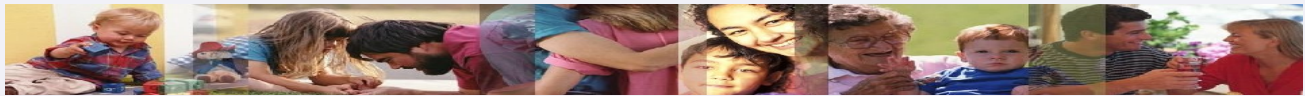


## NEWSLETTER



### In This Issue

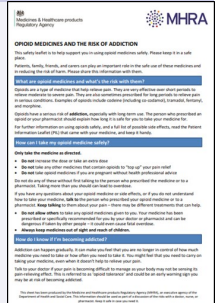
- ⊕ Advise Patients on Risk of Addiction with Opioid Medicines
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## Advise Patients on Risk of Addiction with Opioid Medicines

Following a review of risks of dependence and addiction associated with prolonged use of opioids for non-cancer pain, the MHRA now advises all healthcare professionals to:

- Discuss with patients that prolonged use of opioids may lead to drug dependence and addiction, even at therapeutic doses – warnings have been added to the labels (packaging) of UK opioid medicines
- Before starting treatment, agree with the patient a treatment strategy and plan for end of treatment
- Explain the risks of tolerance and potentially fatal unintentional overdose, and counsel patients and caregivers on signs and symptoms of opioid overdose to be aware of
- Provide regular monitoring and support especially to individuals at increased risk, such as those with current or past history of substance use disorder (including alcohol misuse) or mental health disorder
- At the end of treatment, taper dosage slowly to reduce the risk of withdrawal effects associated with sudden cessation of opioids; tapering from a high dose may take weeks or months
- Consider the possibility of hyperalgesia if a patient on long-term therapy presents with increased sensitivity to pain
- Consult the latest advice and warnings for opioids during pregnancy
- Report suspected dependence or addiction to any medicine, including to an opioid, via the [Yellow Card scheme](#).

**ACTION:** The [MHRA Opioids Safety Information leaflet](#) should be used when explaining these risks to patients and their families / carers, alongside the statutory patient information leaflets supplied with opioids. A copy of the leaflet should be downloaded and given to the patient/carer and appropriate records made. Note: if a supply of leaflets is required by a GP practice or pharmacy, please contact your local HSCB office.



## New Hypnotic and Anxiolytic Resources

Some of the HSCB resources on prescribing of hypnotics and anxiolytics have recently been updated as follows:

### Hypnotic and Anxiolytic Audits

These replace the previous benzodiazepine / Z-drug audit tool. Reasons for dividing this into two audits include:

1. The criteria differ slightly
2. It allows inclusion of buspirone which is neither benzodiazepine nor Z-drug
3. It allows separate auditing of two different conditions, anxiety and insomnia.

### Benzodiazepine / Z-drug Patient Information Leaflet (PIL)

Support services and helpful websites are detailed on the back of the new PIL.

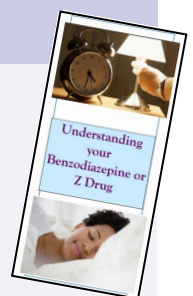
Resources for use by healthcare professionals are available on the [Primary care intranet](#).

Resources accessible to the general public are available on the [Patient Zone](#) of the NI Formulary website.

Other resources on these websites include the Good Sleep Guide, The Good Anxiety Guide and the Benzodiazepine / Z-drug poster which you may wish to display in your practice or pharmacy to encourage patients to consider their ongoing use of these drugs.

Various bulletins and support tools on hypnotic / anxiolytic prescribing / deprescribing are available on the [PrescQIPP website](#). The subscription to this website has been funded by the HSCB so the many resources are available free of charge to GP practices who register as "organisation HSCNI":

**ACTION:** Practices are encouraged to use these materials to review their prescribing of hypnotics and anxiolytics, seeking advice from secondary care regarding individual patients where necessary.



## Lower Urinary Tract Symptoms in men and potential duplication of therapy

The first line management option for men with lower urinary tract symptoms (LUTS) with predominantly voiding symptoms is conservative management which involves:

- Pelvic floor muscle training and bladder training
- Advising on prudent fluid intake
- Lifestyle measures, such as avoiding constipation (or treating it if present); maintaining a healthy lifestyle (with respect to body weight, exercise, diet, smoking, and alcohol consumption); and limiting intake of caffeine, artificial sweeteners, and fizzy drinks

If the voiding symptoms are moderate-to-severe and conservative management fails, advice from NICE ([CG97](#)) is to offer an alpha blocker such as alfuzosin, doxazosin, tamsulosin, or terazosin.

### Caution when initiating treatment

- Patients already prescribed doxazosin for hypertension should not be prescribed another alpha blocker such as tamsulosin
- Alpha-blockers reduce blood pressure (BP), and first doses may cause drowsiness and dizziness. Patients also receiving antihypertensives may need lower doses and supervision
- Alpha-blockers should be avoided in patients with a history of postural hypotension and micturition syncope
- Caution is required in the elderly and in patients undergoing cataract surgery (risk of intra-operative floppy iris syndrome).

### Actions for GP practices

- Search clinical systems for patients co-prescribed more than one alpha blocker. Include branded medicines and generics: alfuzosin (Xatral<sup>®</sup>), doxazosin (Cardura<sup>®</sup>), indoramin (Doralese<sup>®</sup>), prazosin (Hypovase<sup>®</sup>), tamsulosin (Flomax<sup>®</sup> and Flomaxtra<sup>®</sup>) and terazosin (Hytrin<sup>®</sup>).
- Review medication and discontinue one of the alpha blockers as appropriate
  - ⇒ If the patient is on a non-selective alpha blocker to treat hypertension, discontinue the selective alpha blocker (e.g. tamsulosin)
- Monitor the patients BP and LUTs symptoms following review if medicines have been discontinued.

### Action for Community Pharmacists

- Provide support and advice to patients whose medication is altered or discontinued.
- Highlight patients prescribed a combination of alpha blockers to the GP practices for review.

**NEW:** A Quick Reference for Healthcare Professionals for resources on the COVID-19 vaccines has been produced by Regional Medicines & Poisons Information and is available on the [COVID-19 section of NI Formulary](#).

**NEW:** A new review tool entitled “Review tool for Oral Bisphosphonates and Denosumab prescribed for Osteoporosis” is now available on the [Primary Care Intranet](#) in the Pharm & Meds section / Clinical resources.

### **! Correction:** Northern Ireland Formulary, [3.2.2 Compound ICS/LABA preparations – \[asthma\]](#)

We would like to draw your attention to an error in the NI Formulary — the dose for Seretide Accuhaler<sup>®</sup> was incorrectly stated as “1 inhalation once daily”. This has been corrected now to “1 inhalation twice daily”.

## MANAGED ENTRY DECISIONS

- |   |  |
|---|--|
| • Dapagliflozin (Forxiga <sup>®</sup> ) | • Caplacizumab (Cablivi <sup>®</sup> )   |
| • Upadacitinib (Rinvoq <sup>®</sup> )   | • Atezolizumab (Tecentriq <sup>®</sup> ) |
| • Carfilzomib (Kyprolis <sup>®</sup> )  | • Encorafenib (Braftovi <sup>®</sup> )   |
| • Venetoclax (Venclyxto <sup>®</sup> )  | • Romosozumab (Evenity <sup>®</sup> )    |

For full details see [Managed Entry section](#) of NI Formulary website.

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy Advisors in your local HSCB office:

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