PostScRxipt – PrimaRxy Care

November 2010

PAIN GUIDELINES:

The updated pain guidelines have recently been launched by NHS Greater Glasgow & Clyde. These are aimed to be a useful support for all non specialists in their efforts to optimise chronic pain management for their patients. They are evidence-based and designed to complement the treatment strategy of the GG&C NHS secondary and tertiary care pain management services. The Chronic Pain Managed Clinical Network (MCN) relies on, and in fact requires that patients are taken through the appropriate steps outlined in the Guidelines before they are referred to specialist pain services.
The full article can be found on the GGC formulary website.

ERRORS IN CD SCRIPTS:

An audit has been undertaken in community pharmacies to investigate the extent and type of errors in the way CD scripts are written. The results were reassuring, with only 7.6% of CD prescriptions containing errors. The most common problems related to writing prescriptions for patches or injections. The Misuse of Drugs Regulations require a dose to be stated on the prescription. The Home Office has stated that it is not acceptable for this to be "as directed" or "as required". The dose can be written "One as directed" or "One as required".

Another area considered was the duration of each prescription. Following the reports from the Shipman Inquiry, the Scottish Government produced guidance on new arrangements for CD prescribing (HDL 2006(27)) in 2006. One of the recommendations was that other than in exceptional circumstances, prescribing of schedule 2, 3 and 4 CDs should be restricted to a maximum of 30-day supply. The audit found that 29% of prescriptions were for more than 30 days supply. It is not known if the prescriber annotated the patient's notes as indicated in the guidance.

NHS Greater Glasgow and Clyde

ROSIGLITAZONE UPDATE:

Following the recent decision by the European Medicines Agency to recommend the withdrawal of rosiglitazone across the European Union the GGC Diabetes MCN suggests the following assessment and treatment options:

- Maximize metformin dosage (ensure dosing after food to improve GI tolerance) instead of rosiglitazone or rosiglitazone/metformin combination.
- Metformin can be prescribed in patients with reduced kidney function, if stable, down to an eGFR of 30 ml/min/1.73m^2
- Remember to readdress lifestyle issues, weight management and portion sizes
- Assess patient for oedema
- Assess patient's HbA1c and weight records before and after rosiglitazone
- Direct switch to pioglitazone once - daily can be considered for patients who do not have a history of heart failure AND show no evidence of significant weight gain or ankle oedema on rosiglitazone AND in whom there is evidence that rosiglitazone therapy has been of benefit to them
- As a guide: for a dose of 4mg rosiglitazone switch to 15mg pioglitazone for a dose of 8mg rosiglitazone switch to 30mg pioglitazone then assess according to existing glycaemic control guideline with a view to dose titration to 45mg

Remember to consider renal function - impaired renal function may have been the reason for choosing treatment with rosiglitazone over other options. Pioglitazone can be used in the context of impaired renal function, while DPP-IV inhibitors ("gliptins") and GLP-1 agonists (exenatide and liraglutide) are not presently licensed for use in patients with significantly impaired kidney function - check the individual guidance for these agents.
Further advice can be sought through the usual primary care/secondary care links; the mechanisms vary locally but are in place across the GGC Board area

SORBION DRESSINGS:

Prescribers are reminded that Sorbion Sachet S® dressings are protease modulating highly absorbent wound dressings which are included in the GGC wound formulary.
They may be being confused with Sorbsan® dressings because there has been a recent increase in the number of prescriptions being issued for Sorbsan® dressings. These are **non formulary** silver containing dressings. Please ensure you are prescribing the correct formulary product.

CRANBERRY PREPARATIONS:

A recent Cochrane Review (issue 9 2010) on assessing the effectiveness of cranberries for the treatment of urinary tract infections found that no RCTs have been performed to assess the effectiveness of cranberry juice or cranberry products for the treatment of UTIs. Therefore, currently, there is **no** evidence to support the use of cranberry juice or other cranberry products for this indication. Cranberry preparations are unlicensed and not included in the GGC formulary.

.TAMOXIFEN DRUG INTERACTIONS:

A recent MHRA drug safety update on tamoxifen drug interactions has been published.
Tamoxifen is a prodrug, and the formation of the active metabolite, endoxifen, is mediated by the CYP2D6 enzyme. CYP2D6 genetic polymorphisms and concomitant use of potent CYP2D6 inhibitors may be associated with variability in clinical response in patients treated with tamoxifen for breast cancer.

A population-based cohort study on SSRI antidepressants and breast-cancer mortality in women receiving tamoxifen found that the risk of death from breast cancer increased with the length of concomitant treatment with paroxetine—a potent inhibitor of CYP2D6, but not with other SSRIs. A more-recent study found no evidence for decreased efficacy with the co-administration of CYP2D6 inhibitors and tamoxifen, but given the strong mechanistic model and overall weight of evidence it is recommended that strong CYP2D6 inhibitors should be avoided whenever possible in patients taking tamoxifen. Examples of such drugs include **paroxetine**, **fluoxetine**, **bupropion**, **quinidine**, and **cinacalcet**.

POST VACCINATION PARACETAMOL FOR UNDER 2 MONTH OLD:

The current routine immunisation schedule starts at 2 months of age, with the Scottish Immunisation Recall System (SIRS) interpreting this as 8 weeks as a minimum i.e. four days short of 2 months. In addition children under 2 months of age may also require other vaccinations e.g. Hepatitis B. This means that occasionally children under 2 months of age may require post immunisation paracetamol. As paracetamol is unlicensed for children less than 2 months old (BNF), the Community Pharmacy Minor Ailments Scheme (EMAS) is unable to supply paracetamol for these children. In the small number of cases where paracetamol is required it is advised that GP's provide a prescription. In the meantime, Public Health colleagues in GG&C, who have advised that it is safe to prescribe paracetamol for these occasions, are in the process of exploring whether a minor change to SIRS can be made to avoid the scheduling of vaccinations for babies less than 2 months old.

GLUCOSAMINE:

The BMJ September 17th reported on a network meta-analysis undertaken to determine the effect of glucosamine, chondroitin, or the two in combination on joint pain and on radiological progression of disease in osteoarthritis of the hip or knee. The main outcome measured was pain intensity, secondary outcome was change in minimal width of joint space. Compared with placebo, glucosamine, chondroitin, and their combination do not reduce joint pain or have an impact on narrowing of joint space. Glucosamine products are not included in the GGC formulary.

EZETIMIBE:

Lipid guidelines have been updated for GP's to include advice on management of patients currently taking ezetimibe.

A recent Postscript advised that ezetimibe is no longer recommended for use in NHS GGC and is non formulary.

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