NHS Forth Valley

Prescriberfile

From the Primary Care Prescribing Group

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Please circulate to all relevant staff

Prescribing Safety Advice

Propranolol in anxiety - poor evidence for efficacy and toxicity in overdose

Anxiety is the most common mental health problem in the UK, with a prevalence of 5.9% [1]. Propranolol is increasingly prescribed by GPs for anxiety [2], either taken regularly or as-needed, but many practitioners may not be aware of its toxicity in overdose or the lack of evidence for efficacy.

Despite having a UK Product Licence for the treatment of anxiety symptoms, there is little evidence for propranolol's efficacy in anxiety. It is not recommended by the National Institute for Health and Care Excellence (NICE) [3] or the British Association for Psychopharmacology (BAP) [4] for this condition.

In April 2024 a prevention of future deaths report [5] was addressed to the National Medical Director of NHS England after reviewing a death involving a 19-year-old man prescribed propranolol by his GP. The coroner's inquest stated, *'I am concerned that doctors in General Practice may not be aware of the risks of fatal overdose from Propranolol, and that in the absence of greater awareness by GPs, the prescription of quantities of Propranolol to those at risk may cause future deaths.'*

A report published by the Healthcare Safety Investigation Branch (HSIB) [6] in 2020 explored the lack of awareness of the toxicity of overdoses of propranolol. The investigation was initiated following the case of a 24-year-old woman who died after taking an overdose of propranolol and citalopram. The report noted that between 2012 and 2017, there had been a 33% increase in the number of deaths reported as being linked to propranolol overdose and 52 deaths were recorded as linked to propranolol overdose in 2017. The HSIB called on organisations to help healthcare professionals recognise the risk of prescribing propranolol to patients in at-risk groups.

The *BNF* [7] states that 'severe overdosages with propranolol may cause cardiovascular collapse, central nervous system (CNS) depression and convulsions' and includes a detailed section that deals with management of beta-blocker poisoning. The summary of product characteristics [8] includes a warning that propranolol is known to cause severe toxicity when taken in overdose including cardiac problems (eg, bradycardia, hypotension, pulmonary oedema, syncope and cardiogenic shock) and CNS problems (eg, drowsiness, confusion, seizures, hallucinations and dilated pupils).

Where propranolol is prescribed for any indication, we would suggest that risk of overdose is given serious consideration. Propranolol overdoses appear to disproportionately affect young people and women, which are not groups that are more generally considered at high risk of suicide. The increase in propranolol prescriptions in recent years is higher in young adults so particular caution in this group is advised.

References

1. McManus S, Bebbington P, Jenkins R, Brugha T, *eds (*2016*) Mental health and wellbeing in England: adult psychiatric morbidity survey 2014,* https://assets.publishing.service.gov.uk/media/5a802e2fe5274a2e8ab4ea71/apms-2014-full-rpt.pdf (accessed 7 Oct 2024).
2. Archer C, MacNeill SJ, Mars B, et al. *(2022)* Rise in prescribing for anxiety in UK primary care between 2003 and 2018: a population-based cohort study using Clinical Practice Research Datalink. *Br J Gen Pract,* DOI: https://doi-org.knowledge.idm.oclc.org/10.3399/BJGP.2021.0561.
3. National Institute for Health and Care Excellence (NICE) *(2020) Generalised anxiety disorder and panic disorder in adults: management. CG113 (*NICE, London*)* https://www.nice.org.uk/guidance/cg113 (accessed 7 Oct 2024).
4. Baldwin DS, Anderson IM, Nutt DJ, et al. (2014) Evidence-based pharmacological treatment of anxiety disorders, post-traumatic stress disorder and obsessive-compulsive disorder: a revision of the 2005 guidelines from the British Association for Psychopharmacology. *J Psychopharmacol* **28**, 5, 403–439.
5. (2024) Courts and Tribunals Judiciary. *Joshua Delaney: prevention of future deaths report*, https://www.judiciary.uk/prevention-of-future-death-reports/joshua-delaney-prevention-of-future-deaths-report (accessed 7 Oct 2024).
6. (2020) Health Services Safety Investigations Body. *Potential under-recognised risk of harm from the use of propranolol*, https://www.hssib.org.uk/patient-safety-investigations/potential-under-recognised-risk-of-harm-from-the-use-of-propranolol/investigation-report (accessed 7 Oct 2024).
7. Joint Formulary Committee. Propranolol hydrochloride. *British National Formulary*, https://bnf.nice.org.uk/drugs/propranolol-hydrochloride (accessed 4 Oct 2024).
8. Inderal 40 mg film-coated tablets. Summary of Product Characteristics, UK. Atnahs Pharma UK limited, September 2021.

Prescribing Safety Advice

Avoiding GLP-1 receptor agonists and dipeptidylpeptidase-4 (DPP-4) combinations

DPP-4s (alogliptin, sitagliptin, linagliptin, saxagliptin, vildagliptin) and GLP-1 RAs act on the same pathway and thus provide no additional glycaemic benefit when prescribed together. Furthermore, they are both associated with a risk of pancreatitis. This risk is increased if the two drugs are used in combination.

For any patient on this combination of medicines, the diabetes team have advised that the DPP-4 inhibitor should be stopped. Clinicians involved in the prescribing or review of diabetic medicines should remain mindful of this safety advice.

Safety considerations for newly initiating GLP1 RAs for diabetes

We have recently received a report of a near miss for a patient who attended an appointment with their practice nurse for a diabetes review. The practice nurse had been looking to start the patient on Rybelsus (oral semaglutide). Whilst discussing this with the patient, it became apparent that the patient was already receiving an injectable GLP-1 RA privately for weight loss.

For patients newly commencing on GLP-1 RA medications, prescribers should ensure they ask if the patient is taking any medicine over the counter or prescribed elsewhere. Not all patients will be aware that the medicine that they may be receiving privately for weight loss, can also be used for managing their diabetes. As such, the safest option is to ask if they are receiving or purchasing any medicines over the counter or from a private clinic.

MHRA Drug Safety Update (Click here for full alerts)

GLP-1 receptor agonists: reminder of the potential side effects

When initiating or increasing the dose of GLP-1 receptor agonists, inform patients about the common risk of gastrointestinal side effects (including nausea, vomiting, diarrhoea and constipation) which can persist for several days and may affect more than 1 in 10 patients. These side effects are usually non-serious, however can sometimes lead to more serious complications such as severe dehydration, resulting in hospitalisation. Prescribers of GLP-1 receptor agonists should emphasise the importance of staying hydrated to patients newly commenced on, or increasing the dose of GLP1 receptor agonists.

Other serious but less common side effects of GLP-1RAs include acute gallstone disease, pancreatitis, and serious allergic reactions. For more information see here.

Prescribing Improvement Initiative (PII) Update

Edoxaban to Apixaban Switch

The 2024/25 PII project commenced on 5th August. At present 3,135 patients have been reviewed as part of the PII project. Of these patients, 2,124 patients have been switched to apixaban. At present the switch rate for the project is 68%. Of the 45 practices signed up to the PII project, so far 43 practices have submitted claims for work undertaken.

Other Switches

For the other PII projects (e.g. controlled drug changes etc.), a total of 1,635 reviews have been undertaken across Forth Valley and 1,288 patients have been switched to the preferred product, this equates to a switch rate of 79%. At present only 70% of practices have submitted a claim for this part of the PII project.

Extension to PII Claim Deadline

Following the Primary Care Medicines Resource Group meeting in early January, the decision was made to extend the deadline for the part 2 workstreams (other switches) to the 31st March 2025. **To summarise, the deadline for submission for both part 1 (Edoxaban to Apixaban switch) and part 2 (other switches) is now 31st March 2025.**

Scottish Drug Tariff

Changes to Gonadotrophin Releasing Hormone Analogues (GnRH) Prescription Requirements

On 17th September 2024 the Scottish Government revised the directions as to the drugs, medicines and other substances to be ordered by contractors in the provision of primary medical services under a general medical services contract. Of key importance is the addition of the gonadotrophin releasing hormone (GnRH) analogues to the list of medicines which can only be prescribed by NHS general practitioners in limited circumstances. GnRH analogues include medicines that consist of or contain buserelin, gonadorelin, goserelin, leuprorelin acetate, nafarelin or triptorelin.

The NHS has stopped the routine prescription of puberty blockers for the purpose of treating gender incongruence and/or gender dysphoria to children and young people in line with the recommendations of The Cass Review.

From 17th September, GPs are only able to supply prescriptions for GnRH analogues if a patient is:

⇒ aged 18 years or over **OR**

⇒ is under 18 years old, and the purpose of the prescription is for a purpose other than puberty suppression in respect of gender incongruence or gender dysphoria (or a combination of both) **OR**

⇒ is under 18 years old and has, on or after 3 December 2023, been issued with an NHS or private prescription for these medicines for the purpose of puberty suppression in respect of gender incongruence/gender dysphoria, even if the prescription has not been dispensed or if they have not yet started taking the medicines **OR**

⇒ is being treated with the medicines as part of a NICE clinical trial related to treatment for the purpose of puberty suppression in respect of gender incongruence/dysphoria.

A GP prescribing a GnRH analogue in accordance with the above criteria, must endorse the script with 'SLS'. Without this endorsement the community pharmacy will be unable to dispense the medication. Please see circular for further information. Please note that the SLS endorsement will be automatically applied if prescribed through EMIS PCS.

Forth Valley Guideline

Controlled Drug Policy

This is a reminder that all staff who are involved in controlled drug prescribing, supply, or administration should be familiar with the Forth Valley Controlled Drug Policy.

Care Home Repeat Prescribing Good Practice Guide

This is an updated version of the existing guidance. This guide is for use by care homes, GP practices and community pharmacies.

Forth Valley Formulary Updates

Change to Fobumix Easyhaler® 80/4.5 inhalation powder licensing

The licensing for the Fobumix Easyhaler® 80/4.5 has changed to allow its use in adults, adolescents and children aged 6 years and older for asthma maintenance therapy. The Forth Valley formulary page has been updated to reflect this change. Please see the manufacturer's SPC for further details of the product licence.

New Community Catheter, Leg Bags and Sheaths Formulary

The Forth Valley urinary incontinence formulary has recently undergone a significant review. This follows an extensive review of the available products. Any patient newly commencing on urinary incontinence products or being discharged from secondary care, should be commenced on products in line with the new formulary choices. Please see formulary here.