



Tablet Press



The prescribing newsletter for GPs, nurses and pharmacists
NHS Nene CCG and NHS Corby CCG

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- **Frailty, Polypharmacy and Deprescribing**

Too much medicine is an increasingly recognised problem, and one manifestation is inappropriate polypharmacy in older people. Polypharmacy is usually defined as taking more than five regular prescribed medicines. It can be appropriate (when potential benefits outweigh potential harms) but increases the risk of older people experiencing adverse drug reactions, impaired physical and cognitive function, and hospital admission. There is limited evidence to inform polypharmacy in older people, especially those with multimorbidity, cognitive impairment, or frailty. Systematic reviews of medication withdrawal trials (deprescribing) show that reducing specific classes of medicines may decrease adverse events and improve quality of life. The BMJ and the DTB both include articles on this topic this month:

<http://www.bmj.com/content/353/bmj.i2893>

<http://dtb.bmj.com/content/54/6/69.abstract>

- **MHRA drugs safety update June 2016**

This month's drug safety update includes:-

- Canagliflozin ▼: signal of increased risk of lower extremity amputations observed in trial in high CV risk patients

<https://www.gov.uk/drug-safety-update/canagliflozin-invokana-vokanamet-signal-of-increased-risk-of-lower-extremity-amputations-observed-in-trial-in-high-cardiovascular-risk-patients>

- Topical miconazole, including oral gel: reminder of potential for serious interactions with warfarin

<https://www.gov.uk/drug-safety-update/topical-miconazole-including-oral-gel-reminder-of-potential-for-serious-interactions-with-warfarin>

- **Podiatry Prescribing**

As highlighted in February's edition of TP the specialist podiatrists should *usually* now be prescribing, or supplying via a PGD, any antibiotics required by patients with diabetes on their caseload who have infected foot ulcers. However, at this point in time, podiatrists will still be requesting that a GP prescribes any antibiotic which is not covered by a PGD (there are PGDs to cover 6 antibiotics), or if required for other conditions or cohorts e.g. cellulitis. If a podiatrist requests that an antibiotic is prescribed by a GP they will state the reason for this within the request. The number of requests for GPs to prescribe antibiotics should still reduce significantly from prior to February as it is believed that the majority of requests were for patients with diabetic foot ulcers.

- **Potential for confusion with brands of leuprorelin; Prostap and Lutrate**

There is a new brand of leuprorelin on the market called Lutrate. For both Prostap and Lutrate the strength of the one month formulations is 3.75mg, however for the 3 month formulations, Prostap is 11.25mg whereas Lutrate is 22.5mg i.e. the same as the Prostap 6 month formulation.

It is recommended therefore that all leuprorelin prescribing is by brand.

Lutrate is 8% less expensive than Prostap but has fewer licensed indications, does not come in a pre-filled syringe and does not have a 6 month formulation.

- **Prescribing insulin for emergency use for patients using an insulin pumps:**

Patients using insulin pumps need to have access to a supply of insulin pens/cartridges in case their pump stops working. This "emergency supply" will be likely to include long/intermediate acting insulin, in addition to the immediate acting insulin that they would use routinely in their pump. The emergency insulin should only be issued as an acute prescription, when needed; if it is added as a repeat item, there is a significant risk that it will get issued on a regular basis (leading to waste) and it may also cause confusion as to which is the patient's regular insulin.

- **Chronic kidney disease: increased risk with proton pump inhibitors**

An observational study found the use of proton pump inhibitors (PPIs) was associated with a 20% to 50% increased relative risk of chronic kidney disease (CKD). The increase in absolute risk was 1.7% to 3.3% over 10 years (NNH 30 - 59 over 10 years). PPIs are widely prescribed for the management of dyspepsia and gastro-oesophageal reflux disease (GORD), and to reduce the gastrointestinal side effects of non-steroidal anti-inflammatory drugs (NSAIDs). However, the NICE guideline on [GORD and dyspepsia](#) recommends that reviewing the need for long-term use of PPIs is important for the management of these conditions. <http://archinte.jamanetwork.com/article.aspx?articleid=2481157>

- **The Royal Pharmaceutical Society issues revised guidance on unlicensed specials**

<http://www.rpharms.com/support-pdfs/professional-standards---prescribing-specials.pdf>

This edition is also available on PathfinderRF via the following link <http://www.pathfinder-rf.northants.nhs.uk/nene> and on the Nene CCG and Corby CCG websites

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