



Important New Evidence Service In Partnership with The Centre for Medicines Optimisation at Keele University

ScriptSwitch Monthly Summary September 2017

Monthly News Update

Welcome to the KINES Monthly News Update for September 2017. Other recent KINES Updates have discussed:

- a systematic review and meta-analysis of individual patient data that found no good evidence to support the use of [glucosamine](#) across various subgroups of patients with osteoarthritis (*ScriptSwitch users – login or register to access this KINES update*)
- a survey of [benzodiazepines and Z-drug prescribing](#) that suggests long-term prescribing may be common in the UK
- a [study](#) of US veterans that suggested proton pump inhibitor (PPI) use may increase the risk of all-cause mortality irrespective of whether the user has a gastrointestinal condition - providing another reason to ensure prudent use of PPIs.

Update from NICE:

- NICE has published a new guideline on [endometriosis](#). Delayed diagnosis was identified as a particular issue and the [guideline](#) makes recommendations about the care pathway to follow (summarised in an [algorithm](#)) to improve this. Regarding initial management, the recommendation is to offer a short trial (e.g. 3 months) of paracetamol or a non-steroidal anti-inflammatory drug alone or combination, or a hormonal treatment (combined contraceptive pill or a progestogen). A [Patient Decision Aid](#) is available that discusses the various hormonal treatment options. GPs are advised that the possibility of endometriosis should not be excluded if examination, ultrasound or MRI appear normal, and referral for further assessment should be considered if clinical suspicion remains or symptoms persist.
- There has been a revision to recommendations on urine testing in children aged between 3 months and 3 years in the NICE guideline on [urinary tract infections \(UTI\) in under 16s](#). It is suggested that there is variation in the use of dipstick testing in young children across England, with use common in some areas, whilst in others, antibiotics may be given while awaiting the results of microscopy and culture tests. The [update](#) provides clarification, recommending dipstick testing in this age group where a UTI is suspected.
 - If, on testing, both leukocyte esterase and nitrite are negative:
 - do not start antibiotic treatment
 - do not send a urine sample for microscopy and culture unless at least 1 of the following apply: high to intermediate risk of serious illness; under 3 months of age; positive result for leukocyte esterase or nitrite; recurrent UTI; infection that does not respond to treatment within 24–48 hours, if no sample has already been sent; when clinical symptoms and dipstick tests do not correlate
 - If leukocyte esterase or nitrite, or both are positive:
 - start antibiotic treatment
 - send a urine sample for culture
- The associated [resource impact report](#) suggests the recommendations may reduce the number of antibiotics and pathology tests needed.
- NICE has issued [final Technology Appraisal guidance](#) on [eluxadoline \(Truberzi\)](#) for the treatment of irritable bowel syndrome with diarrhoea. Eluxadoline is [recommended](#) as an option only if there has been no response to other pharmacological treatments (e.g. anti-motility agents, anti-spasmodics, tricyclic antidepressants) or if other treatments are contraindicated or not tolerated. Treatment should be initiated in secondary care, and should be stopped after 4 weeks if relief of symptoms has been inadequate.
- A [consultation](#) is open until 19th October on new guidance on antimicrobial prescribing for children and young people with otitis media. A [visual summary](#) of the draft recommendations is available, which include when to consider 'no', 'delayed' and 'immediate' antibiotic strategies and comments on the look and utility of this are particularly welcome.

Regulatory agency safety update:

- The MHRA has issued updated [advice](#) on the use of the anti-fungal miconazole in patients taking warfarin. Miconazole can increase the anticoagulant effect of warfarin, and bleeding events, some with fatal outcomes, have been reported with use of miconazole oral gel by patients on warfarin. Patients who take warfarin should therefore not use over-the-counter (OTC) miconazole oral gel (Daktarin). If a prescriber is planning to prescribe

miconazole oral gel to a patient on warfarin, the advice is to closely monitor anticoagulation and advise the patient that if they experience any sign of bleeding, they should stop miconazole and seek immediate medical attention. The tube and carton labelling for OTC miconazole is to be updated with this new advice.

- There is also a drug safety update for [loperamide](#) (Imodium), concerning reports of cardiac events in people who have misused high doses of this treatment, which is a synthetic opioid, as a drug of abuse or for the self-treatment of opioid withdrawal. If symptoms of overdose occur, naloxone can be given as an antidote (see [update](#) for details).
- Earlier this month, the MHRA issued a [medical device alert \(MDA\)](#) for NovoPen Echo and NovoPen 5 insulin pens, as certain batches are being recalled due to potential weakening of the cartridge holder. The MDA states that patients using these devices should be identified and alerted to the manufacturer's [safety notice](#), which specifies affected batch numbers. Patients can check if their pen is affected and request a new device by calling Novo Nordisk on 0845 600 5055 or via the company's [website](#).
- The European Medicines Agency is carrying out a [survey](#) to assess healthcare professionals' awareness of the arrangements for reporting side effects. The survey takes no more than 10 minutes to complete and is open for responses until the 9th October.

NHS England/Department of Health/Public Health England:

- Public Health England (PHE) has published the latest update to [Management and treatment of common infections: Antibiotic guidance for primary care for consultation and local adaptation](#). Updated guidance on [Helicobacter pylori testing and treatment](#) has also been published.
- Items in the recent PHE [Vaccine Update](#) include advice on ordering and monitoring local uptake of the flu vaccine and links to new shingles vaccine [eligibility materials](#). The CQC findings on immunisation in primary care are also discussed, which found most practices to be running very efficient immunisation services, acknowledging the contributions of general practice nurses. The main issues identified related to maintenance of cold chain storage and misunderstandings about the legal framework (for example, problems with Patient Group Directions).
- First aid guidance has been issued on acid attacks. The simple guidance '[Report, Remove, Rinse](#)' advises after calling 999, trying to carefully remove the chemical and contaminated clothing and rinsing continuously with water.
- The [evidence summary](#) has been published that underpins PHE's recent [campaign](#) to promote at least 10 minutes 'brisk' (at least 3 mph) walking each day. The campaign is supported by the launch of the Active 10 app which shows how much brisk walking an individual is achieving.
- Finally, a reminder that NHS England's [consultation](#) on proposed new guidance for items which should not routinely be prescribed in primary care continues until 21st October 2017.

Other news:

- Asthma UK [asthma actions](#) plans are now available in a number of non-English languages. '[Easy read](#)' [resources](#) are also available for people who have an understanding of basic English.
- Prescribers may be interested in a new [review article](#) on optimising cholesterol treatment in patients reporting muscle complaints. The review presents the recommendations from a forum of researchers and clinicians convened to discuss strategies for managing statin intolerance.
- A new e-learning module from the Centre for Pharmacy Postgraduate Education addresses '[clinical history taking: what 'good' looks like](#)'. The Royal College of Physicians has published a new [guide](#) to help support junior doctors in safe prescribing.
- The Scientific Advisory Committee on Nutrition/Committee on Toxicity Working Group have published their [report](#) on the introduction of allergenic foods (peanuts and hen's egg) into the infant diet, in particular with regards to whether there is a specific 'window of opportunity' for introducing these foods. Recommendations included:
 - Foods containing peanuts/eggs need not be differentiated from other complementary foods (which should be introduced from around 6 months alongside breastfeeding)
 - Deliberate exclusion of peanuts/eggs beyond 6-12 months may increase the risk of allergy. Once introduced, these foods should be part of the infant's usual diet, as not continuing exposure may increase the risk of allergy.
 - Families with a history of early-onset eczema or food allergy may wish to seek medical advice before introducing these foods. (See [report](#) for full advice)

Other news:

On the Horizon:

- Following last month's launch of [Trimbow](#), a '[positive opinion](#)' has been given for another triple combination inhaler for COPD - Trelegy Ellipta. This inhaler contains the combination of fluticasone furoate, umeclidinium and vilanterol. A final decision on authorisation is anticipated by around the end of 2017.

Price changes

- We have received notification that the price of [AirFlusSal Forspiro](#) (salmeterol 50 microgram, fluticasone propionate 500 microgram dry powder inhaler) has been reduced to £29.97 per inhaler. AirFluSal Forspiro, which is licensed for use in both asthma and COPD, is a lower cost branded generic inhaler that is equivalent to Seretide 500 Accuhaler, the latter which costs £40.92 per inhaler. (Prices from [MIMS](#), Sep-17)