

Greenwich Clinical Matters

MEDICINES MANAGEMENT

Valproate Pregnancy Prevention Programme (PPP) review

GPs are reminded that valproate is contraindicated in girls and women of childbearing age unless they meet the conditions of the valproate Pregnancy Prevention Programme (prevent). This includes the completion and signature by the patient and specialist of the [Annual Risk Acknowledgement Form](#) when the treatment is **reviewed by a specialist, at least annually**.

Action:

- Refer all women of childbearing age (12 – 55 years) not post-menopausal on valproate, who have not been reviewed by specialist to the relevant initiating Specialist for PPP and annual review.
- Female patients in this category should be coded as on high-risk drug on their medication records
- Save the completed Annual Risk Acknowledgement Form from the specialist in the patient's records

Drug Safety Update

Metformin and reduced vitamin B12 levels - new advice for monitoring patients at risk

The MHRA drug safety update states that 'vitamin B12 deficiency is a common adverse drug reaction that may affect up to 1 in 10 people who take metformin'. The risk increases with increasing metformin dose and treatment duration and in patients with existing risk factors.

Actions

- Test vitamin B12 levels in patients presenting with anaemia or neuropathy
- Periodic vitamin B12 monitoring should be considered in patients at risk of vitamin B12 deficiency. Further information can be found on the [here](#).

Inadvertent oral administration of potassium permanganate- National Patient Safety Alert

National Reporting and Learning System (NRLS) have identified that oral ingestion of potassium permanganate is still occurring. Supplied in concentrated forms, either as a 'tablet' or a solution, ingestion can be fatal due to gastrointestinal haemorrhage, acute respiratory distress syndrome and/or multiorgan failure.

Actions:

- Ensure patients are not on repeat prescriptions for potassium permanganate – Acute prescription only.
- All prescriptions should include instructions 'DILUTE BEFORE USE & dispensing labels HARMFUL IF SWALLOWED'.
- A risk assessment should be undertaken if it will be used in a patient's home.
- For further information, [click here](#).

MEDICINES MANAGEMENT

Drug Safety Update (Continued)

Using Proton Pump Inhibitors (PPIs) alongside warfarin- clinical considerations

PPIs have been found to enhance warfarin anticoagulation. A clinically significant interaction is not expected but case reports of PPIs increasing the INR has resulted with increased bleeding.

Action: Before initiating PPIs in a patient who is stabilised on warfarin, consider:

- Whether a PPI is required or whether another agent can be used
- PPI least likely to have an effect on the patients INR
- What monitoring may be required post initiation of a PPI
- Routine monitoring is recommending when starting or stopping PPI in patients taking warfarin.
- For further information, click [here](#).

Escitalopram (Cipralext)

The Summary of Product Characteristics (SPC) update states that co-administration of escitalopram with serotonergic medicines (e.g. opioids (including tramadol), and triptans (including sumatriptan) may lead to serotonin syndrome

Action: Caution is advised if escitalopram is used concomitantly with these medicines.

Empagliflozin (Jardiance)

SPC update states that adverse effect of tubulointerstitial nephritis (very rare) could be seen when empagliflozin is concomitantly used with lithium. This may be due to increased renal lithium excretion and decreased blood levels.

Action: Monitor lithium serum concentration more frequently after empagliflozin initiation and dose changes.

Clopidogrel and Rosuvastatin interaction

Clopidogrel has been shown to increase rosuvastatin exposure in patients by 2-fold after administration of a 300 mg clopidogrel dose, and by 1.4-fold after repeated administration of a 75 mg clopidogrel dose.

Action: Monitor increased side effects when rosuvastatin is concomitantly used with clopidogrel.

Ticagrelor (Brilique) and Rosuvastatin interaction

SPC updates states that Ticagrelor may affect the renal excretion of rosuvastatin. concomitant use may lead to decrease in renal function, increased CPK level and rhabdomyolysis.

Action: Monitor renal function and increased side effects when ticagrelor is used concomitantly with rosuvastatin.

MEDICINES MANAGEMENT

Out of Stock Updates

Promethazine Hydrochloride 25mg (brand name Phenergan®) is currently unavailable and will be available w/c 22nd August 2022.

Action: Consider alternative sedating antihistamines, such as Promethazine teoclate 25mg (brand name Avomine®), that may have slightly longer duration of action than but is unlikely to have a major clinical significance in practice.

Alendronic Acid 70mg ONCE weekly tablet currently is out of stock across various brands (expected resupply date 26th August 2022).

Action: Prescribers to be aware that this could have a knock-on shortage of other bisphosphonates. Milpharm are currently still able to supply alendronic 70mg tablet for now or consider prescribing risedronate 35mg once weekly tablets

NICE guidelines updates

Depression in adults: treatment and management

The new guideline **NG222** replaces guideline CG90. It recommends treatment of first episodes of depression, and further-line treatments, and provides advice on preventing relapse, and managing chronic depression.

Diabetes (Type 1 and 2) in children and young people: diagnosis and management

NG18 has been updated to include that patient should be advised that they are at higher risk of periodontitis and that regular oral health reviews are recommended.

Medicines for medical emergencies ('blue boxes')— contents update

Medical emergency boxes in primary care will be updated in line with the latest Resus Council UK guidance on the initial management of anaphylaxis.

Action:

- Antihistamines are not recommended as part of the initial emergency treatment for anaphylaxis
- Routine use of corticosteroids to treat anaphylaxis is not advised
- Initial management of anaphylaxis algorithm only includes up to 2 doses on intramuscular adrenaline
- Further information can be found in [here](#).

SYSTEM DEVELOPMENT & PRIMARY CARE

#AskAboutAsthma

The **#AskAboutAsthma** campaign will run from **12 – 18 September** this year. The campaign encourages four simple and effective measures to help control asthma:

1. Get an [asthma action plan](#) in place
2. Understand how to use [inhalers](#) correctly
3. Schedule an [asthma review](#) – every year and after every attack
4. Consider [air pollution](#) and its impact on lung health

Action:

- Patients and practice staff are advised to attend the one-day virtual conference and daily webinars that will be hosted from **12-16 September**.
- Registration details can be found [here](#).

SYSTEM DEVELOPMENT & PRIMARY CARE

Same Day Emergency Care (Ambulatory Care Unit) Service

General practice colleagues in Greenwich and Bexley can now discuss and book patients who need same day or next day emergency care (SDEC) with the Acute Medicine Consultant led medical ambulatory care team at Queen Elizabeth Hospital. The Ambulatory Care Unit (ACU) has access to rapid diagnostics and will allow same day assessment and treatment to the patients and reduce the likelihood of admission to the hospital. Please note that this is not a walk-in service.

Actions:

- Referrals should be sent via *direct access* Consultant Connect line (Acute Medicine SDEC-QEH).
- Download the Consultant Connect app at: <https://www.consultantconnect.org.uk>
- For further information on patient eligibility and common SDEC conditions, please see Attachment 1.

NHS SEL CCG: Community Adult Audiology Services

The Community Adult Audiology service will now operate under a single contract. Patients registered to any SEL CCG GP practices will now have access to the providers commissioned by SEL CCG.

Action: Please see Attachment 2 for more information.

New GP Direct Access to CT Lung and Pancreas at Lewisham and Greenwich NHS Trust

A new pathway for direct access to diagnostic CT lung and pancreas is now available at LGT, in line with NICE recommendations. These pathways can significantly reduce the time to diagnosis or ruling out of cancer for patients, as well as being highly cost effective in the long run.

Action:

- GPs in SEL can access the request forms, as well as patient information leaflets, for direct access CT Lung and CT Pancreas on DXS.
- The request forms also contain the referral criteria, which can also be found alongside further information here: [CT Lung & CT Pancreas](#).
- **Please note that in both pathways a U&E in the last 3 months is essential.**

The Use of FIT in Younger Patients

This is a reminder to GPs of the significant value in using Faecal Immunochemical Testing (FIT) as a tool to quantify the risk of bowel cancer in younger patients.

Action:

- Full information on the use of FIT can be found [here](#).
- Red Whale have recently sent out [guidance](#) about the use of FIT in younger patients
- Red Whale will host a webinar on 19th July from 1-3pm on FIT. Further information will be sent imminently to primary care.

Contact Details

Meds Management: greenwich.pharmacy@selondonics.nhs.uk

Primary Care: Jan Matthews: jan.matthews@selondonics.nhs.uk

System Development: Jo Hare: joannehare@selondonics.nhs.uk