



Issue 109

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## Stepping away from painkillers

A recent pilot study in primary care sought to provide a standardised approach to prescribing of analgesics for acute pain. Based on the [Scottish Government Chronic Pain Strategy](#), the aim was to reduce the number of patients continuing to take analgesics in the long term, with the associated risks.

Giving a clear patient information message in the early stages of pain sets the expectation that analgesics are of limited value in the long term. Consistency is key and it is important that all healthcare professionals give the same message, including GPs, pharmacists and physiotherapists.

Patients with pain are known to consult frequently. Adopting a structured approach to prescribing may result in fewer patients seeking prescribed medicines, leading to reduced risk from medication and less frequent GP consultations.

Key patient information messages are in line with [Formulary prescribing advice](#):

- Analgesics are effective for acute pain but are of limited benefit for persistent pain.
- Opioid analgesics are associated with significant side effects when continued in the long term.
- Self-management and non-pharmacological approaches are the mainstay of management of persistent pain.

## Good practice in prescribing analgesics for acute pain is presented in three steps

as a Vision Guideline, or as a checklist that can be used routinely, or in the short term to increase awareness:

### 1. Record the consultation

Include indication, character and site of pain. Optionally, a pain score can be recorded.

### 2. Advise on self-management options

Such as rest, ice, elevation, compression, heat/cold and activity/exercise. Signpost to: [Not Just Painkillers](#) Patient Information Leaflet (NHS Lothian/West Lothian HSCP). This leaflet explains acute and chronic pain, different types of analgesics, risks associated with opioids and non-pharmacological ways of managing pain and links to patient resources.

[NHS Inform](#) for advice on exercise to relieve pain.

[NHS Lothian Pain Management](#) for advice on self-management and exercise videos.

Consider referral to physiotherapy.

### 3. When prescribing analgesics

Prescribe a small quantity, for example, smallest pack size.

Include a patient information message to make clear the risks and intention for short term use (using the Vision Guideline gives pre-populated prescriptions).

When a patient continues to take analgesia for 12 weeks or longer, a systematic chronic pain assessment should be undertaken.



Thanks to Anne Young, Primary Care Pharmacist and Dr Mythily Rallapalli, GP.



## Dapagliflozin for heart failure

Dapagliflozin is a sodium-glucose co-transporter-2 inhibitor (SGLT2i) and works by reducing renal tubular glucose and sodium reabsorption, resulting in a net decrease in blood glucose without insulin stimulation, and an increase in diuresis leading to reduced volume overload and blood pressure.<sup>1,2</sup>

Following SMC advice<sup>3</sup>, dapagliflozin is now available as add-on therapy for initiation under specialist advice for the management of symptomatic heart failure in adults with reduced ejection fraction (HFrEF).

In the DAPA-HF study (dapagliflozin and prevention of adverse outcomes in heart failure), which recruited 4,744 patients with HFrEF, the addition of dapagliflozin reduced the composite endpoint of cardiovascular death, hospitalisation or urgent visit for heart failure by 26% over a median of 18 months when compared to placebo, with a number needed to treat (NNT) of 21.<sup>2,4</sup>

### References

1. Management of heart failure with reduced ejection fraction in 2021: an update for GPs. [BJGP](#) July 2021
2. Dapagliflozin (Forxiga) 5mg & 10mg tablets. Revised [SPCs](#). January 2021
3. Dapagliflozin 10mg tablets for treatment of symptomatic chronic HFrEF in adults. [SMC advice](#) April 2021
4. Effect of dapagliflozin in patients with heart failure. [DTB](#). March 2021
5. Management of heart failure. Lothian Formulary.

### KEY MESSAGES

- ◊ Dapagliflozin may be prescribed alongside other standard therapies for heart failure, or in place of these therapies if contraindicated or not tolerated.<sup>1,5</sup>
- ◊ Patients should be advised of the increased risk of genital tract infection and, although rare, of diabetic ketoacidosis. In the event of an acute intercurrent dehydrating illness 'Sick day guidance' should be followed.<sup>1,2</sup> Patient Information Leaflets are available [here](#).
- ◊ SGLT2 inhibitors do not lower blood glucose in patients without diabetes so monitoring is not routinely required.<sup>1</sup> However, for type 2 diabetic patients treated with insulin or sulfonylurea, the dose may need adjusted to minimise risk of hypoglycaemia.<sup>2</sup>
- ◊ It is not recommended in patients with type 1 diabetes due to the lack of safety and efficacy data. If considered, a diabetes specialist should be contacted for advice.
- ◊ Due to limited experience, local experts currently advise against initiation if eGFR<30mL/min/m<sup>2</sup>.

*Thanks to H el ene Legay, Formulary Support Pharmacist, MMT.*



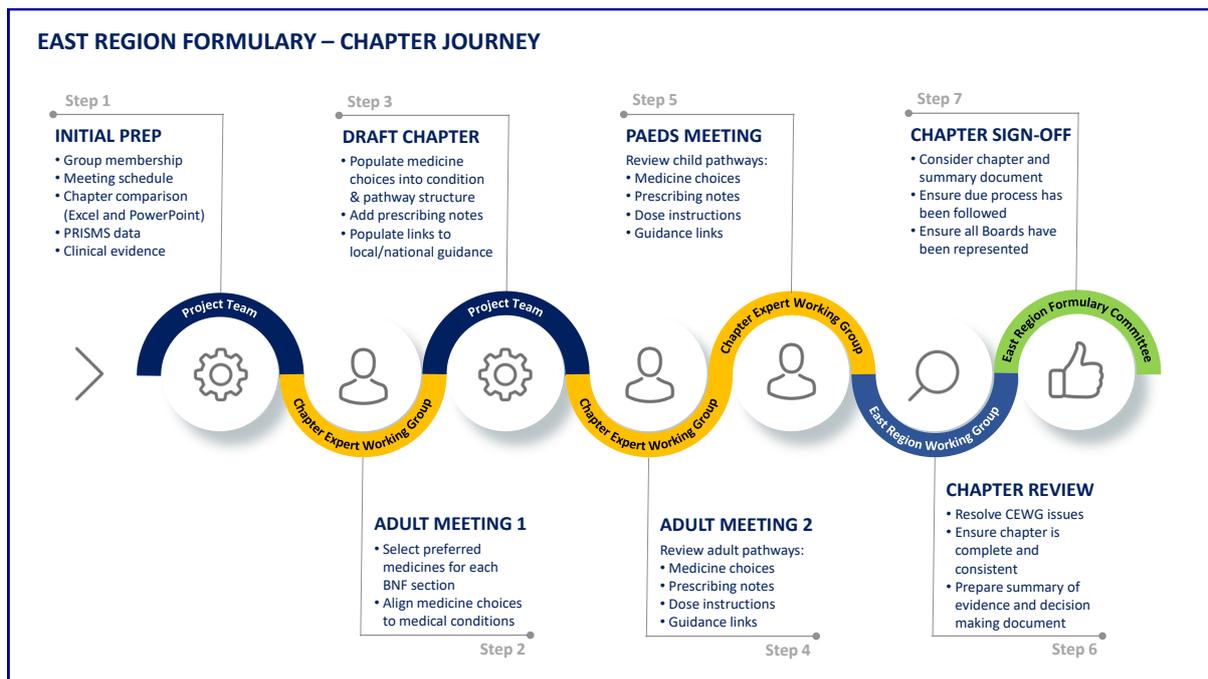
### Farewell to Dr Sara Hornibrook and Sheila Noble

The editorial team would like to wish Sara and Sheila all the best as they leave the editorial team. Sara joined the team in 2009 representing over 70 issues. Her practical perspective of a GP in practice has been invaluable. Sheila joined in 2017 providing a useful link with Medicines Information and Acute Services. We will miss you!

## East Region Formulary – chapter journey

The governance process for the East Region Formulary (ERF) has now been agreed by each of the health boards, NHS Lothian, NHS Borders and NHS Fife. This is brilliant news and allows the project team to progress the work with the formulary teams in establishing the first regional formulary in NHS Scotland. We have agreed that the first three chapters of the formulary that will be agreed regionally are skin, gastrointestinal and infection.

- ◊ Invites to join the chapter expert working group (CEWG) have been sent out to clinicians in each of the boards.
- ◊ Meeting dates have been agreed for August and September.
- ◊ Planning work is underway preparing material to support the CEWG members in making evidence based decisions.



Further information on the full governance process is being prepared and will be posted on the Formulary website.

*Thanks to Jane Browning, Lead Pharmacist, Regional Formulary Team.*

## Chilling information

Since the start of 2021, queries regarding breaks in the cold chain for medicines and vaccines being stored in GP surgeries are being handled by the local Primary Care Pharmacy (PCP) team. If a surgery has had a break in the cold chain, they should email the [completed incident form](#) and temperature log to: [loth.coldchainbreak@nhslothian.scot.nhs.uk](mailto:loth.coldchainbreak@nhslothian.scot.nhs.uk)



This email box is checked twice weekly and enquiries will be passed on to the appropriate PCP team member who will deal with them within two weeks. If you have a more urgent enquiry concerning, eg, COVID vaccines, you can call 07970 157054 for advice, or email the Specialist Cold Chain Technician directly via [Mandy.Canning@nhslothian.scot.nhs.uk](mailto:Mandy.Canning@nhslothian.scot.nhs.uk). For other enquiries regarding medicines, continue to ask your local PCP colleague about straightforward queries or, for more complex questions, contact the Lothian Medicines Information Service on [medicines.information@nhslothian.scot.nhs.uk](mailto:medicines.information@nhslothian.scot.nhs.uk) or phone 0131 242 2920.

**LJF Update... LJF Update...***Infections***Eye**

Recommendations on the management of corneal abrasions have been updated following review by local specialists. Key updates include guidance on management by community optometrists, when to refer to hospital and prevention of recurrent erosion syndrome. Prescribing notes on chloramphenicol ointment have been updated for children.

**LJF Update... LJF Update...***Obstetrics, gynaecology and urinary-tract disorders***Gynaecology - Menorrhagia**

A prescribing note is added to remind prescribers that both combined hormonal contraception and tranexamic acid have effects on clotting, therefore prescribers should be aware that the effects of combining these medications on clotting are unknown.

*Infections***Wound and skin**

Prescribing note added to the candida infection pathway to cover guidance on the use of miconazole 2% cream for the treatment of breast and nipple thrush in lactating women, as well as a note on treating mothers and infants simultaneously.

*Cardiovascular system***Cardiovascular conditions - Heart Failure**

Dapagliflozin is included in the LJF as add-on therapy for initiation under specialist advice for the management of symptomatic heart failure with reduced ejection fraction. The prescribing notes have been updated with additional guidance from the Lothian cardiovascular working group. Hydralazine has also moved from position 2 to 5 in this pathway (see [SIGN 147](#) flowchart) with the corresponding prescribing notes also moved to the end of the section.

*Skin***Psoriasis**

Dithranol 2% cream has been discontinued; other strengths are going to be discontinued. Dermatology have confirmed that they are not using these preparations. Therefore, dithranol products are deleted from the pathways.



**A reminder to search for 'NHS Scotland Formulary' and download the LJF app on the App Store or Google Play**

