

# PostScript - Primary Care

**February 2008**

## **BLOOD GLUCOSE TESTING GUIDELINES:**

Over 119,000 residents in NHSGGC are currently diagnosed with diabetes. Self monitoring of blood glucose monitoring (SMBG) has become an integral part of treatment for people with diabetes but the evidence for this is limited. SMBG has not been shown to be superior to urine monitoring. The financial implications of prescribing blood glucose (BG) monitoring strips need to be balanced against the impact on patients' ability to manage their diabetes and to achieve the best outcomes.

In 2006-2007 £2.7million was spent on prescribing BG monitoring strips across NHSGGC. In June 2007 the Managed Clinical Network (MCN) for diabetes finalised the process to standardise the type of meters which all healthcare staff are using. In parallel with this, it was agreed that a multidisciplinary consensus statement on patient SMBG would be developed for guidance. This guidance will impact on prescribing of BG strips promoting clinical and cost effective prescribing.

Advice from the National Institute of Clinical Excellence (NICE) is that SMBG may prove useful to people in their overall approach to self-care. NICE however, comment that the lack of specific benefit in research studies may have been due to failure to link it with appropriate educational strategies. Updated NICE guidance is due to be published in March 2008 and at that time NHSGGC guidance will be reviewed to reflect the outcome of any new recommendations.

For patients with type 1 diabetes on insulin, self monitoring is considered essential to achieve optimum blood glucose management. SMBG is required in order to adjust the insulin dose according to blood glucose to achieve target HbA1c levels (<7%).

For patients with type 2 diabetes, SMBG may be useful at diagnosis as part of an education package to enhance self-care. Healthcare professionals must ensure that patients understand the purpose and frequency of self-monitoring and should clarify how to take and interpret readings and apply these to agreed goals for lifestyle changes.



**Routine SMBG does not improve glycaemic control compared with usual care in well-controlled non-insulin-treated type 2 diabetics. Routine SMBG is not required if patients are well controlled on non-insulin therapy (including oral treatment, diet and exercise).**

Patients with type 2 diabetes (controlled by diet or oral medication) who are experiencing hypoglycaemia may benefit from self-monitoring but for patients who are reasonably well controlled (HbA1c  $\leq$  7.5%) it offers little advantage and may increase the likelihood of hypoglycaemia. Patients with Type 2 diabetes requiring insulin need to self-monitor blood glucose levels in order to titrate the insulin dose and avoid hypoglycaemia.

Self monitoring of blood glucose should be available to those patients:

- ✓ on insulin treatment
- ✓ on glucose-lowering medications experiencing hypoglycaemia
- ✓ to assess effect of medications and lifestyle changes to glucose control
- ✓ to monitor changes during intercurrent illness
- ✓ to ensure safety during activities including driving

The guidance is attached as a supplement.

**DRESSINGS OF CHOICE:** A dressings formulary has been developed for use in both primary and secondary care within NHSGGC. This list was developed taking clinical and cost-effectiveness, comparative safety and patient acceptability into consideration. It lists dressings appropriate for the most commonly encountered wounds and also contains additional information for use. Adherence will be monitored at local level. The document will be sent to all prescribers in primary and secondary care and all wards.

## NHSGGC SMOKEFREE SERVICES

Tobacco projects within NHS Greater Glasgow and Clyde are now known collectively as Smokefree Services and are aimed at reducing the impact of tobacco on the people who live and work in Greater Glasgow and Clyde.



For more information please contact 0141 201 9825 or visit:  
[www.nhsggc.org.uk/smokefreeservices](http://www.nhsggc.org.uk/smokefreeservices)

There are 6 key services:

- Smokefree Community Services – stop smoking groups offer an intensive support programme combining drug therapy, advice and support to smokers motivated to quit. The groups meet for one hour each week.
- Smokefree Pharmacy Services – community pharmacy based service where clients can access NRT and receive support for up to 12 weeks.
- Smokefree Pregnancy Services – service tailored to meet the needs of pregnant women and offers help and advice for smokers who wish to stop.
- Smokefree Hospital Services – all hospitals within the health board are smokefree and it is important that all smokers are offered help to quit. Stop smoking advisors in hospital can arrange NRT during the stay and can arrange a link to local stop smoking services on discharge.
- Smokefree Youth services – programmes available to primary and secondary schools (only available in the previous NHS Greater Glasgow area at present; to be rolled out to Clyde).
- Smokefree Training Services – training has been developed for anyone who is expected to or has the opportunity to raise the issue of smoking in their job.

**PHENYTOIN:** The cost of generic phenytoin tablets has been very variable over recent months. Patients being initiated treatment should be prescribed this drug as the capsule formulation. In addition to the significant cost saving this will also ensure that patients will receive the same formulation at each dispensing.

| Formulation             | Cost / 28 days treatment<br>(based on 100mg three times daily) |
|-------------------------|--|
| Phenytoin 100mg tablets | £120.00  |
| Epanutin 100mg capsules | £2.83  |

Source: Drug Tariff Feb 08, BNF Sep 07

Due to its non-linear pharmacokinetics and narrow therapeutic index, **switching patients already established on phenytoin from one formulation to another is not advocated.**

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