Greenwich Clinical Matters

NHS South East London Clinical Commissioning Group

November 2021

MEDICINES MANAGEMENT

Valproate Pregnancy Prevention Programme (PPP) review

Valproate is contraindicated in girls and women of child bearing age unless they meet the conditions of the Valproate Pregnancy Prevention Programme (prevent). This is designed to make sure patients are fully aware of the risks and the need to avoid becoming pregnant. This includes the completion of a signed risk acknowledgement form when their treatment is **reviewed by a specialist, at least annually**. Valproate (Epilim, Depakote and other generic brands) is associated with a significant risk of birth defects and developmental disorders in children born to women who take valproate during pregnancy.

Action:

- Identify all women of childbearing age (12 – 55 years) who are on valproate via EMIS and **record relevant data on spreadsheet attached**
- Women of childbearing age, not post-menopausal, who have not been reviewed by specialist within last 12 months. Refer these patients to the relevant initiating Specialist for annual review and PPP review.
- Female patients in this category should be coded as on high-risk drug on their medication records
- For further information and resources about the risks of taking valproate medicines during pregnancy, click here.

Please submit the relevant data by the 31st of December 2021 to greccg.pharmacy@nhs.net , kindly remember to include your practice name on the spreadsheet.

Public Assessment Report: Recommendations to support the effective and safe use of adrenaline auto-injectors

This report provides a combined summary of the conclusions and recommendations of the Commission on Human Medicines' Adrenaline Auto-injector Expert Working Group to support the effective and safe use of Adrenaline Auto-injectors.

The recommendations cover:

- Prescribing and use of adrenaline auto injectors (AAIs), including the early administration of adrenaline (including a template for advice to be given to patients and carers), the importance of posture of the patient in anaphylaxis, **the need for two AAIs to be carried at all times**, training devices and instructions for use, AAI strength, product labelling.
- Wider availability of adrenaline auto-injectors in public places
- Improved data collection and adverse event reporting

Action: Access local guidance prescribing and ordering of adrenaline for anaphylaxis in primary care here.

MEDICINES MANAGEMENT

Blood pressure lowering and risk of new-onset type 2 diabetes: an individual participant data meta-analysis

This meta-analysis (n=145,939) found reduction of systolic blood pressure by 5 mmHg overall reduced risk of type 2 diabetes (HR 0.89; 95% CI 0.84–0.95). ACE inhibitors and angiotensin II receptor blockers reduced risk, but use of beta-blockers and thiazides increased risk.

The authors note the relative magnitude of reduction per 5 mmHg systolic blood pressure lowering was similar to those reported for prevention of major cardiovascular events, which will strengthen the case for blood pressure reduction. Some drug classes had differing effects: when compared to placebo, ACE inhibitors (RR 0.84 [95% 0.76–0.93]) and angiotensin II receptor blockers (0.84; 0.76–0.92]) reduced the risk of new-onset type 2 diabetes, whereas β blockers (1.48; 1.27–1.72) and thiazides (1.20; 1.07–1.35) increased this risk. This supports decision-making around choice of antihypertensive according to an individual's risk profile, with ACE inhibitors and angiotensin II receptor blockers the drugs of choice when clinical risk of diabetes is of concern. It is not known to what extent the reduction in diabetes risk is due to blood pressure reduction per se versus RAS inhibition specifically.

Action: The absolute risk reductions observed were modest, however interventions with small benefits can still have large effects when applied to such common conditions. The authors emphasise the findings of this research support the possibility that earlier, more aggressive lowering of blood pressure, with an emphasis on RAS inhibitors, can decrease the incidence of diabetes.

Updates to NICE guideline on managing the long-term effects of COVID-19

NICE [NG188] have added new recommendations and updated existing recommendations to its rapid guideline on managing the long-term effects of COVID-19. This covers:

- Identification
- Planning care
- Multidisciplinary rehabilitation
- Follow up, monitoring and discharge
- Service organisation

NICE have reviewed the evidence on case definitions, referral to services, children and young people, the impact of vaccines on the long-term effects of COVID-19, signs, symptoms and prevalence and risk factors. They have also updated the list of common symptoms to emphasise that these may be different for children.

Action: To view updated guidance click here.

MEDICINES MANAGEMENT

Using aqueous cream as a soap substitute for skin washing

Aqueous cream is no longer recommended as an emollient but may considered as a soap substitute, however, adverse effects are possible with any use. Aqueous cream may be prescribed by a healthcare professional for a chronic dermatological condition. It is also widely available to purchase through pharmacies and supermarkets without requiring a prescription for acute/self-limiting conditions such as dry skin.

Action:

- Aqueous cream should not be used as a leave-on emollient as it is likely to exacerbate, rather than improve eczema.
- Patients and carers should be warned of the risk of adverse skin reactions (burning, stinging, itching or redness) if aqueous cream is used as a leave-on emollient. These reactions are often seen within 20 minutes of application and are generally not serious.
- If a patient experiences skin irritation after using aqueous cream, advise the patient to stop using it and talk to a doctor or a pharmacist.
- Counsel patients and their carers on the fire risk associated with the build-up of residue on clothing and bedding. Advise on actions to minimise the risk; not to smoke or go near naked flames because clothing, bedding, dressings, and other fabrics that have been in contact with aqueous cream or skin treated with aqueous cream can rapidly ignite. Washing these materials at a high temperature may reduce emollient build-up but not totally remove it.

Dapagliflozin (Forxiga): no longer authorised for treatment of type 1 diabetes mellitus (T1DM)

The authorisation holder for dapagliflozin has withdrawn the indication for T1DM. The removal of the T1DM indication is not due to any new safety concerns and the other indications of dapagliflozin are unchanged.

Action: Advice for healthcare professionals:

1) Dapagliflozin 5 mg is no longer authorised for the treatment of patients with T1DM
2) Dapagliflozin should be reviewed and discontinued in patients with T1DM by or in consultation with a physician specialised in diabetes care as soon as clinically practical
3) After stopping dapagliflozin treatment, frequent blood glucose monitoring is recommended
4) An increased insulin dose may be needed, which should be undertaken carefully to minimise the risk of hypoglycaemia or hyperglycaemia
5) Diabetic ketoacidosis is a known risk with use of dapagliflozin in all patients with diabetes, but it occurs more frequently in patients with type 1 diabetes than those with type 2 diabetes
6) Report suspected adverse drug reactions associated with use of dapagliflozin on a Yellow Card

MEDICINES MANAGEMENT

SEL Integrated Medicines Optimisation Committee (IMOC)

The following IMOC decisions / outputs have been ratified through SEL IMOC and SEL Medicines Optimisation sub-Committee Chair's action and can be accessed via the links:

NEW:

- Guidance on the frequency of self-monitoring of blood glucose (SMBG) in adults and young people with diabetes.
- The sub-cutaneous (s/c) formulation of infliximab (Remsima™) has been added to the SEL Joint Medicines Formulary for use in inflammatory bowel disease (Crohn's disease and ulcerative colitis). As per the intravenous formulation of infliximab, the s/c formulation is categorised as Red (hospital only). Please refer to the formulary information for criteria on the use of the s/c formulation, which include use of the licenced s/c dose only.
- A guideline on the use of nebulised antibiotics in the management of *Pseudomonas aeruginosa* infection in Non-Cystic Fibrosis Bronchiectasis has been developed through the Committee's respiratory sub-group. This is a specialist guideline and prescribing, supply and monitoring of treatment will be managed by the hospital team.

UPDATED:

- The SEL Lipid Management Pathway has been updated to incorporate recent NICE guidance on the use of inclisiran.
- Inclisiran is included in the SEL Joint Medicines Formulary as Amber 1 (can be initiated in primary care at the request of a lipid specialist).
- An inclisiran initiation checklist has also been developed to support advice and guidance requests from primary care to lipid specialists, to help determine if inclisiran is a suitable option for the patient.

SYSTEM DEVELOPMENT

Coordinate my care (CMC)

The current form of CMC will expire in London on 31st March 2022; however, we would like to encourage primary care to continue implementing CMC records until this date as these records are essential to patient care and will be transferred over to the new system. To help assist with the records being uploaded, the Greenwich Borough CMC incentive scheme will be extended until 31st March 2022 and practices will continue to be remunerated £50 for each record created.

Action: See attached the Greenwich Primary Care CMC Newsletter for more information.

Contact Details

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