



Supporting prescribing excellence - informing colleagues in primary and secondary care

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## Try eLJF-CLINICAL!

*Wondering what is best practice in prescribing?*

*Struggling to keep up with formulary changes?*

*Looking to improve your formulary adherence?*

The eLJF-CLINICAL is a prescribing aid in the form of a VISION guideline, which includes most formulary medicines that are relevant to primary care prescribing.

It is installed by the GMS facilitator to all VISION practices every time a new version is released, and can be found on the Guideline tab > eLJF-CLINICAL.

The eLJF team has been working hard to review it and ensure it reflects the latest formulary changes.

- ♦ The pathways and formulary recommendations have been reviewed.
- ♦ All weblinks to useful resources have been updated.
- ♦ New prescribing notes and information have been added.

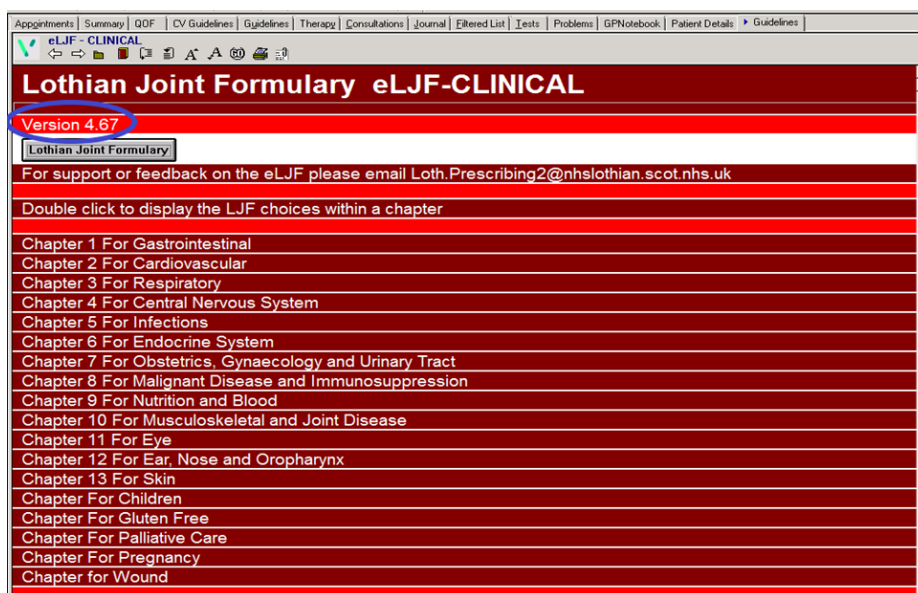
## Watch out for more changes in the coming months

The process of merging the NHS Borders, Fife and Lothian formularies into the new East Region Formulary (ERF) has started and is expected to take about a year, during which every formulary section will be reviewed. To support GPs and primary care prescribers during the transition, we are aiming to update the eLJF-CLINICAL for VISION every two months, in line with each ERF update.

For more information on eLJF-CLINICAL, and for information on the eLJF Synonyms for EMIS, please visit [formulary.nhs.scot/east/help-and-support/for-healthcare-professionals/electronic-formularies-in-general-practice/](http://formulary.nhs.scot/east/help-and-support/for-healthcare-professionals/electronic-formularies-in-general-practice/)

You can't find the answer on our webpage, and have some questions or comments? Contact us on: [prescribing@nhslothian.scot.nhs.uk](mailto:prescribing@nhslothian.scot.nhs.uk).

*Thanks to Hélène Legay, Formulary Pharmacist for contributing.*





## References

1. The Lancet. November 2020. [doi.org/10.1016/S0140-6736\(20\)31785-2](https://doi.org/10.1016/S0140-6736(20)31785-2)
2. Women's Health Plan. Scottish Government. [www.gov.scot/publications/womens-health-plan](https://www.gov.scot/publications/womens-health-plan)

## Bridging contraception in community pharmacy - 3-month supply of POP

Bridging contraception provides short term contraception cover prior to accessing more effective longer term contraception. As shown by the Bridge-It study in 2020, provision of a supply of the progestogen-only pill with emergency contraception from a community pharmacist, along with an invitation to a sexual and reproductive health clinic, results in a clinically meaningful increase in subsequent use of effective contraception.<sup>1</sup>

The recently launched Scottish Government's Women's Health Plan underpins actions to improve women's health inequalities by raising awareness around women's health, improving access to health care and reducing inequalities in health outcomes for girls and women, both for sex-specific conditions and in women's general health.<sup>2</sup>

The new Community Pharmacy Bridging Contraception Public Health Service was launched through all community pharmacies across Scotland in 9 November 2021.

The full service specification is set out in the recently published PCA (P)(2021)12 at [www.sehd.scot.nhs.uk/pca/PCA2021\(P\)12.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2021(P)12.pdf).

*The pharmacist can provide a three month supply of desogestrel 75mg tablets using the national PGD, either following on from an Emergency Hormonal Contraception (EHC) consultation, or where no EHC is required, a supply can be made as a standalone temporary supply of contraception when requested.*

*This supply will then give them time to access either their GP or sexual health services for a longer term supply of contraception.*

The service is available to all women aged over 13 and under 55 years of age. They must also be registered with a GP practice in Scotland. The pharmacist will undertake a medical history utilising a national questionnaire. This is to ensure that they have sufficient information to assess the appropriateness of supplying this therapy. In addition the pharmacist should, where appropriate, signpost to other sexual and reproductive health information. This may include the promotion of long-acting contraception along with the prevention of and screening for sexually transmitted infections.

To enable the pharmacist to sign the PGD and offer the service, they must have completed the training module 'Sexual Health for Community Pharmacists: Bridging Contraception (desogestrel)' on TURAS.

All documents relating to the delivery of the service are available on the NSS website available [here](#).



*Thanks to Dawn Owen, Lead Pharmacist,  
Community Pharmacy Development.*

## COVID-19 pneumonia = virus ≠ antibiotics

Distinguishing viral respiratory tract infections from bacterial can be difficult. There are some important cues in the history and the examination that can help to differentiate. NICE provides guidance to differentiating viral COVID-19 from bacterial pneumonia in adults as follows<sup>1</sup>:



COVID-19 <b>viral</b> pneumonia may be more likely if the patient:	A <b>bacterial</b> cause of pneumonia may be more likely if the patient:
Presents with a history of typical COVID-19 symptoms for a week or so including:	
• has muscle pain (myalgia)	• becomes rapidly unwell after only a few days of symptoms
• has a loss of sense of smell (anosmia)	• does not have a history of typical COVID-19 symptoms
• is breathless but no pleuritic pain	• has pleuritic pain
• a non-productive cough	• has purulent sputum
• has a history of exposure to known or suspected COVID 19, such as a household or workplace contact	• has unilateral chest signs
A cough, myalgia and temperature are also common features of influenza and other respiratory viruses	

If management can be maintained in the community:

- as COVID-19 pneumonia is caused by a virus, antibiotics are ineffective.
- do not offer an antibiotic for treatment or prevention of pneumonia if COVID-19 is likely to be the cause. Recommend a PCR test.
- offer an oral antibiotic for the treatment of suspected bacterial pneumonia in people who can or wish to be treated in the community. If antibiotic treatment is required, the first choice oral antibiotic is:
  - ◊ amoxicillin 500mg three times a day for five days<sup>2</sup>
  - ◊ in people with a reported penicillin allergy: doxycycline 200mg on the first day, then 100mg once a day for four further days (not for use in pregnancy).

Thanks to Carol Philip and Alison Cockburn,  
Lead Pharmacists,  
Antimicrobial Management Team.

### References

1. [Scenario: COVID-19 | Management | Chest infections - adult | CKS | NICE](#) June 2021
2. [Scenario: Community-acquired pneumonia | Management | Chest infections - adult | CKS | NICE](#) June 2021

## Aspiration risk!

### Potential interactive effect when PEG laxatives and starch-based thickeners are co-administered



Thickened liquids are usually taken by patients with dysphagia, including people who are elderly or have disabilities that affect swallowing. Thickening the liquid before swallowing improves bolus control and reduces the risk of aspiration, which can be life-threatening.

The [MHRA has raised concerns](#) around the direct mixing of polyethylene glycol (PEG) laxatives, e.g. Macrogol compound, with starch-based thickeners leading to an increased risk of aspiration. Evidence suggests combining the two compounds can counteract the thickening action and result in a thin watery liquid, placing patients with dysphagia at greater risk of aspiration of the thinner liquid. If a patient is identified to be on a PEG laxative and starch-based thickener, the laxative or thickener must be changed. Where deemed appropriate by a dietician or speech and language therapist in the use of thickening agents, a xanthan-gum based thickener (Nutilis Clear) could be considered. Please continue to report suspected adverse drug reactions via the [Yellow Card scheme](#) to help us safeguard public health.

The MHRA advises that there are two main types of thickening agents: starch-based compound, for example cornstarch, or gum-based (xanthan gum).

Most thickeners are classified as foods for special medicinal purposes and are used to thicken both liquids and foods to various consistencies.

### On a technical note... senna or sennosides?

A recent Specialist Pharmacy Service (SPS) article<sup>1</sup> addressed the importance of labelling products containing senna or sennosides. The label must accurately describe the active substance. A product can only be labelled as containing 'senna' if ingredients contain powdered fruit of Alexandrian or Tinnevely Senna, according to the British Pharmacopoeia<sup>2</sup> monograph description. Products labelled as 'sennosides' contain sennosides extracted from the fruit which are then purified and isolated as calcium salts, and these products cannot be labelled as senna.

Further confusion may occur because sennosides may be described in different ways on product labels, as sennosides, sennosides (as calcium salt) or calcium sennosides. The generic description 'sennosides' includes all of these. Products labelled as containing 7.5mg sennosides, 7.5mg sennosides (calcium salt) or 7.5mg calcium sennosides contain the same amount of the same active ingredient and are therefore interchangeable.

The descriptors of affected senna or sennoside products will be amended on the dictionary of medicines and devices (dm+d) to support labelling recommendations.<sup>3</sup> The Lothian Joint Formulary and electronic prescribing systems in primary care utilise the dm+d descriptors, and names of the medicines will be updated accordingly.

### East Region Formulary update

The first three chapters, or therapeutic areas, of the East Region Formulary have been agreed: [skin](#), [gastrointestinal](#) and [infections](#). These are the adult pathways only. In NHS Lothian the website has been updated for all the pathways that sit under these therapeutic areas. In NHS Borders and Fife the pathways can be accessed via the board formulary websites as pdf documents. This is a temporary measure until Borders and Fife switch to using the new website platform.

The second group of therapeutic areas being worked on just now include endocrinology, respiratory and cardiology. The Chapter Expert Working Groups for these areas are in the process of agreeing content. The new content for these therapeutic areas will be available in February 2022.

The planned third group of therapeutic areas are Obstetrics and Gynaecology, Genitourinary, Musculoskeletal and Eye. Meetings are being planned for January and February 2022. This content is expected to be available in April 2022. More information on progress with the project, a reminder on website functionality and formulary committee process is available from the [East Region Formulary Update December 2021](#).



### KEY MESSAGES

Pharmacists should ensure that:

- ⇒ prescribing and dispensing systems reflect the approved generic names 'senna' or 'sennosides'.
- ⇒ staff dispensing and administering senna and sennosides are aware that these products are interchangeable.

### References

1. Sennosides and senna labelling requirements. SPS. August 2021. [www.sps.nhs.uk/articles/sennosides-new-labelling-requirements/](http://www.sps.nhs.uk/articles/sennosides-new-labelling-requirements/)
2. The British Pharmacopoeia [www.pharmacopoeia.com](http://www.pharmacopoeia.com)
3. Dictionary of medicines and devices. [www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dictionary-medicines-and-devices-dmd](http://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dictionary-medicines-and-devices-dmd)

Thanks to Sheeba Zahir, Rotational Pharmacist.



Happy  
New Year!