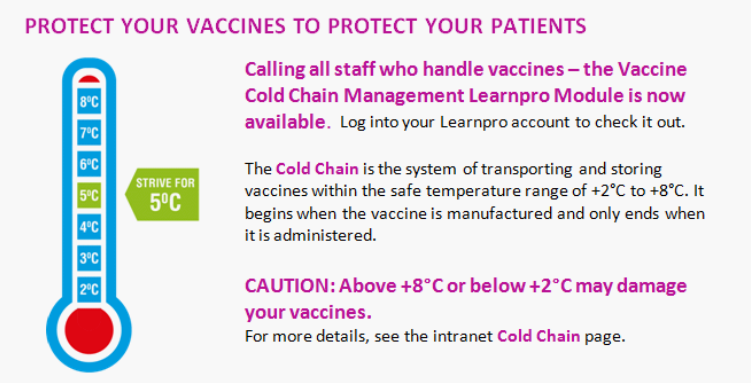


With the publication of this *Polypharmacy Guidance, Realistic Prescribing 2018*, and supported by *Realistic Medicine*, the requirement now is that the NHS Boards will build on the foundational work of the last five years and focus resource on accelerating the capacity of polypharmacy reviews in order to further increase the benefit to patients.

Protect your vaccines to protect your patients

The *Lothian Vaccines Cold Chain Management Module* is an incredibly useful interactive learning resource which takes less than half an hour to complete. It can be found within the CPD section of the Learnpro modules and can be completed by any NHS employee who has any involvement at all with vaccines, including GPs, nurses, pharmacists, practice managers and health visitors.

Further information and resources on maintaining the cold chain are also available on the Lothian intranet cold chain page.



Community pharmacists and others who may not have access to Learnpro or the Lothian intranet should ensure that their protocol for maintaining the cold chain is easily accessible and up-to-date.
Cold chain page:
http://intranet.lothian.scot.nhs.uk/Directory/publichealth/Immunisation/Pages/Coldchaindocuments.aspx
Learnpro login page:
https://nhs.learnprouk.com/lms/login.aspx?ReturnUrl=%2flms%2fuser_level%2fwelcome.aspx

Do ACE inhibitors increase the risk of lung cancer risk? Breathe a sigh of relief

A recent study[1], which was reported in the BMJ and the media, suggested an increased risk of lung cancer in patients who were taking angiotensin converting enzyme inhibitors (ACEIs), compared with those taking angiotensin receptor blockers. The study observed a cohort of 992,061 patients on antihypertensive medication. The information was obtained from the UK's Clinical Practice Research Datalink, which records information from GP practices. The researchers were from the Jewish General Hospital and University of Toronto in Canada.

The increased risk only became evident after taking the ACEI for more than 5 years. The absolute risk difference – only 4 per 10,000 people – was still small. Even if this represents a definite link, other factors such as smoking are likely to have greater influence on risk of lung cancer.

There were problems with the study such as it was not a randomised trial, there was no detail about the number of cigarettes smoked, nor the duration of smoking. As cough is a known side effect of ACEIs patients may be more likely to have a chest x-ray, which could result in earlier diagnoses of cancer.

The conclusion of the study was that further research needed to be undertaken. Other studies, in fact, have shown that there is no association between ACEIs and cancer.[2,3] One study showed a protective effect[4].

Thanks to Medicines Information for their assistance in researching this article.

1) Hicks BM, Filion KB, et al. BMJ 2018; 363 :k4209 https://doi.org/10.1136/bmj.k4209
2) Bhaskaran K, Douglas I, et al. BMJ 2012 Apr 24; 344 :e2697. https://doi.org/10.1136/bmj.e2697
3) Hyder J., Bhooshan N., et al. Journal of Thoracic Oncology. Conference: 16th World Conference on Lung Cancer. 10 (9 SUPPL. 2) (pp S549), 2015. Date of Publication: September 2015.
4) Sha P-J, Tsai J-R, Hsieh K-P, Yang Y-H. Pharmacoepidemiology and Drug Safety. Conference: 30th International Conference on Pharmacoepidemiology and Therapeutic Risk Management. 23 (SUPPL. 1) (pp 376), 2014. Date of Publication: October 2014.

Correspondence:
Medicines Management Team (MMT)
0131 537 8461
prescribing@nhslothian.scot.nhs.uk

Editorial Team:

Ms Elaine Anderson, Primary Care Pharmacist
Ms Jane Browning, Lead Pharmacist, MMT (Chair)
Ms Carol Holmes, Primary Care Pharmacist
Dr Sara Hornibrook, General Practitioner
Dr Simon Hurding, General Practitioner, MMT
Ms Alison Mackie, Lead Pharmacist for Medical Education
Dr Alison MacRae, General Practitioner
Mr Stewart McNair, Integrated Care Pharmacist
Ms Sheila Noble, Principal Pharmacist, Medicines Information
Ms Alison Rowe, Formulary Pharmacist
Ms Anne Young, Primary Care Pharmacist
Ms Farida Younas-Habib, Information Officer, MMT