

Prescribing Newsletter

October 2012

This newsletter is produced by the Medicines Management Team at the PCT, and is sent to all local GPs, Practice Nurses and Community Pharmacists. We would welcome any feedback on the content and usefulness of the newsletter and suggestions for future topics.

Antipsychotics in Dementia – summary of practice audits

In 2009-10, as part of the Prescribing Incentive Scheme, Brighton and Hove GP Practices were asked to take part in an audit of **Patients over 65 years of age with an anti-psychotic prescription**. A summary of findings from this audit were details in the [City Scripts](#) November 2010 issue.

In 2011-12, the audit was repeated and the findings compared to the initial 2009-10 audit are noted below:

	2009-10	2011-12
No. of practices which took part	25	30
No. of patients audited	167	154
Recorded indications for anti-psychotic prescribing		
Behavioural and Psychological Symptoms (BPSD)	10%	Unknown
Agitation or anxiety	26%	13%
Non dementia associated conditions	35%	33%
No readily identifiable indication recorded	29%	54%
Evidence of medication review for 2009-10 and 2011-12		
Reviewed at least every 12 weeks	18%	61%
No evidence of follow-up/ongoing review	82%	39%
Choice of agent		
Risperidone	41%	29%
Olanzapine	21%	14%
Quetiapine	23%	45%
Other	15%	12%
Duration of treatment		
3-6 months	3%	4%
1-2 years	18%	46%
More than 2 years	51%	41%
Not known	28%	9%

Summary

- It appears that levels of prescribing of anti-psychotics for dementia have fallen since 2009/10
- Review of prescribing has improved markedly
- Prescribing of quetiapine has increased significantly, although risperidone is the only agent licensed for use in this condition.
- Recording of treatment duration appears to have improved, but the majority of patients continue with the medication for over a year.
- There was an equal split between patients living at home and those in residential care

[GP Resource Pack for Antipsychotics in Dementia](#) is available on the PCT website.

Yasmin - The sexual health CRG has agreed that Yasmin should be 3rd or 4th line, since it has no specific advantages over other combined oral contraceptives (COCs).

Prescribers switching from Yasmin to another COC are reminded that in general, patients start the new preparation the day after taking the last Yasmin, without a 7 day break.

Inhaler technique Training – dates for GP diary

October 2012 issue of [DTB](#) highlights the need for Healthcare Professionals, who teach inhaler techniques, to regularly assess their own knowledge, to ensure competence and confidence.

As part of the Prescribing Incentive Scheme, Inhaler Technique Training will be provided on 16th and 22nd of November and 14th December, at 1pm. The anticipated duration will be one and a half hours and the Trainer will be from asthma UK. Venues to be confirmed.

Flutiform

This is a new combination inhaler containing fluticasone and formoterol, licensed for use only in asthma. It is not included in the joint formulary.

Costs are only lower for the high strength preparations, which does not fit with BTS recommendations to use the lowest effective dose of inhaled steroid and to try to step down treatment.

Advice: continue to follow BTS guidelines and use the lowest possible dose of inhaled steroids

Resperate

The addition to the Drug Tariff of Resperate (£132), a non-pharmacological device to lower BP, has prompted the [BHS to not recommend Resperate](#) due to insufficient evidence of longterm effectiveness.

Action: Resperate should not be prescribed on the NHS until there is sufficiently robust evidence.

Zostavax

Surrey & Sussex LMC have provided the following advice for Zostavax in their September 2012 LMC Line: *“Despite a recent recommendation by the Joint Committee on Vaccination and Immunisation that people aged 70-79 years should be offered the Zostavax shingles vaccine, the Department of Health has confirmed that, due to a shortage in supply, it will only be available privately for the time being. Although the DH has confirmed that it intends to run a national vaccination programme for those over 70 years of age, until they have secured a sufficient supply of the Zostavax vaccine and are able to implement the JCVI’s recommendations, advice to GPs is that it is not recommended that this vaccine be given at the moment.”*

<http://www.sslmcs.co.uk/>

Waste reduction

Emollients for nursing homes: prescribe pump dispensers where available, since these are not liable to contamination in the same way as tubs.

Cetaben, Diprobase, Doublebase, Epaderm cream, Emollin spray are all formulary products available in pump dispensers

Cetaben cream (also available in 50g dispensers) and Cetaben bath emollient (with its built-in measuring device which limits volume used and prevents spills) are first line emollient cream and bath oil, in primary care, and should be the preferred choice for new patients.

Policy Updates

Brighton and Hove Health Care Professionals are advised to familiarise themselves with the following new local policies and policy updates, available on our website (under the ‘Other’ section):

- [Drugs not for routine prescribing in Primary Care Policy](#) October 2012 - updates include addition of liothyronine (red drug on Joint Formulary and only licensed for myxedematous coma and pre radioiodine treatment for thyroid cancer)
- [Excessive or Inappropriate Prescribing Policy Oct 2011](#)
- [Private – NHS Interface Policy](#) – **Key points are essential reading in application of Private-NHS interface**
- [SPfT Swallowing pills \(tablets and capsules\) – Patient Information Leaflet](#) – aimed at child & adolescent. Adult versions are accessible via SPfT website at the following link: www.sussexpartnership.nhs.uk/gps/med-info/med-docs/viewcategory/2038?start=25

Antibiotics for patients on warfarin

There has been a recent increase in the number of patients with a high INR secondary to a course of clarithromycin. Local microbiologists suggest prescribing doxycycline in place of clarithromycin, since it is less likely to cause problems. A reminder has been added to Scriptswitch.

Brighton & Hove C.diff incidence is now higher in the community than in the local hospitals. The majority of cases are linked to recent treatment with broad spectrum antibiotics.

Prescribers are reminded to use high risk antibiotics only when there is no alternative.

- Oral cephalosporins do not have a place in empirical treatment, and should only be prescribed on the advice of microbiology.
- Reserve ciprofloxacin for pyelonephritis, prostatitis, pseudomonas, ofloxacin for pelvic inflammatory disease
- Co-amoxiclav for acute pyelonephritis, facial cellulitis, human/cat/dog bites, second in line sinusitis.

See local antibiotics guidelines: [Antibiotic guidelines NHS Brighton and Hove June 2012](#)

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