



Tablet Press



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

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- **Vitamin D supplementation – update following SACN report July 2016**

The Scientific Advisory Committee on Nutrition (SACN) published its report on Vitamin D and Health on 21st July 2016
[SACN Vitamin D and health report 2016](#)

SACN reviewed the evidence on vitamin D and health to see if UK dietary recommendations, set in 1991, were still appropriate. In a change to previous advice, SACN is now recommending:

- a reference nutrient intake (RNI) of 10 micrograms (400IU) of vitamin D per day, throughout the year, for everyone in the general population aged 4 years and older.
- an RNI of 10 micrograms (400IU) of vitamin D per day for pregnant and lactating women and population groups at increased risk of vitamin D deficiency.
- a 'safe intake' of 8.5 to 10 micrograms (340 – 400IU) per day for all infants from birth to 1 year of age.
- a 'safe intake' of 10 micrograms (400IU) per day for children aged 1 to 4 years.

These recommendations **do not change** our local Vitamin D guidance for prescribers [Northants Vitamin D Guidance](#)

The key messages remain the same i.e.

- For the treatment of **deficiency** and subsequent maintenance only, vitamin D can be provided via NHS prescription.
- For the management of **insufficiency** and the **prophylaxis of deficiency** in “at risk” patient groups, **vitamin D should be purchased OTC** or, if eligible, obtained free of charge via the government’s “Healthy Start” scheme. What has changed, following the recent announcement, is that the “at risk” patient groups now, potentially, covers everyone, not just pregnant women, elderly etc.

If someone cannot get sufficient exposure to sunlight and/or dietary sources of vitamin D, they can purchase a 10microgram/400 IU daily dose (or weekly/monthly equivalent) at reasonable cost.

Please do not prescribe for this cohort, unless they have been diagnosed with vitamin D deficiency.

Please do not test for vitamin D deficiency unless the patient exhibits signs or symptoms of deficiency or is at HIGH risk of deficiency, such as patients with Crohn’s disease or taking IV bisphosphonates.

Our patient leaflet, which explains the details for patients in the “at risk” (not high risk) groups or diagnosed with vitamin D insufficiency:

<http://nww.pathfinder-rf.northants.nhs.uk/media/3272266/patient-leaflet-vitamin-d-insufficiency.pdf>

- **Meprobamate licence to be cancelled**

Meprobamate 400mg tablets are due to be withdrawn at the end of the year.

Following an EU wide review of meprobamate, the remaining licence holder in the UK has ceased manufacturing and the licence will be cancelled by the end of 2016.

Advice for healthcare professionals:

- Prescribers should review the treatment of any patient who is currently receiving a meprobamate-containing medicine with a view to switching them to an alternative treatment
- Prescribers should not start any new patients on medicines that contain meprobamate

- **EMA review of SGLT2 inhibitors**

The European Medicines Agency (EMA) has started a review of canagliflozin after an increase in amputations, mostly affecting toes, was observed in an ongoing clinical trial called CANVAS.

Cases of lower limb amputation occurred in both the canagliflozin and placebo groups in the trial and the possibility that canagliflozin increases lower limb amputations is currently not confirmed. The EMA’s Pharmacovigilance Risk Assessment Committee (PRAC) has requested more information from the company to assess whether canagliflozin causes an increase in lower limb amputations and whether any changes are needed in the way this medicine is used in the EU.

On 8th July the EMA advised that the scope of the review, which initially only covered canagliflozin, has been extended to include the other medicines in the same class, dapagliflozin and empagliflozin. This is because the potential risk being evaluated for canagliflozin may be relevant for the other medicines in this class.

http://www.ema.europa.eu/docs/en_GB/document_library/Referrals_document/SGLT2_inhibitors_Canagliflozin_20/Procedure_started/WC500204901.pdf

- **Increasing influenza immunisation uptake among children**

Public Health England has produced a leaflet for GPs and practice staff to support the nasal spray flu vaccination programme for children in 2016 to 2017.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/532337/Flu_GP-best-practice-guidance_June_2016.pdf

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

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