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Blood glucose testing strips

LJF advice for capillary blood glucose monitoring in patients with Type II diabetes has been reviewed and amended. LJF advice for Type I patients has not changed.

These strips for Type II patients are much more cost-effective than the previous LJF recommendations. Each box costs under £10, compared to approximately £15.



Patients with Type II diabetes (treated with or without insulin)	Test strip	Compatible meter
First choice	Performa	Accu-Chek Performa Nano
Second choice	One Touch Select Plus	One Touch Select Plus
Third choice	As advised by specialist diabetes team	

All strips/meters included in the LJF are compliant with the new ISO standard 15197:2013, therefore if a formulary product is prescribed, you can be assured that the product meets this standard.

Treatment of vitamin D deficiency in children

A link to the document '[Investigation and Management of Children and Adolescents with Vitamin D Deficiency](#)' has been added to the vitamin D section and the calcium supplementation section of the paediatric formulary.

- The purpose of the document is to provide guidance to clinicians when investigating and managing children and adolescents with suspected and/or proven vitamin D deficiency.
- It is written for clinicians in primary and secondary care who look after children and adolescents with suspected or proven vitamin D deficiency.
- The document does not apply to children who are being treated with alfacalcidol for chronic renal disease or liver/bowel disease patients. It also does not apply to children with cystic fibrosis.

ADHD in children, adolescents and adults

The attention deficit hyperactivity disorder (ADHD) sections have been updated following a review. Prescribing notes have been expanded to reflect [SIGN](#), [NICE](#) and the [British Association of Psychopharmacology](#) guidelines.

A reminder has been included to prescribe modified release methylphenidate preparations by brand, as the pharmacokinetic profiles differ.

Atomoxetine liquid has been included. Prescribing is restricted to patients who are unable to swallow.

Children and adolescents (6 – 17 years)

- The LJF first choice remains methylphenidate hydrochloride.
- Atomoxetine and lisdexamfetamine mesilate (Elvanse[®]) have been added as second choices.
- Lisdexamfetamine (once a day dosing) is longer acting than dexamfetamine, but dexamfetamine remains a second choice option to allow for flexible dosing according to routines (e.g. bedtime).
- Guanfacine modified release has been added as a prescribing note.

Adults

- The licensed preparation of lisdexamfetamine mesilate is specified (Elvanse Adult[®]).

LJF updates

Medication Administration Record (MAR) READ code 8BMg

Health and Social Care Services provide assistance with prescribed medicines to patients in their own homes.

Home care staff are only allowed to administer medicines to patients if a Medication Administration Record (MAR) is in place. MARs are provided by the majority of community pharmacies, following a request from Health and Social Care Services, and must be updated with any medication changes. [The NHS Lothian Safe Use of Medicines Policy and Procedures](#) and the Royal Pharmaceutical Society's [The Handling of Medicines in Social Care](#) provide more guidance on the use of MAR charts.

To ensure continuity of care it is important that patients requiring this service are discharged from hospital with a MAR and that hospitals are aware of those receiving the service on admission. Therefore please:

- **Code patients who require, or are receiving, MAR charts.** A READ code has recently been released and is now available in InPS Vision and EMIS systems in general practice. The *code is 8BMg* (Medication Administration Record chart required).
- Ensure the code appears in Key Information Summaries (KISs) and SCI Gateway referrals. In InPS Vision it is necessary to adjust the priority of the code to 1.
- Include the name and address of the patient's usual pharmacy in the free text box accompanying this code where possible.

Thanks to Dr Jim Cowan, Clinical Lead, Edinburgh H&SCP, for contributing this article.

NNT- less is more

The article on 'Polypharmacy review'¹ in the May 2016 Lothian Prescribing Bulletin referred to number needed to treat (NNT). This can be useful in consultations with patients, when deciding whether to start or stop a medication.

What is the NNT?

In the context of a clinical trial the NNT is defined as the average number of patients who need to be treated with the medication, in order for one patient to benefit compared with a control for the duration of the trial. An NNT = 1 is optimum, which would mean that everyone responded to treatment. The higher the NNT, the less effective the treatment is.

Pitfalls with NNT

- NNT may be the same for two drugs but time to achieve this may be different.
- It does not inform the prescriber of the costs of the drug, nor side-effects.
- The NNTs are only estimates of average benefit.
- It is not possible to calculate valid confidence intervals around NNTs.

Reference:

1. Polypharmacy guidance for the safe and effective use of multiple medicines to manage long term conditions. DL (2015)004. The Scottish Government. 15 April 2015. [www.sehd.scot.nhs.uk/dl/DL\(2015\)04.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2015)04.pdf) and www.sehd.scot.nhs.uk/publications/DC20150415polypharmacy.pdf. Accessed 15.06.16.

Apixaban in non-valvular atrial fibrillation (NVAf) – when do you reduce the dose?

When apixaban is prescribed for the prophylaxis of stroke and prevention of systemic embolism in NVAf the recommended dose is 5mg twice a day, although some patients may require a dose reduction to 2.5mg twice a day.

The dose should be reduced to 2.5mg twice a day if a patient meets at least **TWO** of the following criteria:

- Age ≥80 years
- Weight ≤60kg
- serum creatinine (SCr) ≥133micromol/L

OR creatinine clearance 15-29mL/min, irrespective of age and weight.

- e.g.
- Patient A: 84 years, 64kg, SCr 120micromol/L – dose of apixaban 5mg twice a day
 - Patient B: 84 years, 64kg, SCr 140micromol/L – dose of apixaban 2.5mg twice a day
 - Patient C: 70 years, 63kg, SCr 140micromol/L – dose of apixaban 5mg twice a day

Apixaban is contraindicated in patients with a creatinine clearance <15mL/min.

Please note that this dosing applies only to the use of apixaban in this indication.

Co-proxamol - unlicensed and cardiotoxic

Co-proxamol (dextropropoxyphene and paracetamol) was withdrawn from the UK market in 2007 and removed from Part 7S of the Scottish Drug Tariff in May 2016. Further safety advice was issued by the MHRA in 2014 that (dextro)propoxyphene can have serious effects on the electrical activity of the heart, resulting in prolongation of the PR and QT intervals, and widened QRS complexes, **even at normal therapeutic doses**.

*It is estimated that the withdrawal of co-proxamol from the UK has saved around 300 - 400 lives each year from self-poisoning, around a fifth of which were accidental.*¹

From April 2015 to March 2016, 504 items were dispensed in NHS Lothian for co-proxamol (unlicensed 'special') at a cost of just over £40,000.

References:

1. (Dextro)propoxyphene: new studies confirm cardiac risks. MHRA Drug Safety Update. January 2011. www.gov.uk/drug-safety-update Accessed 27.05.16

Unlicensed medicines should only be used where their use is clearly justified and their clinical and pharmaceutical benefits are considered to outweigh the risks involved.



The MHRA recommends that:

- Prescribers **reassess the balance of risks and benefits in each patient** of continuing treatment with co-proxamol, taking into account the individual's other medications and any comorbidities, in the light of further evidence of cardiotoxicity.
- **No new patients should start treatment with co-proxamol.**

See also 'Reduced co-proxamol prescribing saves lives' article published in [LPB Issue 35](#).

Fire risk with paraffin-based emollients on dressings and clothing

A recent fatal incident in England has again highlighted the risk of fire associated with paraffin-based skin emollients. The incident involved a naked flame igniting an emollient in contact with a patient's dressings and clothing.¹

Paraffin-based products, examples:

Emulsifying ointment	Zinc and Salicylic Acid Paste BP
Diprobase [®] ointment	Zinc ointment BP
Hydromol [®] ointment	White Soft Paraffin plus 50% Liquid Paraffin
White Soft Paraffin	



Picture: Fire Hazard with Paraffin Based Skin Products on Dressings and Clothing (Source: NPSA rapid response report 4, 2007)

When patients are prescribed paraffin-based products it is important that healthcare staff minimise the risk of fire. In every ward area where treatment with significant quantities of paraffin-based products may occur, fire safety information should be visible. The following advice should be given the first time a paraffin-based treatment is prescribed, dispensed or administered. A record should be kept that the advice has been given and patients encouraged to share this advice with relatives. On subsequent occasions a check should be made that the patient has received and understood this advice.

-  The greatest risk is when these paraffin-based preparations are applied to large areas of the body, or when dressings or clothing have become soaked with emollient.
-  Change clothing and bedding regularly—preferably daily—because emollients soak into fabric and can become a fire hazard.
-  Whilst emollients are in contact with medical dressings or clothing do not, smoke, use naked flames or go near anything that may result in a fire.
-  Provide practical smoking cessation advice and continued support as appropriate.

Reference:

1. MHRA Drug Safety Update volume 9, Issue 9, April 2016. www.gov.uk/drug-safety-update. Accessed 26.05.16

Thanks to Ms Joanna Skwarski, Lead Pharmacist Dermatology/HIV, for contributing this article.

Shared care – what does it mean?

Shared care arrangements aim to facilitate the seamless transfer of care of individual patients between secondary care and general practice. They are used when medicines, often prescribed for potentially serious conditions and complex by their very nature, are initiated in secondary care and then prescribed by GPs. These medicines will often have a relatively high adverse effect profile and may require specific monitoring.¹ Good communication and awareness of responsibilities are essential to allow safe and effective prescribing. The [NHS Lothian Policy and Procedures for the Shared Care of Medicines](#) defines circumstances under which medicines may be considered appropriate for shared care. It seeks to ensure patients in primary and secondary care have equitable access to medicines. This policy is currently being revised to reflect an improved, more efficient approval process. This will involve six-monthly meetings with representatives from prescribing subcommittees getting together to review and approve SCA documents.



Specialists must liaise with hospital colleagues and GPs to agree to share the patient's care and provide relevant information to permit the safe management of the patient's condition. If a GP is uncertain about competence to take responsibility for the patient's continuing care, then they should seek further information or advice from the clinician with whom the patient's care is shared or from another experienced colleague. If still not satisfied, this should be explained to the other clinician and to the patient, and appropriate arrangements agreed for continuing care.²

Decisions about who should take responsibility for continuing care or treatment after initial diagnosis or assessment should be based on the patient's best interests, rather than on convenience or cost of the medicine and associated monitoring or follow-up.²

NHS Lothian
Joint Formulary

Shared Care of Medicines

Shared Care of Medicines

Shared Care Agreements
Shared Care Protocols
Guidance Notes for GPs

Shared care arrangements aim to facilitate the seamless transfer of individual patient care from secondary care to general practice. They are intended for use when medicines, often prescribed for potentially serious conditions and complex by their very nature, are initiated in secondary care and then prescribed by a GP in primary care. These medicines will often have a relatively high adverse effect profile and may require specific monitoring.

A new NHS Lothian Policy and Procedures for the Shared Care of Medicines was approved in June 2013, available on the NHS Lothian intranet via this link.

Templates in MS Word for shared care agreements and for requesting the removal of a shared care protocol are available via this link.

Shared care arrangement eligibility criteria
For the purposes of this policy a medicine is considered to be eligible for a shared care arrangement if it can be initiated in secondary care and then prescribed by a GP in primary care and meets the following criteria:

- prescribed for a potentially serious condition
- complex (intended use likely to be outside the clinical experience of a GP)
- relatively high adverse effects profile
- may require specific monitoring and dose titration
- new, or rarely prescribed

Locally approved Shared Care Agreements

Locally approved shared care agreement documents which set out details of shared care may be developed for complex treatments routinely used in a specialist setting, for which GPs require additional guidance. These documents are known in NHS Lothian as a shared care agreements (SCA), previously known as shared care protocols.

These documents provide additional guidance for GPs for complex treatments, routinely used in a specialist setting and approved as appropriate for use in primary care, however, it is not necessary to have a locally approved document in place in order to share care.

References:

1. Shared Care of Medicines. Five Minute guide series. National Prescribing Centre. 2009.
www.webarchive.org.uk/wayback/archive/20140627112752/http://www.npc.nhs.uk/developing_systems/shared/resources/5mg_sc.pdf
Accessed 01.06.16
2. Good practice in prescribing and managing medicines and devices. General Medical Council. Came into effect 25 February 2013.
www.gmc-uk.org/guidance/ethical_guidance/14316.asp. Accessed 24.05.16

Supplements:

Recent SMC and Lothian Formulary Committee Recommendations

The supplements can be accessed via the LJF website

www.ljf.scot.nhs.uk in 'Prescribing Bulletins'.

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View the Lothian Joint Formulary at www.ljf.scot.nhs.uk