

the T@blet

News from Medicines Management at Doncaster Clinical Commissioning Group The T@blet Issue 9 2016

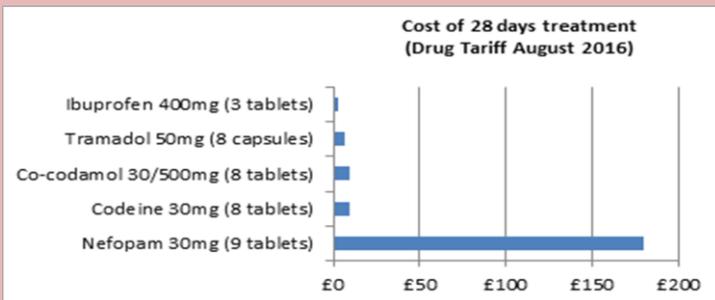
NICE NG49 - Non-alcoholic fatty liver disease (NAFLD): assessment and management

This guideline covers how to identify people with NAFLD who have advanced liver fibrosis and are most at risk of further complications. It outlines the lifestyle changes and pharmacological treatments that can manage NAFLD and advanced liver fibrosis.

Recommendations relating to statins:

- People with NAFLD who are taking statins should keep taking them.
- Only consider stopping statins if liver enzyme levels double within 3 months of starting statins, including in people with abnormal baseline liver blood results.

Prescribing LES - opportunities for RightCare to gainshare **CNS – nefopam**



Nefopam appears no more potent than NSAIDs, but is relatively expensive, commonly associated with adverse drug reactions and toxic in overdose.

- Carefully consider whether the anticipated benefits outweigh the risks, especially in high risk groups including the elderly.
- Review regularly: stop if benefits are not seen in the short term.

Resource:

Northern and Yorkshire Regional Drug and Therapeutics Centre Safer Medication Use No 14 January 2015 – Nefopam

Citalopram: suspected drug interaction with cocaine

Consider enquiring about illicit drug use when prescribing medicines that have the potential to interact adversely.

Palliative Care - 'Just In Case Boxes'

From 1 September, pre-emptive medications for Doncaster patients will be provided in a physical box called a 'Just In Case Box'.

'Just In Case Boxes' aim to improve identification of pre-emptive medication within the patient's home and allow for safe, appropriate storage.

Doncaster CCG has provided boxes to DBHFT, RDaSH and those community pharmacies [LINK](#) taking part in the palliative care Locally Enhanced Service: patients will receive their pre-emptive medication in these boxes. A patient information leaflet will be provided, explaining why the medications have been given.

The usual medications contained within 'Just In Case Boxes' are:

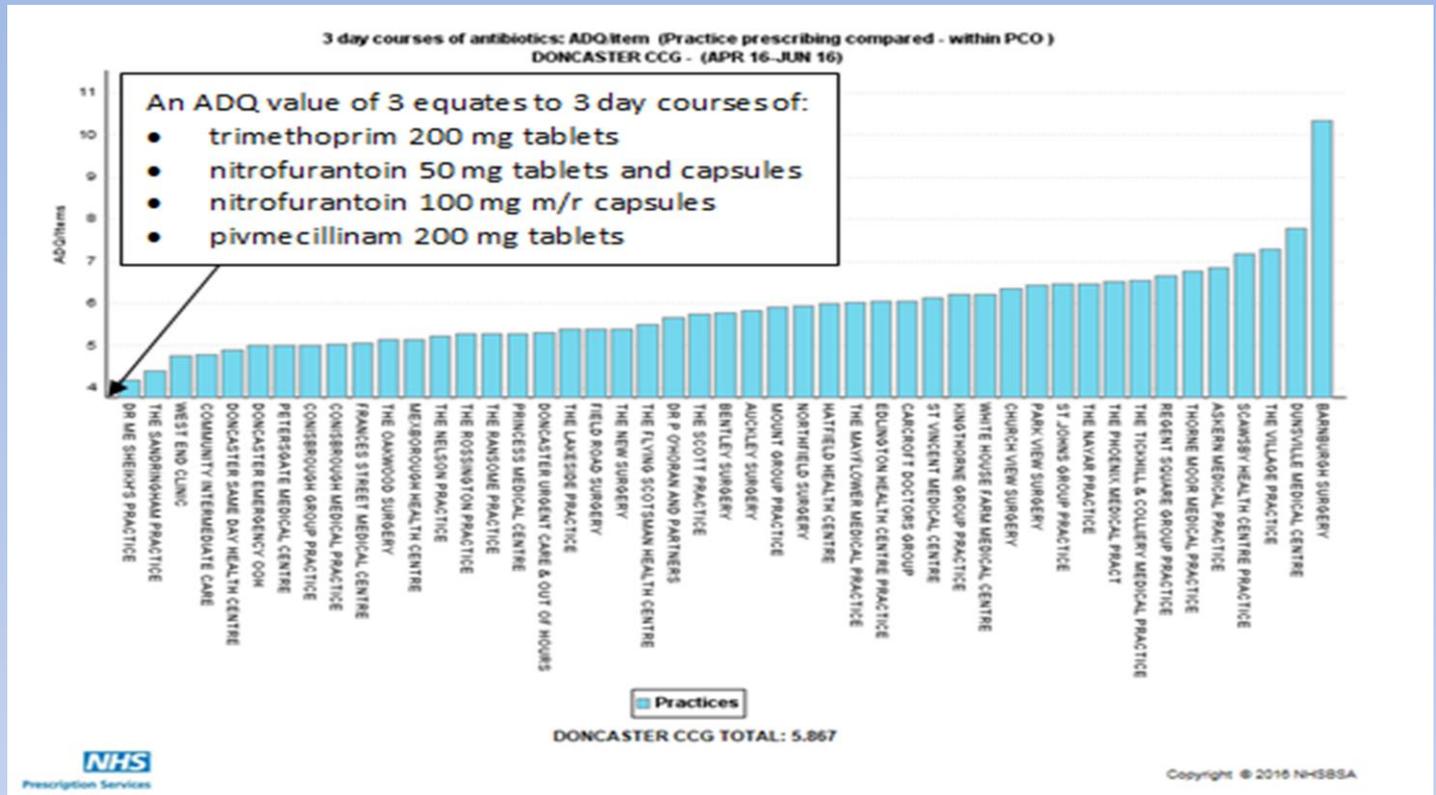
- Morphine injection
- Haloperidol injection
- Hyoscine butylbromide injection
- Midazolam injection

Link to pre-emptive prescribing [guidance](#)

Three-day courses of antibiotics for uncomplicated urinary tract infection (UTI):

A 3-day course of antibiotics is sufficient for acute symptomatic uncomplicated UTI in most women who are not pregnant.

Data for the quarter April to June 2016 show a 2.5 fold variation in the number of average daily quantities (ADQs) per item across practices, from 4.19 to 10.35.



Notes:

- Course may need to be for longer than 3 days e.g. elderly, males, complicated UTI.
- In general use nitrofurantoin first line: trimethoprim and pivmecillinam are alternatives.
- Nitrofurantoin is [contraindicated](#) in most patients with an eGFR less than 45 ml/min.
- **Do not prescribe trimethoprim to patients on methotrexate – risk of haematological toxicity.**
- [Pivmecillinam 400mg](#) tablets:
 - Contra-indications include penicillin hypersensitivity.
 - Do **not** prescribe patient taking sodium valproate/valproic acid – risk of hyperammonaemic encephalopathy.
 - **Swallow whole with plenty of fluid during meals while sitting or standing.**
 - **Off-label dose regimen recommended by [PHE](#).**

Action:

- Ensure prescribing in line with local [Antimicrobial Guidelines for Primary Care](#).
- Consider a back-up or delayed antibiotic strategy for women with mild/≤ 2 UTI symptoms, guided by dipstick: give supporting information about antibiotic strategies, infection severity and usual duration.

Resources:

[RCGP](#) accredited e-learning module on [managing UTIs](#): **free** access to all primary HCPs.
[PHE guidance for primary care on diagnosing UTI and understanding culture results.](#)
[SAPG - alternative management of lower UTI in non-pregnant women.](#)