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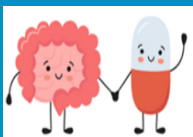
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N.B.  
*Clostridium difficile* was reclassified in 2016 to *Clostridioides difficile* when it became necessary to assign *C.difficile* to a new genus following the restriction of the genus to *Clostridium butyricum* and related species in 2015.



## *Clostridioides difficile* (*C.diff*) treatment guidelines

There has been a local update to the treatment options available for *C.diff* based on updated recommendations published by the Scottish Antimicrobial Prescribing Group (SAPG) following review of the NICE guidelines.<sup>1,2</sup>

The update includes oral vancomycin as the first line treatment of a first episode of *C.diff* irrespective of severity. Fidaxomicin can be used as a second line option in treatment failure, however this must be discussed with an infection specialist.<sup>3</sup>

Although secondary care guidelines have been updated, the primary care guidelines are yet to change. The East Region Formulary Committee will review the information prior to agreement by all health boards.

Primary care teams are asked that they liaise with their community pharmacy teams, as soon as possible, if they decide to prescribe oral vancomycin or fidaxomicin to facilitate timely ordering of medicines, as these are not routinely stocked.

Thanks to Carol Philip AMT/Primary Care Pharmacist and Simon Dewar, Consultant Microbiologist for contributing.

## References

1. Updated advice on *Clostridioides difficile* (*C.diff*) Infection (CDI) [www.sapg.scot/guidance-qi-tools/infection-specific-guidance/updated-advice-on-clostridioides-difficile-cdiff-infection-cdi/](http://www.sapg.scot/guidance-qi-tools/infection-specific-guidance/updated-advice-on-clostridioides-difficile-cdiff-infection-cdi/) Feb 2022
2. *C.difficile* infection ([www.antimicrobialcompanion.scot](http://www.antimicrobialcompanion.scot))
3. *Clostridioides difficile* infection: antimicrobial prescribing [www.nice.org.uk/guidance/ng199](http://www.nice.org.uk/guidance/ng199) July 2021

## Sleeping should be so easy... you can do it with your eyes closed!

Child and Adolescent Mental Health Services have made local prescribing guidelines that have recently been accepted for use in NHS Lothian by the GP Prescribing Committee.

The advice includes resources on sleep hygiene<sup>1</sup> and sleep support<sup>2</sup> that can be shared with parents and young people.

The guidance also includes information on the medicines available on formulary that are used when non-pharmacological interventions have been unsuccessful.

This specialist guidance allows for melatonin to be prescribed as a short course using the formulary approved preparations.

The advice contains recommendations for reviewing melatonin prescribing including trial breaks, dose changes and advice on when to discontinue if there has been no response. For example, initial assessment within seven to fourteen days, review after one to two months, follow up after two to six months then review every twelve months thereafter.

Specialist experience has found melatonin to be more effective when there are regular breaks in treatment. For instance, young people who take melatonin for five nights in the week with a break at the weekend may derive increased benefit.

The guidance will be hosted on RefHelp soon.

## Advice:

1. Sleep hygiene [www.choiceandmedication.org/sabp/generate/handyfactsheetsleephygiene.pdf](http://www.choiceandmedication.org/sabp/generate/handyfactsheetsleephygiene.pdf)
2. Sleep support [Sleep-support-booklet-for-parents.pdf](http://Sleep-support-booklet-for-parents.pdf) ([sleepscotland.org](http://sleepscotland.org))

## Librium (chlordiazepoxide) SPC update – what does this mean for males and females planning pregnancies?

An update to the Librium SPC (April 2022) now indicates the requirement for long wait periods before attempting pregnancy after completing treatment for both males and females.

It is well acknowledged that people who are pregnant, and looking to access alcohol detox, should contact the specialist teams within maternity services. Those experiencing acute alcohol withdrawal should seek acute medical attention.

Prescribing in this group of patients requires specialist knowledge and monitoring of both mother and baby. The specialist teams are experienced in making decisions based on the risk versus benefit of treating acute alcohol withdrawal, and managed alcohol detox when a patient is pregnant.

However a recent change to the manufacturer's advice on the Librium brand of chlordiazepoxide has caused some confusion for clinicians giving advice to people planning pregnancies who may have used the medicine recently.

The SPC includes advice for males to 'use effective contraceptive measures and to not father a child while receiving Librium and for four months following completion of treatment'. The advice for females states 'women of childbearing potential should use effective contraceptive measures while being treated with Librium and for seven months following completion of treatment'.<sup>1</sup>

Specialist services are awaiting a review by the MHRA before issuing any further advice however the UK Teratology Information Service (UKTIS) have produced an opinion statement with some additional information:

*It remains important that women and men experiencing acute alcohol withdrawal are treated appropriately. The available data suggesting mutagenic effects of chlordiazepoxide are not conclusive, and as such, the recommendations from the manufacturer are considered overly cautious, particularly when considering the benefits of treating alcohol dependency given the risks from delirium tremens and seizures if chlordiazepoxide is withheld. Clinicians should not be discouraged from using chlordiazepoxide based on the evidence communicated in the Librium SPC. The benefits of treating pregnant women (at any stage of pregnancy) who are experiencing acute alcohol withdrawal with chlordiazepoxide likely outweigh the risks.<sup>2</sup>*

Chlordiazepoxide remains the formulary choice for the treatment of alcohol withdrawal for outpatients and in general practice.

While MHRA advice is awaited, UKTIS can be contacted to help with any patient-specific risk assessment which can be discussed with a teratology specialist. For the most up to date telephone numbers please go to UKTIS:

[www.uktis.org/html/contact\\_us](http://www.uktis.org/html/contact_us).

### References

<sup>1</sup> Librium 10mg Capsules – Summary of Product Characteristics April 2022 [www.medicines.org.uk/emc/product/1729/smpc](http://www.medicines.org.uk/emc/product/1729/smpc)

<sup>2</sup> Librium SPC Updates Opinion Statement – Medicines in Pregnancy May 2022 [www.medicinesinpregnancy.org/bumps/monographs/Librium-SPC-Updates-Opinion-Statement](http://www.medicinesinpregnancy.org/bumps/monographs/Librium-SPC-Updates-Opinion-Statement)



### Topiramate (Topamax)

The MHRA have initiated a new safety review to assess the benefits and risks of topiramate as a result of an observational study reporting an increased risk of neurodevelopmental disabilities in children whose mothers took topiramate during pregnancy. Topiramate is known to be associated with an increased risk of congenital malformations and effects on foetal growth if used during pregnancy.

While the review is ongoing, the MHRA will alert healthcare professionals to the findings and will consider whether further measures are required to reduce the risk of harm associated with topiramate use during pregnancy.

The MHRA have recommended that healthcare professionals continue to counsel patients who can become pregnant on the known and emerging risks of topiramate for an unborn baby and on the need to use effective contraception throughout use.

Of the antiepileptic medicines reviewed for use in pregnancy, lamotrigine and levetiracetam continue to be considered the safer option for the baby since they were not associated with an increased risk of birth defects. The MHRA updated this advice in January 2021.<sup>1</sup>

It also remains vital that the strict restrictions for valproate prescribing in women and girls of childbearing potential are followed given the known significant risks if valproate is used in pregnancy, updated by the MHRA in 2021.<sup>2</sup>

The MHRA update also includes advice to be provided to patients already taking topiramate, current pregnancy prevention requirements and directions on how to complete a Yellow Card for any suspected adverse drug reactions see ([yellowcard.mhra.gov.uk](https://yellowcard.mhra.gov.uk)).



#### KEY MESSAGES

- ◊ Do not prescribe topiramate during pregnancy for migraine prophylaxis
- ◊ Ensure any patients of childbearing potential know to use highly effective contraception throughout treatment with topiramate
- ◊ Counsel patients on the importance of avoiding pregnancy during topiramate use due to this emerging data, and also the established increased risks of major congenital malformations and foetal growth restriction in babies exposed to topiramate in-utero
- ◊ Topiramate may reduce the effectiveness of steroidal contraceptives due to enzyme-inducing activity, including oral contraceptives, therefore consider alternative or concomitant methods. The MHRA refer professionals to the Faculty of Sexual and Reproductive Healthcare pages with an update from May 2022<sup>3</sup>
- ◊ For migraine prophylaxis, topiramate can be withdrawn in pregnancy by an appropriate prescriber but alternative treatments should be considered<sup>4</sup>
- ◊ For epilepsy, urgently refer anyone on topiramate who is planning a pregnancy or who is pregnant for specialist advice on their antiepileptic treatment.

#### References

1. Drug Safety Update, MHRA 7 January 2021 [Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review](#)
2. Drug Safety Update, MHRA 11 February 2021 [Valproate use by women and girls](#)
3. FSRH CEU Guidance May 2022 [Drug Interactions with Hormonal Contraception](#)
4. Refhelp [Advice for management of migraine in primary care \(nhslothian.scot\)](#)

## Increasing incidence of intentional self-poisoning with propranolol

The incidence of intentional self-poisoning with propranolol is increasing in NHS Lothian. These presentations are increasing in both number and severity resulting in more deaths, greater morbidity and increased pressure on the health service. The majority of patients are aged 30 ±9 years old. The regional annual death rate where propranolol was named has also increased, though the absolute numbers are small.

Severe toxicity in overdose is from blockade of beta-adrenergic receptors and sodium channels, the latter target being unique among the commonly used beta-blockers. Within the adult population in Lothian, propranolol can be recommended for use in adults for the treatment of tremors associated with anxiety or thyrotoxicosis, and migraine prophylaxis. Since 2018, the number of propranolol prescriptions has steadily increased in NHS Lothian. There is also an annual increase in the proportion of propranolol prescriptions attributed to patients aged 25-44.

Deteriorating mental health is one of the most pressing public health issues affecting the population of Scotland, and it may be presumed that the increased prescribing of propranolol is related to this national crisis. Our access to recommended talking therapies is often felt to be inadequate by patients and there is unprecedented pressure on prescribers to provide a quick acting intervention. The evidence behind the use of propranolol for the treatment of anxiety is poor; it does not help psychological symptoms, but it may help with the acute management of short-term somatic symptoms.<sup>1,2,3</sup> There are limited therapeutic options for treatment of tremors associated with anxiety; the use of alternatives like benzodiazepines is discouraged due to issues with abuse, dependence and diversion.

### References

- <sup>1</sup> J Psychopharmacol Feb 2016 [Propranolol for the treatment of anxiety disorders: Systematic review and meta-analysis](#)
- <sup>2</sup> Eur J Surg. Jan 1996 [Propranolol reduces the anxiety associated with day case surgery](#)
- <sup>3</sup> SAAD Dig. Jan 2010 [Propranolol and D-cycloserine as adjunctive medications in reducing dental fear in sedation practice](#)

The trends in poisoning via self-harm are affected by both ease of availability, as well as word of mouth. There has been an increase in mentions of propranolol on social media, in relation to 'pro' self-harm and suicide posts. This is particularly worrying given the severity of poisoning detailed above and may be driving the increases in morbidity and mortality seen in NHS Lothian. Prescribers are asked to carefully consider the indication for propranolol and the length of course provided, in light of the evolving harm seen nationally.

*Thanks to Dr Emma Morrison, Consultant Acute Medicine and Toxicology for contributing.*

## Winter Vaccination Programme – have you had your jab?

**Can I have my seasonal flu vaccine?** YES! All NHS Lothian and HSCP staff are eligible for the free seasonal flu vaccination.

**Can I have my COVID-19 winter booster?** Some staff members are also eligible to receive the COVID-19 winter booster either under the health and social care worker eligibility or under the public criteria. NHS Lothian eligibility criteria is [here](#).

**Can I get both vaccines?** Yes, if you are eligible for both then you can get them in the same visit. All the clinics deliver both flu vaccines and COVID-19 winter booster. It is quick and safe to get both together.

**How can I book my appointment?** Appointments can be booked now via the [online booking portal](#) or by calling the National Vaccination Helpline on 0800 030 8013. Some clinics may be open for drop-in appointments as well as pre-booked appointments. For more information about the Winter Vaccination Programme visit the intranet page [Winter Vaccination Programme](#).

**What if I have a serious allergy or have had a reaction to a previous COVID-19 vaccine?** There are various vaccinations available this year for your winter booster and if you are unable to tolerate these then you can be referred for specialist opinion. For more information about serious allergies and the COVID-19 vaccine see COVID-19 Green Book Chapter 14a ([assets.publishing.service.gov.uk](#)) Sept 2022.