NHS Hastings and Rother Clinical Commissioning Group
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Prescribing Matters

Issue 188 March 2017

Please circulate to all prescribers, including registrars and locums, nurses, paramedics, pharmacists, and pharmacy technicians.
Newsletter can be found at:
http://www.eastbournehailshamandseafordccg.nhs.uk/intranet/practice-hub/medicines-management/?categoryesctl10454846=21132
The formulary can be found at: http://www.eastbournehailshamandseafordccg.nhs.uk/your-health/medicines-management/

In this issue:

OptimiseRx to replace Scriptswitch

Following a successful pilot in six of our practices, the CCGs have made the decision to replace Scriptswitch with an alternative prescribing decision support software called **OptimiseRx** from April 2017.

OptimiseRx is integrated into EMIS and SystemOne and so can review READ codes, test results, current medication and past medication to provide messaging and switching tailored to the individual patient, which in turn will improve patient safety.
We will be rolling out OptimiseRx in a phased process to practices during April.
If you have any questions about this change please contact the Medicines Management team.

MHRA - Domperidone and metoclopramide long term use

There are many patients who continue to be prescribed long term domperidone or metoclopramide, contrary to MHRA advice. Therefore we would like to reiterate these warnings.

Metoclopramide: risk of neurological adverse effects—restricted dose and duration of use (August 2013)
https://www.gov.uk/drug-safety-update/metoclopramide-risk-of-neurological-adverse-effects

The risk of neurological effects such as extrapyramidal disorders and tardive dyskinesia outweigh the benefits in long-term or high-dose treatment.

- Metoclopramide should only be prescribed for short-term use ***(up to 5 days).***
- In adults over 18 years, metoclopramide should only be used for prevention of postoperative nausea and vomiting, radiotherapy-induced nausea and vomiting, delayed (but not acute) chemotherapy-induced nausea and vomiting, and symptomatic treatment of nausea and vomiting, including that associated with acute migraine (where it may also be used to improve absorption of oral analgesics).
- Usual dose is 10 mg, repeated up to 3 times daily; max. daily dose is 500 micrograms/kg.

Domperidone: risk of cardiac side-effects—restricted indication, new contra-indications, reduced dose and duration of use (May 2014)
https://www.gov.uk/drug-safety-update/domperidone-risks-of-cardiac-side-effects

Domperidone is associated with a small increased risk of serious cardiac side-effects.

- Domperidone should be used at the lowest effective dose for the shortest possible duration ***(max. treatment duration should not normally exceed 1 week).***
- Domperidone should only be used for the relief of the symptoms of nausea and vomiting.
- Domperidone is contra-indicated for use in conditions where cardiac conduction is, or could be impaired or where there is underlying cardiac disease, when administered concomitantly with drugs that prolong the QT interval or potent CYP3A4 inhibitors, and in severe hepatic impairment.
- The recommended dose in adults and adolescents over 12 years and over 35 kg is 10 mg up to 3 times daily.
- The recommended dose in children under 35 kg is 250 micrograms/kg up to 3 times daily.

Prescribing Support Scheme 2016-17 - oxycodone and opioid patches review outcomes

85% of practices across HR and EHS CCGs have submitted oxycodone and opioid patch review outcomes as part of this year's PSS, with more than 600 patient-centred pain reviews undertaken in total.

There was practice variation in rate of change following review, but many submissions received have shown a significantly higher rate of change than was expected. Following review many patients reported that they were not receiving the expected benefit from their opioid treatment, or were experiencing unacceptable side effects, so were happy to trial a withdrawal; over 50% of patients successfully made a change (cessation / dose reduction / switch to alternative).

The project realised considerable cost savings (estimated £137K savings/year) while reducing the risk to the patient of harmful side effects and long-term risk. Anecdotal feedback from GPs regarding the review process and patient willingness to trial a change to their opioid prescription has been positive.

Many submissions have demonstrated that significant change following opioid review is possible, despite it being an area of prescribing that can be perceived as difficult to effect change in. The excellent clinical outcomes of many of these opioid reviews can hopefully be built on through regular review of patients who continue to be prescribed opioids, and a rational approach to initiation.

The 'Opioids for Chronic Pain' presentation by Dr Tom Smith, Consultant in Pain Medicine at Guys and St Thomas' Hospital, delivered at Spring 2016 MELEs is informative and contains messages that can support a continued local focus on opioid reviews;
http://www.eastbournehailshamandseafordccg.nhs.uk/intranet/practice-hub/medicines-management/?categoryesctl10460535=21139

MHRA - Canagliflozin – risk of lower-limb amputations

https://www.gov.uk/drug-safety-update/sglt2-inhibitors-updated-advice-on-increased-risk-of-lower-limb-amputation-mainly-toes

Canagliflozin may increase the risk of lower-limb amputation (mainly toes) in patients with type 2 diabetes. Evidence does not show an increased risk for dapagliflozin and empagliflozin, but the risk may be a class effect. Preventive foot care is important for all patients with diabetes.

Advice for healthcare professionals:

- carefully monitor patients receiving canagliflozin who have risk factors for amputation, such as poor control of diabetes and problems with the heart and blood vessels
- consider stopping canagliflozin if patients develop foot complications such as infection, skin ulcers, osteomyelitis, or gangrene
- advise patients receiving any sodium-glucose co-transporter 2 (SGLT2) inhibitor about the importance of routine preventive foot care and adequate hydration
- continue to follow standard treatment guidelines for routine preventive foot care for people with diabetes
- report any suspected side effect with SGLT2 inhibitors or any other medicine on a Yellow Card.

Flu programme 2017-18

https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan

The 2017-18 national flu programme details have been issued.
Of relevance to prescribing is that quadrivalent vaccines are ***NOT recommended over trivalent vaccines*** for adults.

Horny goat weed warning

The urology department have asked us to make GPs aware of a potentially hazardous 'herbal' product being bought (mainly on the internet) for erectile dysfunction by some patients. The product is called 'Horny Goat Weed', and some products can be adulterated with testosterone and PDE5 inhibitors (particularly those manufactured in Asia).
The urology team have found some patients taking this have abnormal hormone levels including some with unexplained high gonadotrophin levels or conversely high testosterone.
Patients may also be putting themselves at risk if they have are taking nitrates due to the possible adulteration with PDE5 inhibitors.
GP should strongly discourage patients from using such products bought on the internet.