PostScRxipt – PrimaRxy Care

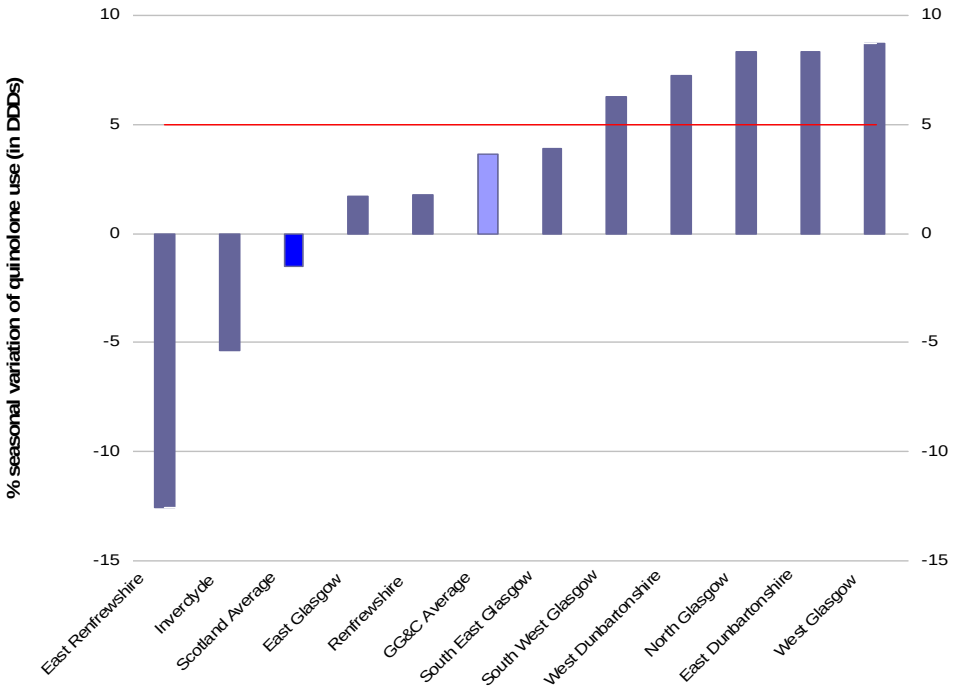
NHS Greater Glasgow and Clyde

August 2010

C.DIFF HEAT TARGET: The Scottish Government announced last month that the national HEAT target for *clostridium difficile* infection rate in over 65s has been changed from a 30% reduction to 50% reduction from baseline (2007/08) by 31st March 2011. The rate of infection is now lower than ever before and this is likely due to improved antimicrobial stewardship.

In primary care in NHSGGC, there are two prescribing indicators that contribute to this effort. These indicators are aimed at encouraging prescribers to limit empiric prescribing of 4C antibiotics to the indications specified in the NHSGGC Management of Infection Guidance.

One of these indicators is specifically aimed at reducing the seasonal variation of quinolone prescribing ie by not prescribing for empiric treatment of seasonal respiratory infections. This indicator was set nationally as part of the HEAT target and has been adopted locally within the GMS indicators. The target set was a maximum of 5% difference from summer to winter. The variation for NHSGGC to end-March 10 was 3.8%. The following chart illustrates the current position to date:



Seasonal variation in quinolone prescribing from the period April09-Sep09 to Oct09-March10

NEW PREPARATION FOR MS: Prescribers may be aware of a new cannabinoid oromucosal spray (Sativex®), licensed for spasticity in patients with multiple sclerosis (MS). There has been considerable media and patient interest in this development which replaces an unlicensed formulation. The Area Drug and Therapeutics Committee notes that, as for all medicines "pre-SMC", this product is **non-Formulary** and will remain so until the SMC assessment and local processes are complete. Until then, GPs should not prescribe or be asked to prescribe by MS specialists.

TRANSLATED NON-PRESCRIPTION PADS: Translated versions of the NHSGGC non-prescription pads will soon be available to prescribers in primary care. The six languages are: Hindi, Punjabi, Urdu, Mandarin, Arabic and French. We will write to prescribers with the details once these are available.

SUNSCREEN ACBS REQUIREMENTS: We are often asked at this time of year about prescribing sunscreens on the NHS. Sunscreen is one of a number of items that are considered as medicines under certain circumstances by the Advisory Committee on Borderline Substances (ACBS). The ACBS advise that sunscreen is regarded as a drug when prescribed for:

> Protection against UV radiation in abnormal cutaneous photosensitivity resulting from genetic disorders or photodermatoses, including vitiligo and those resulting from radiotherapy; chronic or recurrent herpes simplex labialis.

This does not provide for protection for patients who take drugs which have the potential to cause photosensitivity (eg amiodarone, phenothiazines, doxycycline). Unless a patient has acquired a photosensitivity, the patient is not deemed to have a photodermatosis and sunscreens are therefore not allowable on the NHS for this.

METFORMIN MR: Glucophage SR® was approved for restricted use by the Scottish Medicines Consortium in September 2009. It was restricted to use in patients who cannot tolerate standard metformin tablets and in whom having a once daily dose offers a clinically significant benefit. In their drug advice, the SMC state that the evidence for improved gastrointestinal tolerability is not convincing and this product is more expensive than standard metformin tablets. **GPs are reminded that Glucophage SR is non-formulary in NHSGGC**.

	Cost per 28 days			
Daily Dose:	500mg	1000mg	1500mg	2000mg
Metformin 500mg tablets	**£1.16**	**£2.32**	**£3.48**	**£4.64**
Glucophage SR 500mg	£3.07	£6.14	£9.21	£12.28
Glucophage SR 750mg			£6.40	
Glucophage SR 1000mg		£4.26		£8.52

MIDAZOLAM INJECTION FOR PALLIATIVE CARE: Pharmacies in the Community Pharmacy Palliative Care Network only stock one strength/amp size of midazolam injection:

5mg/ml, 2ml ampoule

This is the only strength of midazolam used in palliative care, since more dilute strengths pose two potential problems:

- The bolus dose may be too large to give subcutaneously
- The volume may be too large to fit in a syringe pump, especially if mixed with other medicines.

Midazolam injection is a Schedule 3 Controlled Drug, adding further difficulties at the dispensing stage if written incorrectly. In a recent incident, a carer spent at least several hours going round pharmacies trying to get a prescription, which had the ampoule size omitted, dispensed, before one pharmacist contacted the GP to resolve it.

Community Pharmacists should contact the prescriber if they receive a prescription for other strengths of midazolam for palliative care patients. Pharmacists should establish the urgency of the medication; pharmacies in the network, District Nurses and the out-of-hours service have access to the Board's courier service when urgent collection or delivery of a prescription is required. This will help to ensure that the patient receives the correct medication and reduce the stress on carers.

CALCIUM SUPPLEMENTS: The following appendix provides expert advice on calcium supplementation following the recent meta-analysis published in the BMJ.

NHS
Greater Glasgow and Clyde

GG&C Osteoporosis Subgroup

Consensus Statement on the Cardiovascular Risk of Calcium Supplements

This statement has been produced in response to the meta-analysis published in the BMJ on the 29th July 2010, which suggested calcium supplements may increase the risk of myocardial infarction and that patients on these should be reviewed.

This group recommends that patients at high fracture risk should continue on their calcium & vitamin D3 supplements.

- The recent study refers to calcium supplements only, and so does not relate to the current prescribing practice of using calcium + vitamin D3.

- The trials underpinning this work did not generally include CV disease as a pre-specified end-point. Patient level data on CV events were only available for 63% patients, and complete trial level data was available for 85% participants

- Other studies (WHI) have reported that calcium and vitamin D does not increase risk of CV disease or stroke (Circulation 2007;115:846-54). A previous meta-analysis of vitamin D use has shown that vitamin D is associated with reductions in mortality (Arch Intern Med 2007;167:1730-7)

We believe that, although this study raises concerns over calcium supplements (without vitamin D) being associated with a risk of increasing CV events, the current evidence is insufficient to affect practice.

Calcium supplements alone (ie without vitamin D) are NOT recommended in the context of osteoporosis treatments. The benefits of calcium & vitamin D supplements in combination with bisphosphonates for those at high risk of osteoporotic fracture FAR OUTWEIGH the suggested risks.

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On behalf of the GG&C Osteoporosis Subgroup