

PostScript - Primary Care

FEBRUARY 2011

IMPLANON AND NEXPLANON:

A recent MHRA update reminded prescribers that Implanon must be correctly implanted to work effectively. When used correctly Implanon is a safe, effective and reliable contraceptive that prevents pregnancy for up to three years. However, it is important that Implanon is correctly implanted by someone who is trained to fit it. Healthcare professionals who wish to fit Implanon are strongly encouraged to undergo training. Detailed insertion and removal instructions are provided in the [Summary of Product Information \(SPI\)](#). Further information about Implanon and the transition to a new version (called Nexplanon) which has a different insertion mechanism is available from the [October 2010 issue of Drug Safety Update](#).

LITHIUM:

In December 2009 the National Patient Safety Agency (NPSA) made recommendations in a [patient safety alert](#) for implementation by 31 December 2010. In December 2010 The National Prescribing Centre identified the potential for significant numbers of NHS organisations to be non compliant with this deadline.

The recommendations are ;

- Those prescribed lithium are monitored in accordance with [NICE guidance](#) on the management of bipolar disorder
- Reliable systems are in place to ensure blood tests are communicated between laboratories and prescribers
- Patients should receive ongoing verbal and written information from the beginning of therapy and throughout treatment.
- Lithium record book showing lithium blood levels and clinical tests retained by patient

- Prescribers and pharmacists check that blood tests are monitored regularly and that it is safe to issue a repeat prescription / and or dispense the prescribed lithium



- Systems are in place to identify and deal with medicines that might adversely interact with lithium therapy.

Practitioners should familiarise themselves with [NICE guidance](#) which gives standards for lithium monitoring, including management of

- **Lithium serum concentrations every three months** and assessment of
- **Thyroid and renal function every six months.**

For QOF, practices are asked to report the percentage of patients on lithium whose last serum lithium level is within the therapeutic range. The serum lithium level should have been taken in the **previous six months**.

Some practices interpret this as six monthly bloods. However, the 6-monthly standard is probably to allow payment even if the blood results are late i.e. **3-monthly bloods would guarantee compliance** with QOF even if the last one was outstanding.

Also patients should be informed of the side-effects of lithium and they should be prepared to recognise signs of toxicity.

PATIENTS ASSOCIATION ON PAIN:

A recent NELM summary commented on a [Patients Association report on "Public Attitudes to Pain"](#) based on findings from a survey of over 4000 people in the UK. The key findings were as follows:

- 32% were unsure how to use prescribed medication
- 57% were unsure about potential side effects of pain medication.
- 27% had suffered from chronic pain at some point in the last 5 years
- While many patients were aware of pain specialist services, only a quarter of chronic pain sufferers had been referred to a pain specialist.
- GPs were the most common source of information for patients with many patients unaware of access to information from other sources such as pharmacists
- Many patients did not feel able to approach their GP with concerns over side-effects from medication for fear of reproach or embarrassment.

• A third of patients were not adhering to prescriptions issued by their GPs. The report notes that approximately 7.8 million people live with pain from day to day yet there is only 1 pain specialist for every 32,000 sufferers. The total cost to the NHS and economy is unclear but adolescent chronic pain costs the NHS around £3.8 billion and back pain alone accounts for 4.9 million sick days and costs the economy £5 billion every year.

The Patients Association is calling on the Government to establish a clear care pathway for chronic pain services in the NHS and to recognise chronic pain in its own right. It also wants to see further education provided for healthcare professionals on pain services. An article is due to be published in the main Postscript which provides expert advice on opioids for non cancer pain following the recent publication of [Greater Glasgow and Clyde Pain Guidelines](#) (NB NHS Intranet only).

MHRA PIOGLITAZONE AND INSULIN:

[An MHRA Drug Safety update on Pioglitazone and Insulin](#)

Cases of cardiac failure have been reported when pioglitazone was used in combination with insulin, especially in patients with risk factors for the development of cardiac failure. If the combination is used, patients should be observed for signs and symptoms of heart failure, weight gain, and oedema.

SALIVA SUBSTITUTES:

The article in Postscript Primary Care number 144(October2010)

<http://www.ggcformulary.scot.nhs.uk/prescribe/r/PSPCOctober2010.pdf> highlighted simple measures that could be taken to help alleviate the symptoms of dry mouth. The focus of the original article was directed towards patients presenting with dry mouth in general practice and was not intended to offer guidance for the treatment of dry mouth or oral mucositis in patients receiving radiotherapy for whom some of the options are not appropriate. For this particular group of patients, specific guidance exists in the *GGC Cancer Care Clinical Handbook* which is available within the Clinical Info section of StaffNet (link [here](#))

DRONEDARONE (MULTAQ):

Dronedarone (Multaq) is indicated for the treatment of adults with past or current occurrence of atrial fibrillation (AF).

A recent [MHRA update on dronedarone](#) advises dronedarone may be associated with:

- an elevated risk of worsening, or new-onset, heart failure
- liver toxicity

Patients should be asked to be vigilant for the symptoms of heart failure or liver toxicity during treatment, and should undergo regular liver-function testing. Dronedarone is currently non-Formulary.

INTRODUCING EVIDENCE INTO PRACTICE

[Evidence into Practice](#) from NES Knowledge Service Group is a recent enhancement to The Knowledge Network. It provides tools and resources to support frontline NHSScotland clinicians and quality improvement leads in finding, sharing and using evidence to deliver the Scottish Government's Healthcare Quality Strategy goals of Safe, Effective and Person-Centred care.

<http://www.evidenceintopractice.scot.nhs.uk/home.aspx>

For more information contact suzanne.graham@nes.scot.nhs.uk