



Issue 114

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Inhalers that look alike, sound alike - but are not the same!

Medication errors can occur when medications have similar-looking or sounding names and/or similar-looking product packaging.

Look-alike, sound-alike errors can occur during prescribing, dispensing or administration of medicines, resulting in overdosing, underdosing or inappropriate selection of a medication.



A commonly reported example is Spiriva Respimat® and Spiolto Respimat®.

There have been several incidents identified within NHS Lothian where patients with asthma have been incorrectly prescribed Spiolto Respimat® instead of Spiriva Respimat®.

Spiriva Respimat® contains a long-acting muscarinic antagonist (LAMA). It is licensed for maintenance treatment of chronic obstructive pulmonary disease (COPD) and add-on maintenance therapy of asthma.

Spiolto Respimat® is a dual bronchodilator containing both a long-acting muscarinic antagonist and long-acting beta-2-agonist (LAMA/LABA) licensed for the treatment of COPD only.

Spiolto® should not be used in asthma. Prescribing in conjunction with an inhaler containing a corticosteroid and a long-acting beta-2-agonist (ICS/LABA) will lead to duplication of LABA treatment and should be avoided; increasing the risk of associated side effects such as palpitations, tremor or headache.

Brand name	Spiriva Respimat®	Spiolto Respimat®
Medication	Tiotropium bromide	Tiotropium bromide and olodaterol hydrochloride
Drug class	LAMA	LABA/LAMA
Appearance		
Indication	Asthma and COPD	COPD only
Inhaler Co-Prescribing	Asthma - always prescribed in addition to other inhaled maintenance therapy. COPD - can be prescribed as monotherapy or in combination with other inhaled maintenance therapy.	Never prescribed in addition to other inhaled maintenance therapy.

KEY MESSAGES

- ◊ Be extra vigilant when prescribing and dispensing medicines with commonly confused drug names to ensure that the intended medicine is supplied.
- ◊ Spiolto Respimat® should not be prescribed for patients with asthma.
- ◊ Treatment plans with Spiolto Respimat® in combination with ICS/LABA inhalers, such as Fostair® or Relvar®, should be reviewed.

Thanks to Joanna Hutchison,
Lead Respiratory Pharmacist.

Updated hypertension guidelines

The revised [Lothian Hypertension Guidelines 2022](#) have been produced to reflect the recently updated NICE Guidelines – Hypertension in adults: diagnosis and management (NG 136¹). This covers identifying and treating primary hypertension in people aged 18 and over, including those with type 2 diabetes. It aims to reduce the risk of cardiovascular problems by helping healthcare professionals to diagnose hypertension accurately and treat it effectively.

There are new recommendations on blood pressure (BP) targets and antihypertensive drug treatment for people with cardiovascular disease. The drug treatment threshold for stage 1 hypertension includes the recommendation that treatment is initiated in patients <80 years and having a 10 year cardiovascular disease (CVD) risk >10% (was >20%).

Drug treatment thresholds

Stage 1 hypertension: clinic BP ≥140/90, home BP (HBPM) average ≥135/85

◊ Treat if <80 years and have at least one of target organ damage, diabetes mellitus, renal disease, established CVD, 10 year CVD risk >10%

◊ Treat ≥80 years if repeated clinic BP >150/90

Stage 1 hypertension that does not meet the above criteria or BP <140/90 should be reassessed in 3-5 years

Severe hypertension (urgency) or confirmed stage 2 hypertension should be treated without delay and hypertensive emergencies should be admitted

Stage 2 hypertension: clinic BP ≥160/100, HBPM average ≥150/95.

Stage 3 hypertension: clinic systolic BP ≥180 or clinic diastolic BP ≥120.

BP targets

• Maintain BPs consistently below target rather than aiming for a particular BP target

- Aged <80 years: reduce clinic BP to below 140/90 and ensure it is maintained at that level
- Aged 80 ≥ years: reduce clinic BP to below 150/90 and ensure it is maintained at that level
- Use the same BP targets for people with and without cardiovascular disease.

Assessment

A full assessment of patients with hypertension now includes measurement of diabetes markers HbA1C levels and urine ALBUMIN:CREATININE ratio.

Drug treatment choices

This is unchanged from the previous NHS Lothian Hypertension Guidelines.

Thanks to Alison Cockburn, Lead Diabetes Cardiovascular Pharmacist.

Co-enzyme Q10 and statins

Patients are known to purchase co-enzyme Q10 to manage or prevent muscle symptoms related to statins.

There is a lack of evidence to support the use of co-enzyme Q10 for statin induced muscle symptoms. Therefore healthcare professionals should not recommend co-enzyme Q10 or advocate its use for this indication.

Consideration can be given to the following interventions to assist with the management of statin-induced muscle symptoms:

- Inform patients to report promptly any unexplained muscle pain, tenderness or weakness
- Use statins cautiously in patients with pre-disposing factors for rhabdomyolysis
- In patients whom have previously experienced muscle symptoms with statins, prescribe the minimum effective statin dose for the indication
- Where possible, avoid drug interactions with statins that are associated with increased risk of myopathy/rhabdomyolysis.

Reference

SPS sps.nhs.uk/articles/using-coenzyme-q10-supplements-to-manage-or-prevent-statin-induced-muscle-symptoms/ Feb 2022

Reference

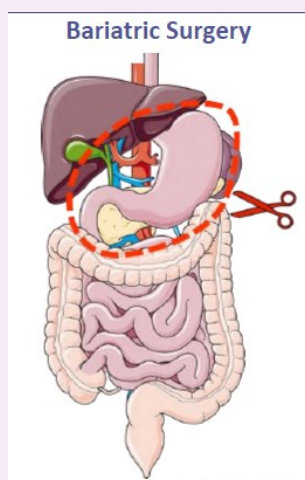
¹ NICE [Hypertension in adults: diagnosis and management](#) published Aug 2019 last updated Mar 2022



Effect of bariatric surgery on oral medication

There are several factors to be considered when prescribing medicines for a patient following bariatric surgery, including the type of surgery, drug considerations such as altered pharmacokinetics, and patient choice. Factors which affect drug pharmacokinetics include the stomach size, pH changes and surface area changes. Alterations in these areas can result in reduced absorption of the drug, and therefore reduced therapeutic effect.

The ability to absorb drugs is changed by bariatric surgery due to the reduced size of openings produced. Drugs administered in an aqueous solution are more rapidly absorbed than those in solid form or oily solutions. In general, immediate release formulations are preferred and extended release formulations should be avoided.



Enteric or film coated tablets may also be problematic, as any delay in drug release may reduce absorption. Due to the reduced size of openings, smaller formulations or crushing or cutting tablets can be considered where appropriate, although this will make their use off-label.

It is advised that patients avoid effervescent drug formulations after bariatric surgery, as they often cause discomfort. If this is unavoidable, the tablet should be fully dissolved and allowed to settle before drinking.

Patients should be monitored for any decreased efficacy or adverse effects, and changes made accordingly, rather than a blanket change in medicines after surgery. If absorption is reduced, a liquid preparation or an alternative administration route may resolve the problem. Alternative drug delivery routes may be considered, but it is important to note that obesity may impact on drug absorption via the subcutaneous and transdermal routes.

Gastro-intestinal adverse drug reactions may be more likely in patients who have undergone bariatric surgery, due to the smaller size of the stomach. Non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided where possible as patients are more at risk of ulceration, which could be fatal.

The Specialist Pharmacy Service website (sps.nhs.uk) contains two useful resources when considering the effect that bariatric surgery has on medication.^{1,2} The Lothian Medicines Information Service can also be contacted at medicines.information@nhslothian.scot.nhs.uk if more information is required on the effect of bariatric surgery on a patient's medication.

References



- ¹. SPS [The effect of bariatric surgery \(gastric bypass\) on certain medicines Specialist Pharmacy Service – The first stop for professional medicines advice](#) Mar 2022
- ². SPS [Factors to consider when using medicines following bariatric surgery \(gastric bypass\) Specialist Pharmacy Service – The first stop for professional medicines advice](#) Mar 2022


*Thanks to Louise Pettigrew, Rotational Pharmacist,
Medicines Information.*



New resource from NHS 24 with patient information for mental health and wellbeing

Find out more about mental health conditions, treatments and medications.

Use the shortcuts below to go straight to information about a Condition or a Medication

Conditions  Medications 

Printable Leaflets  Type a search term below

View our handy leaflets  Enter keyword(s)... 

'Choice and Medication' hosted by NHS 24, choiceandmedication.org/nhs24, is a website designed to provide information to patients about mental health conditions and their treatments to support them in making an informed decision about their treatment plan.

The website provides lots of easy to understand resources which can also be used by healthcare professionals when counselling patients.

Some examples of the information provided include side-effects for individual medicines and printable leaflets which are easy to read and available in multiple languages.

This resource has been created independently from the NHS and so the East Region Formulary should be used when considering prescribing options.

You can access the website via the assigned unique link as each organisation has their personal subscription to the website. Alternatively, scan the QR code to take you to the page!



SITUATION VACANT

We are looking for a GP in the Lothians to join our editorial team for the Lothian Prescribing Bulletin. Meetings are online to collate and edit the bulletin to support safe and effective prescribing. For more details email prescribing@nhslothian.scot.nhs.uk.



East Region Formulary Update

The East Region Formulary Project continues to progress through the chapters of the formulary, reviewing the content from all three boards and producing unified advice for the East Region.

Central Nervous System

Sleep, Anxiety, Depression, Psychoses & Related Disorders



The treatment of acute behavioural disturbance pathway has been updated and mirrors the guidance documents, placing oral formulations as first line, then intramuscular and finally intravenous options.

There is a specific pathway for the treatment of behaviour disorders in dementia for longer term treatment.

Citalopram has not been included in the chapter content. Prescribers and patients should note that this change should apply to new prescribing decisions going forward and that there would be no requirement to change patients already on citalopram if it already works for them.

ADHD and development disorders (adults and paediatrics)

The section on the treatment of Tourette's syndrome and complex tic disorders has been updated.

Pain related conditions

Pregabalin will be removed for neuropathic pain after the chapter expert group agreed that there was limited benefit seen.

Amitriptyline will be first in the pathway and Gabapentin will remain on the formulary for neuropathic pain, second line.

Duloxetine will continue to be in the pathway for diabetic peripheral neuropathic pain.

Substance dependence

Pabrinex® prescribing advice is in line with the summary of product characteristics. Local guidelines may need to be adapted to reflect this after the chapter experts agreed to follow the SPC.

The positioning of the smoking cessation products highlighted that the Nicorette® inhalator had been available in all three boards and had been used with good effect.

Coming soon...

CNS: dementia, nausea and vomiting, poisoning, parkinsonism and neuromuscular conditions.