

# Prescriberfile

From the Primary Care Prescribing Group

## Guidance regarding Anti-resorptive or Anti-angiogenic Drugs

Patients who are taking anti-resorptive or anti-angiogenic drugs have a small risk of developing medication-related osteonecrosis of the jaw (MRONJ). This condition may be more prevalent in patients who have dental procedures which impact on bone, for example dental extractions.

New guidance on the [Oral Health Management of Patients at Risk of Medication-related Osteonecrosis of the Jaw](#) was published in March 2017 by the Scottish Dental Clinical Effectiveness Programme (SDCEP) which recommends that dental practitioners assess a patient's risk of MRONJ based on their medical condition, type and duration of drug therapy and any other complicating factors. See [www.sdcep.org.uk](http://www.sdcep.org.uk).

The guidance also recommends that cancer patients should preferably undergo a thorough dental assessment, with remedial dental treatment where required, prior to commencement of the drug therapy. A list of drugs associated with MRONJ is [available](#).

**Guidance for Prescribers and Dispensers-** At the commencement of treatment with anti-resorptive or anti-angiogenic drugs advise the patient/carer

- That the medication they have just been given is associated with a small risk of MRONJ
- To make an appointment with a dentist as soon as possible to ensure that they are dentally fit (including those with dentures)
- To tell their dentist that they are taking the medication-[Patient information leaflets](#) are available to assist in this communication.
- Due to the risk of damage to the oral mucosa, advise patients who are prescribed an oral bisphosphonate not to hold the tablet in the mouth and to follow the instructions for administration included in the patient information leaflet.
- Consider prescribing alternatives to oral bisphosphonate for patients with a poor swallow reflex or swallowing difficulties

## Butec<sup>®</sup> - Buprenorphine transdermal patch of first choice for new patients over 65 years of age

Butec<sup>®</sup> has recently been approved by The Scottish Medicines Consortium (SMC) for the treatment of chronic non-malignant pain of moderate intensity when an opioid is necessary for obtaining adequate analgesia.

It is restricted for use in those over 65

years of age.

This is the only buprenorphine patch which has received such approval and has now been added to the Forth Valley formulary.

An implementation plan for the action required for existing patients is currently being drafted.

- When a weekly buprenorphine patch is being considered in the over 65s– prescribe by brand name Butec<sup>®</sup> patches for **new patients** as no other buprenorphine patch is SMC approved or on the Forth Valley formulary

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Please Circulate to All Staff

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## Key Points of interest:

- Patients newly prescribed an anti-resorptive or anti-angiogenic drug– advise to see dentist as soon as possible
- Butec<sup>®</sup> patches for **new patients** over 65 requiring a seven day buprenorphine patch
- Antipyretic agents do not prevent febrile convulsions
- Patients requiring an incontinence product should be referred to a District Nurse for assessment
- Deodorant sprays should not be required for stoma users
- Do not prescribe valproate medicines for epilepsy or bipolar disorder in women and girls unless other treatments are ineffective or not tolerated.

## Treatment of fever in the under 5s and Prophylactic Paracetamol for Infants receiving Men B Vaccination

Many young children with fever appear well with no symptoms or signs of serious illness with the vast majority of these children having self-limiting illnesses. [NICE Guidance on Fever in the Under 5s](#) recommends that **antipyretic agents should not be used with the sole aim of reducing body temperature in children with fever.**

- There is no need to administer paracetamol or ibuprofen for every fever but only if the child is thought to be uncomfortable and in pain due to infection.
- Antipyretic agents do not prevent febrile convulsions.

Feverish **illness** in young children usually indicates an underlying infection. Further details, on the assessment of a child with fever illness, are available in the NICE guidance above.

**It is important to advise about adequate fluid intake during febrile illness.**

NSAIDs, such as ibuprofen, should be used with caution as they can cause adverse effects on renal function especially if the child is dehydrated.

NSAIDs in children with varicella is associated with an increased risk of necrotizing soft-tissue infections and infections with invasive streptococci.

### When using paracetamol or ibuprofen in children with fever:

- continue only as long as the child appears distressed
- consider changing to the other agent if the child's distress is not alleviated
- do not give both agents simultaneously
- only consider alternating these agents if the distress persists or recurs before the next dose is due.

NSAIDs in children with varicella is associated with an increased risk of necrotizing soft-tissue infections and infections with invasive streptococci. **Paracetamol is the antipyretic of choice where an antipyretic is necessary for a child with chickenpox.**

Fever is part of the body's response to a vaccine as it develops effective immunity and whilst paracetamol and ibuprofen can lower the duration of fever and reduce distress, it is **not recommended that these drugs are used routinely to prevent fever following vaccination.** There is some evidence that prophylactic administration of antipyretic drugs around the time of vaccination may lower antibody responses to some vaccines– [The Green Book](#). The exception to this rule is when Men B is given to **infants** along with other routine immunisations, due to the high rate of fever (>38°C) with this particular combination.

The Joint Committee on Vaccination and Immunisation has therefore recommended that **a total of 3 doses of infant paracetamol suspension 120mg/5mls are given to babies after their routine vaccinations at 2 and 4 months** to cover the increased risk of fever

A patient group direction (PGD) for community pharmacists is available to provide a supply of paracetamol oral suspension 120mg/5ml for the prevention of post vaccination fever childhood Men B vaccination. This service is not intended to replace GP prescribing (or supply) of prophylactic paracetamol, but to support the overall smooth running of the Men B programme.

Both arrangements are in place to provide flexibility of delivery and it may be worth reminding both colleagues and patients that this service is available during times when resources may be stretched.

The PGD states a supply is available to any infant under one year of age in advance of or after receiving Men B vaccine. The dosing advice is that three 2.5ml doses of infant paracetamol suspension 120mg/5ml should be given prophylactically.

It should be noted that, when given to infants of 2 months, the **recommended dose regimen of paracetamol of three doses exceeds the current post-immunisation licensing restriction on Pharmacy (P) and General Sales List (GSL) paracetamol products, which advise a maximum of two doses.**

## Prescribing of Flat Bed Pads

Incontinence products are designed to absorb urine and faeces. These products contain super-absorbent polymers, which are the active ingredient which absorbs and retains fluids. Super-absorbent polymers inhibit the transfer of urine back to the skin. It is recommended that incontinence pads with super-absorbent polymers, worn close fitting to the patient's body is best practice.

**Disposable bed pads** (also known as fluffies, inco pads, Tena pads) **are not continence products**. They are procedure pads, designed to be placed under patients to catch fluids during procedures, such as wound

dressings for capturing leaky wound exudate, the use of enemas. Procedure pads do not contain any polymer and are not recommended for the use in the management of incontinence. Use of this product as a continence product causes patient discomfort and can cause patient harm, as a result of urine transferring back to the skin. The moisture level of the skin increases, and this will allow irritants to penetrate the skin barrier, causing inflammation. Last year approximately £68,000 was spent on the prescribing of disposable flat bed pads in NHS Forth Valley.

- Patients requiring an incontinence product should be referred to a District Nurse for assessment. If appropriate, a body worn pad will be supplied to the patient through the continence service.
- Patients requiring furniture/bed protection should be advised to purchase their own.
- Disposable bed pads should only be prescribed as a procedure pad.

## Stoma Supplies

NHS Forth Valley is consistently looking at ways to provide first class care whilst ensuring best use of resources. To accomplish this, some aspects of advice regarding stoma care have changed and the advice below reflects the advice given to new stoma patients.

### Cleaning of the Stoma

The provision of wipes (and disposal bags), by the stoma appliance supplier, should be automatic under the service standard arrangements relating to provision of stoma care appliances.

A soft, folded piece of good quality kitchen roll moistened with tap water can be used as an alternative to clean a stoma because it is very absorbent and gentle on the skin. The stoma service advises that kitchen roll is a good supplement to wipes provided by the supplier and particularly good for drying skin due to absorbency. (A separate supply of kitchen roll for this purpose should be stored in a cool, dry place.)

- **The prescribing of gauze swabs, for the purposes of cleaning a stoma, is not recommended.**

### Deodorant sprays

Deodorant sprays for stoma users should not be required. Most modern pouches have a charcoal air filter as standard. So, if correctly fitted, no odour should be apparent except when the bag is emptied or changed. Household air freshener is sufficient in most cases. If odour present at times other than changing or emptying – please refer to stoma nurse for advice.

- Deodorant sprays should not be required for stoma users.

### Skin Protective/barrier wipes/creams/spray/films

These should not be on repeat. A maximum course of treatment, in general, is a 2 week course. The course should be initiated by the stoma nurse following review and should only be required as an acute prescription. Any patient requesting a regular supply of these products should be referred to the stoma nurse for advice. (This should not be required in general but there will be exceptions as advised by the stoma nurse)

### Prescription Quantities

In order to keep potential waste to a minimum, **it is suggested that no more than 2 months' supply is given at a time.**

### General volume

Colostomy– Allow up to 3 pouches per day  
 Ileostomy– Allow up to daily pouch change  
 Urostomy– Allow up to daily pouch change

Please allow for accidents/ pouch failure/ multiple pouch changes due to leaks/skin issues and the time it takes for GP prescription / and pharmacy or Dispensing Appliance Contractor (DAC) to dispense.

**The stoma care nurse at Forth Valley Royal Hospital can be contacted on 01324 566299.**

## Drug Safety Updates

Selected highlights from recent Drug Safety Update Bulletins from the MHRA (<https://www.gov.uk/drug-safety-update>)

**Prescribers are encouraged to subscribe directly to the Drug Safety Updates Bulletin which is only available by email.**

[www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency/email-signup](http://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency/email-signup)

### SGLT2 Inhibitors: updated advice on increased risk of lower limb amputation (mainly toes)

Canagliflozin may increase the risk of lower-limb amputation (mainly toes) in patients with type 2 diabetes. Evidence does not show an increased risk for dapagliflozin and empagliflozin, but the risk may be a class effect.

The product information for canagliflozin, dapagli-

flozin and empagliflozin is being revised to include a warning on the potential increased risk of lower limb amputation, mostly affecting the toes. For canagliflozin, the prescribing information will also list lower-limb amputation as an uncommon side effect (occurring in fewer than 10 in 1,000). See [March 2017 Update](#) for more information.

- Carefully monitor patients receiving canagliflozin who have risk factors for amputation, such as poor control of diabetes and problems with the heart and blood vessels
- Consider stopping canagliflozin if patients develop foot complications such as infection, skin ulcers, osteomyelitis or gangrene
- Advise patients receiving sodium-glucose co-transporter 2 (SGLT2) inhibitor about the importance of routine preventative foot care and adequate hydration
- Report suspected adverse reactions with SGLT2 inhibitors or any other medicine via the [Yellow Card](#)

### Valproate and developmental disorders: new alert

Babies born to mothers who take valproate medicines (Epilim ▼ , Depakote ▼ ) during pregnancy have a 30-40% risk of developmental disability and a 10% risk of birth defects. There is still evidence that women are still not aware of the risk in spite of communication to prescribers. See [April 2017 Update](#) for more information.

- Do not prescribe valproate medicines for epilepsy or bipolar disorder in women and girls unless other treatments are ineffective or not tolerated; **migraine is not a licensed indication.**
- Ensure women and girls taking valproate medicines understand the 30-40% risk of neurodevelopmental disorders and 10% risk of birth defects and are using effective contraception.
- Valproate use in women and girls of childbearing potential must be initiated and supervised by specialists in the treatment of epilepsy or bipolar disorder
- Discussions are currently taking place between neurology and mental health to address the future treatment of these women

#### Contact Information:

General Primary Care Prescribing Advice:  
 Contact your Primary Care Pharmacist; or alternatively  
 Primary Care Prescribing Support Team on 01324 673611

For Advice Related to Management of Controlled Drugs:  
 Kirsty Peacock, Inspection Officer for Controlled Drugs,  
 NHS Forth Valley, Forth Valley Royal Hospital Tel: 01324-566743