PostScRxipt – PrimaRxy Care

June 2011

NHS Greater Glasgow and Clyde

SAFER LITHIUM THERAPY:

The NPSA has developed a patient information booklet, lithium alert card and a patient held record book for tracking blood tests.

Some patients taking lithium have been harmed because they have not had their dosage adjusted based on recommended regular blood tests. If patients are not informed of the known side effects or symptoms of toxicity, they cannot manage their lithium therapy safely. One of the recommendations made by the NPSA is at the start of lithium therapy and throughout treatment, patients receive appropriate ongoing verbal and written information and a record book to track lithium blood levels and relevant clinical tests.

NHS GGC has procured a limited supply of 5000 of the booklets. Every patient currently prescribed lithium will receive the pack via their GP surgery, with each community pharmacy receiving a single copy for information. Supplies will also be made to each Community Mental Health Team/resource centre to give to new patients or to reinforce info given to existing patients. Hospital pharmacies that dispense for mental health in-patient units will receive a supply to issue with discharge prescriptions for lithium and other hospital pharmacies will receive a small supply.

A short statement will be issued with the packs explaining to clinicians how we anticipate they will be used. It is the view of Mental Health Partnership Clinical Governance Executive Group, Drugs and Therapeutics Committee & Prescribing Management Group that the booklet and card be issued to all patients but that use of the patient held monitoring record is optional (however we would encourage patients and clinicians to complete this where possible).

It is anticipated that the packs will be distributed late in June/ July.

REPORTING OF HbA1c RESULTS :

Diabetes UK revealed, that Diabetes patients' HbA1c results will continue to be reported in percentage units until October 2011. Use of these units was originally due to cease on June 1st as the UK switched to exclusive use of mmol/mol units.

Dual reporting of percentage units alongside mmol/mol units will continue until October 2011 as GPs have warned that clinicians and patients are not yet familiar with the new units.

Web Address: Dual reporting of HbA1c to continue until October | GPonline.com

KWIKPEN REMINDER:

It has come to our attention that many patients are still being prescribed Humalog® and Humulin® pre-filled pens both discontinued on 31st March. Community pharmacists are now unable to access these so there is a risk that, Kwikpen® which is the replacement, will be supplied against these prescriptions without the patients knowing how to use the new device. It is important that practices change these repeat prescriptions and educate the patient on how to use the Kwikpen®. It is also important that community pharmacists ask the patient if they have been educated on the new device before supplying. If community pharmacists receive a prescription for: Humalog®, Mix 25®, mix 50®, Humulin M3® and Humulin I®, please refer patients to their GP practice for a Kwikpen® prescription.

ATYPICAL FEMORAL FRACTURES WITH BISPHOSPHONATES:

MHRA advises that atypical femoral fractures have been reported rarely with bisphosphonate therapy, mainly in patients receiving long-term osteoporosis treatment.

Discontinuation of bisphosphonate therapy in patients suspected to have an atypical femur fracture should be considered based on an assessment of the treatment benefits and risks.

The need to continue bisphosphonate treatment for osteoporosis should be re-evaluated periodically particularly after 5 or more years of use based on the benefits and potential risks of bisphosphonate therapy for individual patients,

ASSIGN RISK SCORES:

One of the key messages from the Greater Glasgow and Clyde MCN in May is that; 'although the GGC local cholesterol guidelines recommend the use of the JBS risk score, the ASSIGN risk score is now the Scottish Government's preferred risk tool. However, it is acceptable for GPs to use any validated risk scoring system, including JBS-2 and there is no need to revise risk estimations calculated with a different risk prediction tool.'

MORE EXACT PARACETAMOL DOSING FOR CHILDREN:

A recent press release from the MHRA advised that updated dosing for children's liquid medicines containing paracetamol has been developed to ensure children receive the most effective amount, and to support giving paracetamol to them in the best way.

"This updated dosing advice will clarify the doses, making it easier for parents and carers to know exactly how much paracetamol they should give their children.

"The change is not because of safety concerns and parents/carers should not be worried that they have done anything wrong."

The current dosage system has a single age band 6-12 years. The updated dosing has a larger number of narrower age bands and defines a single dose per age band. In the updated system, this will be divided into three separate age bands of 6-8 years, 8-10 years, and 10-12 years. Please click on the word paracetamol below and the link will take you to details of the new paracetamol dosing.

Paracetamol products for children currently on the market should have the updated dosage instructions by the end of 2011.

FEVER AFTER IMMUNIZATION:

Routine prophylactic use of antipyretic drugs is not recommended as there is some evidence that their use around time of vaccination may lower antibody responses to some vaccines (http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_126900.pdf).

If a child however develops fever (temperature greater than 37.5^0C) or an uncomfortable local reaction then paracetamol or ibuprofen can still be given.

YASMIN:

MHRA advises that epidemiological studies have shown that the risk of venous thromboembolism (VTE) for drospirenone-containing combined oral contraceptives (COCs), including Yasmin, is higher than for levonorgestrel-containing COCs.

MENINGITIS : CHANGE IN PROPHYLAXIS:

With improved immunisation programmes, the number of cases of meningitis has fallen significantly but the risk remains. Treatment of the individual case in an acute hospital is accompanied by management of contacts as advised by public health. Antibiotic prophylaxis should be given as soon as possible (ideally within 24 hours) after diagnosis of the index case.

In 2011, HPA guidance was revised and now recommends ciprofloxacin because it can be given as a single dose, does not interact with oral contraceptives, and is more readily available.
(http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947389261).

It is contraindicated in cases of known ciprofloxacin hypersensitivity.

The dosage recommended is

Ciprofloxacin

Adults and children over 12 years as a single dose	500 mg
*Children aged 5-12 years as a single dose	250 mg
*Children 1 month -4 years as a single dose	125 mg

*Note: unlicensed indication in children, suspension requires reconstitution

The guidance reassures prescribers that it is safe for use in pregnancy, lactation and in young children but that anaphylactic reactions can occur and information on side effects should be provided. It has an unpredictable effect on epilepsy but is preferred to rifampicin if the patient is on phenytoin.

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