PostScRxipt – PrimaRxy Care

August 2011

CAUTION: CALCIUM & VITAMIN D SUPPLEMENTS: A number of prescribing and dispensing errors have been reported recently with calcium & vitamin D3 supplements, where ***Calcichew D3 chewable tablets*** have been given instead of ***Calcichew D3 500mg / 400iu caplets.***

Calcichew D3 500mg / 400iu caplets are a new formulation of calcium and vitamin D3, which have recently been given formulary approval for osteoporosis prevention and treatment. These contain 500mg Calcium + 400iu Vitamin D3, which is the minimum strength recommended for osteoporosis, and contains the same strength of vitamin D3 as other formulary preparations (Calcichew D3 **Forte** tablets, Adcal D3).

They are NOT the same as Calcichew D3 chewable tablets, which contain only 200iu of vitamin D3 (+ 500mg calcium). These should not be used for osteoporosis treatment and prevention.

Calcichew D3 500mg / 400iu caplets are currently the only available formulation which can be swallowed whole, and have been added to the NHSGGC Formulary as an alternative for people who cannot tolerate the chewable tablets.

To avoid confusion, this new preparation should always be prescribed as **Calcichew D3 500mg / 400iu caplets.**

** Please ensure the correct formulation is prescribed or dispensed **

The current formulary choices for osteoporosis treatment and prevention are:

Name	*Formulation*	*Calcium content*	*Vitamin D3 content*
Adcal D3	Chewable tablets	600mg	400iu
Adcal D3	Dissolving tablets	600mg	400iu
Calcichew D3 500mg / 400iu	Caplets	500mg	**400iu**
Calcichew D3 Forte	Chewable tablets	500mg	400iu
Calceos	Chewable tablets	500mg	400iu
Calfovit D3	Powder	1.2g	800iu

PHENAZEPAM IMPORT BAN: The Home Office has banned the import of phenazepam ('Russian Valium') and any preparation or products containing this substance. This came into effect on the 22nd July 2011. Phenazepam is a benzodiazepine which is currently not controlled under the Misuse of Drugs Act 1971 in the UK. The UK Government has received independent expert advice from the Advisory Council on the Misuse of Drugs (ACMD) that phenazepam is sufficiently harmful to justify an immediate import ban.

The ACMD's assessment reports that phenazepam is being marketed as a so called 'legal high' product, particularly on the internet. It has been identified as being a potent member of the benzodiazepine family causing harms such as amnesia and drowsiness that may potentially proceed to a coma with respiratory depression. Phenazepam is not prescribed in the UK for treatment and does not have a UK marketing authorisation. Further, it has no legitimate commercial or industrial uses in the UK.

This ban will remain in place until such time as it is revoked. This will likely occur when phenazepam is fully controlled under the Misuse of Drugs Act 1971 where it will be a criminal offence to unlawfully import, export, supply, offer to supply, possess with intent to supply and be in simple possession of this substance without a licence or lawful authority.

NITRAZEPAM AUDIT – SOUTH EAST GLASGOW

The Committee on Safety of Medicines (CSM) advises that benzodiazepines are indicated for short-term relief (2-4 weeks) of anxiety or insomnia that is severe or disabling. Dependence upon prescribed benzodiazepines is now recognised as a major clinical problem, hence the importance of frequent medication review.

In 2010, a nitrazepam audit tool was developed in South East CHCP (SECHCP) in order to facilitate the launch of the SECHCP Anxiolytic and Hypnotic Policy. The rationale for selecting nitrazepam to audit was due to the associated potential for abuse/dependence and adverse side effects of the drug eg increased risk of falls in the elderly and hangover side effects.

RESULTS: Data was collected for 407 patients across 21(75%) GP practices in south east Glasgow. Patients ranged in age from 8 to 90 years with over half of the patients (59%) being in the 60 years plus age group (n = 240)

- 76% (n=310) of patients prescribed nitrazepam (or another hypnotic*) were reviewed
- Interventions were carried out in 79% (n=246) of patients with:
  - 42% (n=130) of patients started a withdrawal programme
  - 37% (n=116) of patients having their hypnotic therapy stopped
- 71% (n = 20) of practices had implemented the SECHCP Anxiolytic and Hypnotic Policy by the end of the audit.
- Prescribing data from PRISMS indicates that the total volume of nitrazepam prescribing has reduced by 27% in south east Glasgow from April – June '10 to January to March '11 (382 to 279 DDDs/1000 weighted patients)

RECOMMENDATIONS:

- Benzodiazepines and "z" drugs should be prescribed at the lowest dose for shortest time (2 to 4 weeks)
- Benzodiazepines and "z" drugs should not be added to the repeat prescription list.
- Temazepam or zopiclone are preferred hypnotics of choice due to a lower aquisition cost and their relatively short half life
- Nitrazepam should be avoided due to its long half life (15-38 hours) which is associated with an increase risk of hangover side effects and falls in the elderly
- As part of any benzodiazepine step down regime, patients should be converted to the equivalent dose of diazepam (avoiding the 10mg diazepam strength tablets where possible). For "z" drugs the preferred method of withdrawal is by gradually reducing the daily dose every 2 weeks e.g. zopiclone 7.5mg daily; the daily the dose can be reduced by half of a 3.75 mg tablet (1.875 mg) every 2 weeks.
- All GP practices to consider implementing a benzodiazepine and "z" drug prescribing policy

For further information on this audit, please contact: laura.hendry@ggc.scot.nhs.uk

NEW TREATMENT FOR GOUT: Febuxostat (Adenuric®) is a new medicine licensed for the treatment of chronic hyperuricaemia in conditions where urate deposition has already occurred (including a history, or presence, or tophus and/or gouty arthritis).

The SMC have accepted this medicine for use when treatment with allopurinol is 'inadequate, not tolerated or contraindicated'. Its place in therapy has been clearly defined in the Formulary:

- Symptomatic patients whose uric acid levels have failed to respond adequately despite optimal (maximum licensed daily dose **900mg**) dosing of allopurinol.
- Febuxostat is NOT recommended for patients with ischaemic heart disease or heart failure.
- Febuxostat is not recommended in patients with creatinine clearance <30mL/min.

Although febuxostat was shown to be superior to allopurinol 300mg daily in reducing serum uric acid, it did not demonstrate increased effectiveness in terms of preventing recurrence or reducing overall size of tophi, and its **efficacy compared with higher doses of allopurinol is unknown**.

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