Important New Evidence Service

In Partnership with The Centre for Medicines Optimisation at Keele University

ScriptSwitch Monthly Summary – November/December 2017

Monthly News Update: Scotland Edition

Welcome to the latest '***KINES' Monthly News Update: SCOTLAND EDITION.*** This update includes items relevant to healthcare professionals in Scotland, alongside selected articles from the 'KINES England' newsletter that may also be of interest.

Other recent KINES Updates have discussed (*login or register to access*):

- the study that informed the recent change in Public Health England's antibiotic guidance to include the option of a shorter, 5-day course of phenoxymethylpenicillin (penicillin V) for sore throats (*where antibiotic treatment is indicated*)
- a pilot project by a CCG investigating the clinical benefits of medicines optimisation by geriatricians in primary care. (*We note that healthcare professionals in Scotland can expect the next update to the NHS Scotland Polypharmacy Guidance to be published in early 2018.*)
- long-term mortality findings from the Women's Health Initiative trials, which suggest that hormone replacement therapy taken for 5 to 7 years is not associated with an increased risk of death.

Scotland Update:

New Guidance

- SIGN has issued new guidance on the pharmacological management of Type 2 diabetes (SIGN Clinical Guideline 154), including advice on the place in therapy of recently-developed treatments. This new guidance will also be supported by an update to the Diabetes Prescribing Strategy from the Scottish Government, which is due to be published in the next few weeks. The national guideline on the management of type 2 diabetes (SIGN Clinical Guideline 116) has also been updated. Key information from both guidelines is summarised in a quick reference guide.
- Updated guidance is now available from Health Protection Scotland on the treatment of Hepatitis-C.

Antimicrobial Update

- The Scottish Antimicrobial Prescribing Group and NHS Education for Scotland have worked in collaboration to update the Scottish Reduction in Antimicrobial Prescribing (ScRAP) resource. This update includes a refresh of the educational sessions covering general antimicrobial resistance and respiratory tract infections, and the addition of a new session on urinary tract infections. Although primarily aimed at GP practices, the resource will also be of interest to others involved in the assessment and management of infection in primary care, including nurses and care home staff.

Drug Update

- The patent for the erectile dysfunction drug tadalafil (Cialis) has now expired. ***Keele comment:*** Prescribing generically now will maximise the benefit of any future addition to the Scottish Drug Tariff.
- The indications for rivaroxaban (Xarelto) 10 mg now include use for extended prevention of recurrent venous thromboembolism (VTE), following at least 6 months' previous therapy. For patients considered at high risk of recurrent VTE, a higher (20 mg) dose should be considered. See Summary of Product Characteristics for details. ***Keele comment:*** We await Scottish Medicines Consortium (SMC) advice on this.
- NHS National Services Scotland has now published amendments to the Scottish Drug Tariff for December 2017.

Other news

- The Scotsman has recently featured articles on the role of big data in improving patient outcomes and the more appropriate use of targets in healthcare. ***Keele comment:*** Improved sophistication in the use of targets is very much in line with the removal of QOF and the drive towards a quality improvement agenda in Scotland.

Other Updates:

NICE

- NICE recently published a new guideline on asthma, covering the diagnosis, monitoring and management in adults and children. NICE has recognised that implementing the guidance, in particular the approach to diagnosis that involves the use of objective tests not currently widely available, will require a big change in practice. Healthcare professionals will also need to become familiar with new recommendations on pharmacological treatment that differ

from the established BTS/SIGN stepwise treatment pathways. Perhaps the most notable change is the use of leukotriene receptor antagonists ahead of the introduction of long-acting beta agonists. NICE has recommended that people whose asthma is well-controlled should not have their current treatment changed purely to follow the guideline.

Keele comment: *This new NICE guidance will be discussed in greater detail in a future KINES Update. Unlike the BTS/SIGN guidance, cost-effectiveness was considered, hence the difference in recommended treatments. It will be interesting to follow how this new guidance and evidence will impact on future BTS/SIGN asthma updates.*

- There has been an update to the NICE guideline on familial hypercholesterolaemia (FH). Recommendations for case-finding clarify that a cardiovascular event in an individual or a first-degree relative **before the age of 60** should prompt suspicion of FH and the offer of cholesterol testing. (Total cholesterol > 7.5 mmol/l should also prompt suspicion of FH.) A frequently undiagnosed condition, NICE is also recommending that primary care records should also be searched to help identify people at the highest risk of FH, specifically:
    - people below age 30 with total cholesterol > 7.5 mmol/l, and
    - people 30 or over with total cholesterol > 9.0 mmol/l.

  Keele comment: For healthcare professionals in Scotland, SIGN published an update to guidance on Risk estimation and the prevention of cardiovascular disease in June 2017, which included a section on FH. SIGN recommends that:
    - Individuals with a possible diagnosis of FH should be referred to a specialist clinic for investigation and initial management.
    - Individuals with FH should be offered statin therapy regardless of their calculated cardiovascular risk and may be considered for combination therapy with ezetimibe where LDL cholesterol-lowering is inadequate on maximally-tolerated statin therapy, or for monotherapy where statins are contraindicated.
    - Individuals with heterozygous FH and elevated LDL cholesterol despite statin monotherapy or statin/ezetimibe combination therapy should be considered for a PCSK9 inhibitor.
- NICE has also published new guidance on antimicrobial prescribing for acute sinusitis. In brief, the recommendations are:
    - ***For symptoms of 10 days or less:*** **Do not offer an antibiotic**
    - ***For symptoms with no improvement for more than 10 days:*** Consider ***no antibiotic*** or '***back-up antibiotic prescription'***, depending on likelihood of bacterial cause. Consider high-dose nasal corticosteroid for 14 days for adults and children aged 12+ (off-label)
    - ***At any time if the person is systemically very unwell, has symptoms/signs of a more serious illness/condition or is at high risk of complications:*** Offer immediate antibiotic or investigate and manage in line with the guidance on respiratory tract infections (self-limiting).

Regulatory Agencies Safety Update

- The MHRA has updated advice on switching between different manufacturers' antiepileptic drugs. The 2013 recommendations, which put antiepileptics into 3 categories depending on their suitability for switching, remain. However, for category 2 or 3 drugs, the advice states that other patient factors should be considered, such as the patient's perception about differences in a product's presentation, or issues, such as co-morbid autism, mental health issues or learning disabilities. See the article for details, including the drug categories for switching.
- An MHRA update also discusses clozapine and the risk of intestinal peristalsis impairment, which can range from constipation to, very rarely, potentially fatal intestinal obstruction, faecal impaction, and paralytic ileus. Care should be taken when prescribing to patients ≥ 60 years, patients using other drugs known to cause constipation (especially drugs with anticholinergic properties), or those with a history of colonic disease or lower abdominal surgery. Clozapine is contraindicated in patients with paralytic ileus. Patients should be advised to report constipation immediately, and any constipation that occurs should be treated.
- There is also a warning about the risk of severe respiratory depression with gabapentin, even without concomitant use of opioids. ***(Keele-comment:*** This is noteworthy as the latest report on drug-related deaths in Scotland found that deaths involving gabapentin rose to 154 last year, from 102 the year before.) The MHRA is advising that healthcare professionals should consider if a dose adjustment may be necessary in patients at higher risk of respiratory depression. Groups include elderly people, patients with compromised respiratory function or respiratory disease, neurological disease or renal impairment, and those taking other CNS depressants.
- There is also a reminder that all oral tacrolimus products should be prescribed and dispensed **by brand name only**. Also, caution should be used when prescribing quinine (*prescribed for the treatment of nocturnal leg cramps*) to patients who are predisposed to QT prolongation (e.g. cardiac disease; electrolyte disturbance; using other medicines that could prolong QT interval; atrioventricular block). Patients should be monitored closely if it is necessary to use quinine concomitantly with phenobarbital or carbamazepine, as serum levels of the anticonvulsants may be raised.
- The MHRA has also recently advised there have been reports of erectile dysfunction and decreased libido with oral isotretinoin. The exact incidence is unknown, but this is likely to be a rare event.

Other news

- NHS England has now published guidance for CCGs on items which should not routinely be prescribed in primary care. The guidance and related documents are available here.