PostScriptPrimaryCare

NHS Greater Glasgow and Clyde

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Dual Antiplatelet Therapy

From April 2013, patients presenting with Troponin positive Acute Coronary Syndromes (ACS) have been treated with dual anti-platelet therapy (DAPT) consisting of aspirin plus ticagrelor. This follows the PLATO (PLATelet Inhibition and Patient Outcomes) study which included 18,624 patients presenting within 24 hours of onset of ACS symptoms who were initially managed medically, or with percutaneous coronary intervention (PCI), or with coronary artery bypass grafting. Ticagrelor 90mg twice daily showed superiority to clopidogrel 75mg daily in reducing the composite endpoint of cardiovascular death, myocardial infarction or stroke. The NHSGGC Guideline for Antiplatelet Therapy in Secondary Prevention of Coronary Heart Disease recommends how long patients should receive ticagrelor 90mg twice daily in addition to aspirin:

Management	Weeks of Ticagrelor
Medical (Troponin +ve ACS)	12
Balloon Angioplasty Alone	12
PCI with Bare Metal Stent	12
PCI with Drug Eluting Stent	26

For patients undergoing elective PCI, DAPT consists of aspirin and clopidogrel 75mg daily: patients treated with a bare metal stent (or balloon angioplasty alone) should receive DAPT for four weeks and patients treated with a drug eluting stent should receive DAPT for 26 weeks. Patients with a history of transient ischaemic attack or ischaemic stroke should revert to indefinite monotherapy with clopidogrel 75mg daily thereafter.

A significant number of ACS patients are still being treated with aspirin plus clopidogrel, this is largely due to concerns around bleeding, adverse drug reactions (ADRs) and drug interactions. ADRs with ticagrelor are similar to clopidogrel, with the exception of dyspnoea which PLATO reported in 14% of patients (versus 8% with clopidogrel). If persistent and troublesome, consider switching to clopidogrel for the remainder of the treatment course.

Secondary Care provides 28 days of DAPT on discharge. The accompanying patient and GP information leaflets state how long the patient should receive the remainder of their treatment in primary care. The only exception are patients on a compliance aid for whom Secondary Care supply seven days treatment. Further information is available in the NHSGGC Shared Care Protocol for Ticagrelor.

DAPT should not be continued beyond the intended duration. When added to prescription, the stop date should be annotated on the dose instructions; for example '**Ticagrelor tablets 90mg – one to be taken morning and night until 31.12.2013'**. Including this information in the dose instructions affords an additional safety net, as the stop date is available to the patient and/or carer. Practices should ensure that repeat prescriptions are inactivated following the end of the specified duration.

Primary Care Respiratory Prescribing Tools

Considerable work has been done across Greater Glasgow & Clyde practices in the last two years with regard to prescribing indicators for high-dose inhaled corticosteroids (ICS) in asthma and chronic obstructive pulmonary disease (COPD), leukotriene receptor antagonist and mucolytic prescribing. Three new prescribing tools have been developed to support prescribing in asthma and COPD. The tools promote cost effective prescribing of inhaler devices in asthma and COPD without

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compromising patient care and offer guidance on the step-down of high-dose combination inhalers (ICS plus long-acting beta$_2$ agonist (LABA)) in stable asthmatic adults.

Primary Care Adult Asthma (18 years and over) inhaler device guide and COPD inhaler device guide

The two inhaler device guides recommend the most cost-effective inhaler device at each stage of asthma and COPD management. A metered dose inhaler and dry powder inhaler device are given as treatment options at each stage. The decision about device suitability will vary with each individual patient. The inhaler device guides are available from the NHSGGC prescribing website.

A guide to stepping down stable asthmatic ADULT patients (18 years and over) from high dose ICS/LABA combination inhalers

Asthma guidelines recommend a stepwise approach to symptom management; stepping up therapy to achieve control of symptoms and stepping down therapy to a lower dose when control is good. Asthma patients should be regularly reviewed and titrated to the **lowest** dose of ICS that controls symptoms*. The BTS/SIGN British Guideline on the Management of Asthma supports NHSGGC audit findings that 'stepping down therapy once asthma is controlled is recommended, but often not implemented, leaving some patients over-treated.' Step down should be considered if the patient has been stable for at least 12 weeks.

The new step-down guide offers the prescriber practical advice on how to step down stable adult asthmatics on high-dose combination inhalers to lower strength combination inhalers in line with BTS/SIGN guidelines. The step-down guide is available from your local prescribing support pharmacist.

Inhaler Device Patient Information Leaflets (PILs)

A set of NHSGGC inhaler device PILs has been produced giving patients and staff, step by step instructions for using individual inhaler devices. Written patient information is useful to support verbal and practical advice about how to use inhalers. PILs are available for Accuhaler, Easi-Breathe, Easyhaler, Handihaler, Metered-Dose Inhaler, Turbohaler, Volumatic and Aerochamber Spacers. Printable versions of all PIL's are available from the NHSGGC prescribing website.

*Complete asthma control is defined in SIGN/BTS guideline as: no daytime symptoms, no night-time awakening due to asthma, no need for rescue medication, no exacerbations, no limitations on activity including exercise, normal lung function (in practical terms FEV1 and/or PEF>80% predicted or best), minimal side effects from medication.

Reducing Temazepam Prescribing

Temazepam costs have risen nine-fold since September 2012. In NHSGGC the majority of temazepam prescribing appears to be for long-term use (more than 4 weeks).

- Current advice recommends hypnotics should only be used for short-term (two to four weeks) relief of insomnia when it is severe, disabling or causing extreme distress.
- All hypnotic drugs should only be used for short periods due to tolerance and risk of dependency.
- Hypnotics such as benzodiazepines and z-hypnotics are marginally more effective than placebo, providing an extra 25 minutes of sleep per night (Number Needed to treat = 13).
- There is evidence that people receiving hypnotics commonly experience adverse effects: cognitive impairment (memory loss, confusion, disorientation); psychomotor impairment (dizziness, loss of balance, or falls); and/or morning hangover effects (residual morning sedation) (Number needed to harm=6)
- Reviewing patients is the optimal method to address the hypnotic burden
- Previous work within NHSGGC general practices using brief interventions by combinations of letters, consultations and managed reductions have achieved more than 30% reductions in benzodiazepine and z-hypnotic prescribing.
- For more information on reviewing this patient group and for a summary of the evidence for efficacy and harm from hypnotics please see the full article here.

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