THE GREATEST DEVELOPMENT IN PRESCRIBING AND THERAPEUTICS SINCE 1998?

PostScRxipt
from the
NHSGGC Area Drug & Therapeutics Committee
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Website
http://www.ggcformulary.scot.nhs.uk

We asked readers, members of the ADTC and lead clinicians across the service for their views on the greatest development since PostScript *was launched. It seems time passes very quickly as some of the votes were for items which have been around for much longer than ten years, such as the impact of ACE inhibitors on heart failure. The advent of non-medical prescribing gained most votes overall, closely followed by anti-TNFs. The remainder are presented in no particular order.*

The introduction of non-medical prescribing
John Carson, Heart Failure Lead Clinical Nurse Specialist, says, "Non-medical prescribing is a vital skill for my role. It was limited at first to nurses altering the doses of specified drugs to a clinical management plan. Patients receive a prescription at the point of care, thus reducing the visits to their GP. Full independent prescribing allows the nurse to prescribe any of the heart failure medications within relevant guidelines and within their own competence. Staff report benefits and satisfaction in their role as prescribers. As well as improving care for patients, it improves time management for staff with busy patient caseloads by reducing the number of calls they make to GPs."

Merv Granger, Clinical Nurse Specialist, Older Adult Mental Health, says, "I can remember dismissing fairly arbitrarily the idea of nurse prescribing as relevant to my practice. However, I began to reflect on how prescribing might contribute to the care I delivered. I was used to "prescribing by proxy", ie advising a GP what to prescribe. So why not consider prescribing myself? My patients were very positive. They felt that I was in a better position to prescribe more effectively because I saw them regularly and listened to them. I have now been prescribing for three years and feel quite evangelical about it. I firmly believe it has made a positive contribution to the quality of care I deliver. In the local care homes, I discontinue drugs, initiate treatment where I make a diagnosis and titrate treatments according to response. The main benefit is the immediacy of the intervention and the improved patient experience/outcome. I work very closely with the local GPs and consultant psychiatrists and all have expressed positive views on the benefits to them and their patients."

Anti-TNFs
Elizabeth Russell, a pharmacist in Renfrewshire, shares her experience as a patient receiving one of these drugs. It neatly emphasises why these products gained the most votes from our respondents as the drug class which has been the greatest development in the last decade.

Imagine the scene: a busy life, working full time, kids, a husband, running 20k every week, but one day you go out to run and can hardly walk for pain. I couldn't believe it but there I was: getting about was painful, I needed help to get dressed and things we take for granted like pulling the duvet up to your chin and turning the key in the car ignition had become painful and almost unachievable tasks – this wasn't normal.

To cut a long story short, my GP referred me to a rheumatologist who, on my first visit, diagnosed psoriatic arthritis. That's fine, I remember thinking, a DMARD and I'll be fine! Eight months later, after several NSAIDS, sulfasalazine and methotrexate (all of which were tolerated well with little side-effects), I was still taking my full dose of co-codamol 30/500 and crunching dihydrocodeine in between to kill the pain – they needed to do something. At my next visit to the clinic, after a 'full set of unhappy smiley faces' on my pain assessment, they decided to try etanercept. Four days after starting I couldn't believe it: I had taken a few paracetamol, my NSAID (which I won't mention by name as it's non-*Formulary*!) but had not needed any other pain relief. It was a miracle. Once I had recovered from my acute opioid withdrawal symptoms, life has just got better and better.

I realise my condition is not life threatening, but it did threaten my way of life as I knew it. Without my anti-TNF, my life and the lives of those around me would be so much harder, so thanks NHSGGC for letting me have it.

Computer assisted intravenous drug delivery and anaesthesia
Dr NG Smart, consultant anaesthetist, notes, "Most members of the public associate anaesthetics with gases administered by inhalation, but pioneering work in computer assisted intravenous drug delivery has influenced the development of intravenous anaesthesia over the last ten years. This has allowed target controlled infusions (TCI) of drug to become a routine anaesthetic technique rather than a research tool for enthusiasts. The first commercially available TCI system for propofol was developed locally in conjunction with workers at the University of Glasgow. This algorithm has become the mainstay of TCI propofol delivery worldwide. Using pharmacokinetic principles in real time to accurately titrate drug dose to effect, TCI has grown to encompass other anaesthetic drugs, of which remifentanil has been the most clinically useful. In keeping with increasing environmental concerns, TCI has the added benefit of reducing pollution with no waste gases released into the atmosphere."

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Alphabetical list of most recent ADTC decisions

For full details of SMC advice, visit **www.scottishmedicines.org** For NICE advice, visit **www.nice.org.uk** For previous ADTC decisions, visit **www.ggcformulary.scot.nhs.uk**

Drug	Indication under consideration (There may be other licensed indications)	NHSGGC decision	
Alitretinoin (Toctino®)	Severe chronic hand eczema in adults that is unrepsonsive to treatment with potent topical corticosteroids.	(S) Total *Formulary.* To be prescribed and dispensed via hospital.	✓R
Betaine anhydrous (Cystadane®)	Adjunctive treatment of homocystinuria involving deficiencies or defects in cystathionine beta-sythas, 5,10-methylene-tetrahydrofolate reductase or cobalamin cofactor metabolism.	Non-*Formulary.*	x
Brinzolamide (Azopt®)	Intraocular hypertension and open-angle glaucoma as monotherapy in patients unresponsive to beta-blockers or in pateints in whom beta-blockers are contraindicated, or as adjunctive therapy to beta-blockers or prostaglandin analogues.	(S) Total *Formulary.* Acknowledge new indication.	✓
Budesonide CFC-free inhaler (Pulmicort®)	Asthma	*Formulary* (Preferred List). Acknowledge new formulation.	✓
Cetuximab (Erbitux®)	EGFR-expressing, KRAS wild-type metastatic colorectal cancer in combination with chemotherapy.	Non-*Formulary* for this indication.	x
Cetuximab (Erbitux®)	Squamous cell cancer of the head and neck in combination with platinum-based chemotherapy for recurrent and/or metastatic disease.	Non-*Formulary* for this indication.	x
Doripenem (Doribax®)	Nosocomial pneumonia (including ventilator-associated pneumonia) in adults.	(S) Total *Formulary.* Acknowledge new indication. Restricted to use on the advice of local microbiologists or specialists in infectious diseases.	✓R
Fluticasone furoate (Avamys®)	Symptoms of allergic rhinitis in adults, adolescents and children.	(S) Total *Formulary.* Acknowledge new additional salt. Restricted to patients for whom beclometasone and budesonide have been ineffective or not tolerated. Prescribers should be aware that the recommended doses of fluticasone furoate are not equivalent, on a microgram per microgram basis, to other fluticasone nasal sprays currently available.	✓R
Ostelamivir	Influenza (replaces NICE TA58).	*Formulary.* Prescribing notes to be updated to reflect this NICE guidance which covers the treatment of influenza (excluding use in pandemic) and highlights that vaccination is the established first-line intervention to prevent influenza and its complications.	✓R
Oxycodone/naloxone prolonged release tablets (Targinact®)	Severe pain which can be adequately managed only with opioid analgesics.	Non-*Formulary.*	x
Progesterone micronised capsules (Utrogestan®)	Adjunctive use with oestrogen on post-meopausal women with an intact uterus.	Non-*Formulary.*	x
Ropivacaine hydrochloride (Naropin®) (ADTC Appeal)	Intraarticular use as a field block within orthopaedic surgery.	Non-*Formulary.*	x
Testosterone undecanoate (Nebido®)	Testosterone replacement for male hypogonadism when testosterone deficiency has been confirmed by clinical features and biomedical tests.	(S) Total *Formulary.* Acknowledge new formulation	✓
Tobramycin nebuliser solution (Bramitob®)	Management of chronic pulmonary infection due to Pseudomonas aeruginosa in patients with cystic fibrosis aged 6 years or older.	(S) Total *Formulary.* NB: *Formulary* inclusion relates to all available brands of nebulised tobramycin, but prescribers are asked to use the preparation with the lowest acquisition cost taking account of patient tolerability.	
Zanamivir	Influenza (replaces NICE TA58).	*Formulary.* Prescribing notes to be updated to reflect this NICE guidance which covers the treatment of influenza (excluding use in pandemic) and highlights that vaccination is the established first-line intervention to prevent influenza and its complications.	✓R

✓ =*Formulary* ✓R =*Formulary* (restricted) **x** =non-*Formulary* **?** = awaiting final decision (S) =specialist initiation only (S) =specialist use only

The greatest development in prescribing and therapeutics since 1998? *contd from page 1*

Anti-retrovirals

Professor Norman Lannigan, Lead Pharmacist, Acute Services, Mental Health and Innovation, says, "This class of drug has changed the course of a disease beyond that which we all feared would not be possible. Like combination anti-tuberculars which spectacularly changed the management and prognosis of patients with tuberculosis in the 1950s, they are among the greatest pharmaceutical developments. Anti-retrovirals have relegated AIDS to a rare condition from one that we all feared would be an epidemic. We built specialist hospices and these have had to close or change focus as people infected with HIV who take anti-retrovirals can live with their infection without fear of certain progression to AIDS and subsequent death. The HIV public health problem remains. We may have influenced how people become infected with HIV, but not the rate of infection which is as high as, or higher than, it has ever been. It is also a scandal that AIDS is rife in the Third World which really illustrates global health inequalities."

Scottish Medicines Consortium and development of evidence-based guidelines, eg SIGN

Dr Ian Struthers, GP, says, "Why? Because both have contributed significantly to a better evidence-based, cost and clinically effective approach to therapeutic management, particularly in chronic diseases. In addition, they have contributed to a more consistent approach with less regional variation in therapeutic management of medical conditions across Scotland as a whole. This has resulted in fairer access to medical treatments for NHS users and less 'post code prescribing'."

Aspirin

Dr John Nugent, Clinical Director, West Glasgow CHCP, says, "A simple medicine rediscovered in a dose that brings maximum benefit for minimal cost. Even with side effects included, it must have one of the best benefit to cost ratios of all medicines. And it was under our noses all the time, no massive development costs, a wealth of prescribing experience and no need of promotion! Having said all that, where is the polypill? The biggest 'promise' in the last ten years, maybe the biggest development in next ten?"

NICE CG64 'Antimicrobial prophylaxis against infective endocarditis' March 2008

Professor David Wray, Glasgow Dental Hospital & School, says, "This recommended not giving antibiotics for the prevention of infective endocarditis to 'at risk' patients. It must be regarded as a paradigm shift in clinical practice for both dentists and cardiologists. Historically, prophylaxis against infective endocarditis was the commonest reason for dentists to prescribe."

PPIs for GI ulcer treatment

Mr Bryn Jones, Lead Clinician for Elective Orthopaedics, Glasgow Royal Infirmary, notes that these have almost negated the need for surgery.

Cholinesterase inhibitors (featured in *PostScript* 1)

Dr Ken O'Neil, Clinical Director, South West Glasgow CH(C) P, notes, "I accept the therapeutic impact is modest, but they have been tremendously successful as a catalyst to sufferers of dementia engaging with services."

GP contract Quality and Outcomes Framework (QOF)

Margaret Ryan, Lead for Prescribing Governance and Development, feels that this has focused interest in the achievement of therapeutic targets in primary care.

Botulinum toxin

Fiona Walker, Lead Directorate Pharmacist for Rehabilitation & Assessment Directorate, notes, "Although this is considered a high cost drug, it has benefited many patients suffering from focal spasticity, debilitating contractions post spinal injury, blepharospasm, hemifacial spasm, idiopathic cervical dystonia and severe hyperhydrosis of the axillae. There are other off-label uses or indications not recommended by SMC, eg post stroke upper arm spasticity and unstable bladder conditions. (And, of course, we have all the plastic faces walking around pouting their lips, unable to smile or close their eyes!)"

The publication of the *BNF for Children* and EU regulations mandating a paediatric investigation plan for new medicines.

James Wallace, Lead Directorate Pharmacist, Women and Children's Directorate, notes this has been a major step forward in ensuring safe, appropriate prescribing in paediatrics.

Prescribing of Nicotine Replacement Therapy (NRT) on the NHS

Scott Bryson, Lead for Pharmaceutical Public Health, votes for "the authorisation of NRT for prescription on the NHS in

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The greatest development in prescribing and therapeutics since 1998? *contd from page 3*

2001, addressing the major cause of preventable disease in Scotland and representing the single most cost-effective therapeutic intervention on the NHS. It reflects increasing access to NHS services and reducing inequalities and is a milestone itself in changing attitudes and lifestyles."

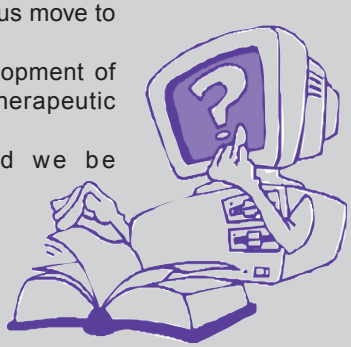
New treatments for multiple sclerosis (MS)
The last decade has seen a significant expansion of MS services related to the introduction and greater availability of effective disease-modifying therapies (DMTs) for relapsing forms of the disease. Currently, over 400 people with MS in the NHSGGC area are receiving treatment with either interferon-beta or glatiramer acetate. These therapies have led to a reduction in relapses, fewer hospitalisations and less disability accrual. More recently, we have seen the start of the second wave of DMTs with the introduction of natalizumab, promising even greater efficacy, and in the near future we will see the licensing of the first oral DMTs.

And finally; from a pharmacist in the acute sector, a heartfelt personal vote for the simpler things . . .
For me, it's paracetamol caplets. I can't swallow a round paracetamol tablet without gagging – it's so bitter and gets stuck at the back of my throat. I hang over the sink with a large tumbler of water, thinking I am going to throw up. I think it's ridiculous to expect patients sitting in a bed to be able to swallow traditional 500mg tablets with a tiny glass of water!

Please take part in our reader survey!

As part of our drive to improve the usefulness of *PostScript,* we want to ask you, our readers, about how you access the bulletin, how you would like to access it in future and what you think about the content. Many people have expressed a wish to move away from paper copies and we need to consider how best to offer material in the future.

- Should we retain the printed copies?
- Would you like to see us move to a blog format?
- How about the development of regular podcasts on therapeutic updates?
- What else should we be considering?



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Alternatively, send your comments and suggestions to audrey.thompson@nhs.net

New guidelines approved by ADTC

Primary Care Adult Infection Management guideline
This document dovetails with the acute hospital guidance which has been implemented recently. The aims are:
- to provide a simple best guess approach to the treatment of common infections
- to promote the safe, effective and economic use of antibiotics
- to minimise the emergence of bacterial resistance in the community.

The document provides treatment strategies for a number of infection types including:
- GI infections, including eradication of H pylori and treatment of traveller's diarrhoea
- upper respiratory tract infections, including scarlet fever, otitis media and sinusitis
- lower respiratory tract infections, including acute exacerbation of COPD and bronchiectasis
- urinary tract infections
- CNS infections
- skin and soft tissue infections.

Clostridium difficile infection is associated with prescribing cephalosporins, co-amoxiclav, clindamycin and quinolones so these agents must be restricted to reduce selection pressure.

Guidelines for the management of drug misusers in hospital
Admission to hospital can be an ideal opportunity for engagement and retention in treatment for substance users. It is vital that good communication occurs between community and hospital care to ensure that doses of substitute therapy are given appropriately and clear information is available about the timing and quantity of the last dose of treatment given.

The guidelines offer contact details for specialist advice, suggested detoxification or maintenance regimens, a tool to assess opiate withdrawal and guidance on initiating methadone prescribing.

NHS Greater Glasgow and Clyde

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