Medicines Management

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theT@blet

News from **Medicines Management** at **Doncaster Clinical Commissioning Group**

Wound Care – supply of dressings for community nursing case load patients

As part of the RDASH FT community nursing service redesign programme the mechanism for the supply of dressings was reviewed. During 2015 the Wound Care Formulary (http://medicinesmanagement.doncasterpct.nhs.uk/documents/Wound%20Care%20Formulary.pdf) was updated and a new process was implemented for the supply of dressings for **patients under the care of the community nursing service**.

With the following **exceptions** all dressings are now provided under a direct supply function that is managed by the community nursing service:

- Larval therapy
- Vibropulse
- Lymphoedema garments from TVAL

The above preparations will need to continue to be prescribed on a FP10 by the GP.

The service redesign was undertaken with the aims of improving consistency of approach to wound care management, continuity of care and efficient access to wound management products

As a result of these changes Primary Care should have noticed a reduced volume of requests for dressings from community nursing staff over the past 6 months.

Please be aware that the changes only apply to patients on the community nursing caseload and therefore patients in nursing homes or under the direct care of the practice are excluded.
The updated Wound Care Formulary has been shared with Doncaster Care Home Providers and is available on the medicines management website (http://medicinesmanagement.doncasterpct.nhs.uk/documents/Wound%20Care%20Formulary.pdf).

Care and management of type 2 diabetes

NICE NG28 covers the care and management of type 2 diabetes in adults. This updated guideline includes new recommendations on antiplatelet therapy and managing blood glucose levels. Antiplatelet therapy.

- Do not offer antiplatelet therapy (aspirin or clopidogrel) for adults with type 2 diabetes without cardiovascular disease. Blood glucose management - key changes.

Targets:
- Lifestyle and diet +/- a single drug not associated with hypoglycaemia:
- Target HbA1c level 48 mmol/mol (6.5%).
- Drug associated with hypoglycaemia (e.g. sulphonylurea (SU)):
- Target HbA1c level 53 mmol/mol (7.0%).
- HbA1c threshold for intensifying to dual therapy: 58 mmol/mol (7.5%).
- Consider relaxing target HbA1c level on a case by case basis.
- HbA1c level lower than target – maintain if not experiencing hypoglycaemia. Be aware of other possible reasons for a low HbA1c level.

Self-monitoring blood glucose:
- *Do not routinely offer* unless the person is on insulin, oral medication that may increase their risk of hypoglycaemia while driving or operating machinery, is pregnant or planning to become pregnant or if there is evidence of hypoglycaemic episodes.

Drug treatment:
- Initial drug treatment - first line – metformin standard-release:
- Gradually increase dose over several weeks to minimise the risk of gastrointestinal (GI) side effects.
- GI side effects – consider trial modified release metformin.
- Review dose if eGFR <45ml/min: stop if eGFR <30 ml/min.
- Initial drug treatment - second line:
- DPP-4 inhibitor (1st line formulary choice is alogliptin) or
- Pioglitazone or
- SU (gliclazide)

[1] Exceptions: heart failure/history of heart failure, hepatic impairment, diabetic ketoacidosis, bladder cancer/history of bladder cancer, uninvestigated macroscopic haematuria.

Algorithm for blood glucose lowering therapy.

Nalmefene - Red listed

Nalmefene is classified Red by Doncaster Area Prescribing Committee: it requires specialist initiation and continuing psychosocial support. Patients who would benefit from a treatment plan should be referred to Drug and Alcohol Services (DAS) for discussion. The DAS is commissioned by Doncaster local authority, not DCCG. NICE TA 325 guidance.

Can small volume intramuscular (IM) injections be given to patients taking oral anticoagulants?

Guidance here. This UKMi Q&A focuses on the potential risks of adverse effects associated with the administration of small volume IM injections to patients taking oral anticoagulants.

Bisphosphonates

Bisphosphonates: very rare reports of osteonecrosis of the external auditory canal.

Osteonecrosis of the external auditory canal has been reported very rarely (fewer than 1 in 10 000 patients) with bisphosphonates, mainly in association with long-term therapy (2 years or longer).

Advice for healthcare professionals:

- Consider osteonecrosis of the external auditory canal in patients who present with ear symptoms, including chronic ear infections, or in patients with suspected cholesteatoma.
- Possible risk factors: steroid use and chemotherapy +/- local risk factors such as infection or trauma.
- Advise patients to report any ear pain, discharge from the ear, or an ear infection during bisphosphonate treatment.
- Report any cases of iatrogenic osteonecrosis of the external auditory canal on a Yellow Card.

Drug Safety

Galantamine: risk of serious skin reactions

In December 2015 a 'Dear healthcare professional' letter was sent.

Summary:

- Serious skin reactions have been reported in people taking galantamine. These included Stevens Johnson Syndrome (SJS), acute generalised exanthematous pustulosis (AGEP) and erythema multiforme (EM).
- Tell patients and carers to watch out for signs of serious skin reactions, including:
- Severe rash with blisters and peeling skin, particularly around the mouth, nose, eyes and genitals (SJS).
- Red rash covered with small pus-filled bumps that can spread over the body, sometimes with a fever (AGEP).
- Rash that may blister, with spots that look like small targets (EM).
- Tell patients and carers to stop galantamine and get medical help immediately if they notice any of the above signs.

Galantamine is classified Amber (shared care) and should be prescribed as **GATALIN XL** to maximise cost savings.

Drug Safety

Spotlight on antibiotics

2821 prescriptions for amoxicillin **250mg** capsules have been dispensed over the past 12 months. Amoxicillin is first line in the Doncaster and Bassetlaw Antibiotic Guidelines for Primary Care for conditions ranging from acute exacerbation of COPD to Helicobacter pylori eradication. However, amoxicillin **250mg** three times a day is not a regimen recommended in adults or children above the age of 4years.

Action:

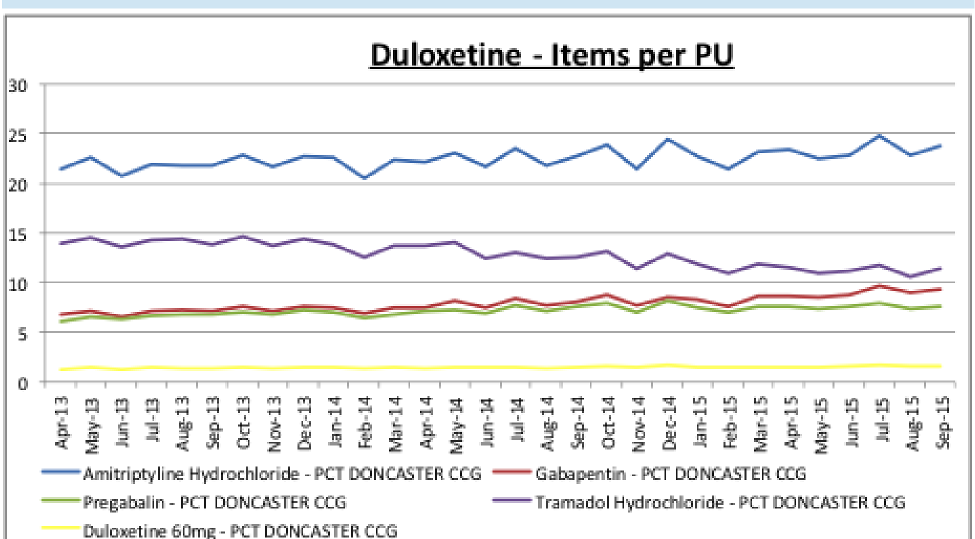
Ensure antibiotic choice, dose (see below) and duration are appropriate for both patient and indication.

Child 1–11 months: 125 mg 3 times a day; increased if necessary up to 30 mg/kg 3 times a day.
Child 1–4 years: 250 mg 3 times a day; increased if necessary up to 30 mg/kg 3 times a day.
Child 5–11 years: 500 mg 3 times a day; increased if necessary up to 30 mg/kg 3 times a day (max. per dose 1 g).
Child 12–17 years: 500 mg 3 times a day; increased if necessary up to 1 g 3 times a day, use increased dose in severe infections.
Adult: 500 mg every 8 hours, increased if necessary to 1 g every 8 hours, increased dose used in severe infections.

Duloxetine – prescribing update

Duloxetine is one of four options recommended for the treatment of neuropathic pain (except trigeminal neuralgia) in NICE CG173. Doncaster and Bassetlaw Primary Care Neuropathic Pain Management Guidance advises duloxetine may be useful second-line in diabetic neuropathy, which is the only licensed pain indication.

Duloxetine is currently the lowest frequency prescribed neuropathic pain option in Doncaster CCG.



Key prescribing considerations

- Duloxetine inhibits the re-uptake of both serotonin and noradrenaline
- It has the potential to cause serotonin syndrome
- Combination of duloxetine with other drugs that have serotonergic effects (e.g. opioids, antidepressants, triptans) should be avoided
- Duloxetine has been identified on the toxicology report of one drug related death
- Duloxetine can be used for multiple diverse indications
- UKMi Q&A 219.3 What is serotonin syndrome and which medicines cause it?

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