DoH Strategic Planning and Performance Group

NORTHERN IRELAND MEDICINES MANAGEMENT Newsletter

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Be aware of similar named oral nutritional supplements

SPPG has been made aware of a number of recent examples where the incorrect oral nutritional supplement (ONS) has been inadvertently prescribed.

Foodlink Complete® and Foodlink Complete Compact® powder sachets

A nursing home resident with advanced dementia and dysphagia was assessed by a dietitian and recommendations put in place for the patient to be commenced on Foodlink Complete Compact® powder sachets (57g) twice daily. This product is made up with 100ml of whole milk.
Unfortunately, in error, Foodlink Complete® (57g) powder sachets was prescribed twice daily, which is made up with 200ml of whole milk. This product was not suitable due to their recommendations for eating, drinking and swallowing and put the patient at risk of aspiration pneumonia.
The patient did not show any signs of aspiration pneumonia and no medical intervention was required.

Altraplen Compact® and Altraplen Compact Daily®

Please be aware of the of the similar names of Altraplen Compact® and Altraplen Compact Daily® when prescribing or dispensing. Each 125ml pack of Altraplen Compact® contains 300 kcal and 12g protein. However, each 250ml pack of Altraplen Compact Daily® contains 600kcal and 24g protein, i.e. double the calories, protein and volume.

Learning for Prescribers and Community Pharmacists

- Take care when prescribing / dispensing ONS, particularly where the patient has dysphagia, as they will have specific eating, drinking and swallowing recommendations based on assessment by Speech and Language Therapy.
- Be vigilant for products with a similar product name, pack or pack size as they may have different therapeutic characteristics.

Supply of liquid dose measures for all patients, including adults

When dispensing a liquid medication, pharmacists are reminded they must supply a **5ml measuring spoon** or a **1ml, 5ml or 10ml oral syringe**, depending on which is more appropriate for the prescribed dose and the nature of the medication regime. This is specified in Part V of the NI Drug Tariff and is applicable for both adult and paediatric patients.

If a syringe is supplied, it must be an **oral or enteral syringe** and be provided along with a **bottle adaptor** and an instruction leaflet. These syringes should not be compatible with intravenous or other parenteral devices. If the patient has had the liquid medication before, it should not be assumed that they already have a spoon or syringe to use.

One example of when a syringe is often needed for adult patients is the use of Oramorph® 10mg/5ml oral solution for breathlessness in palliative care. There have been anecdotal reports of patients using household teaspoons, drinking straight from the bottle or struggling to measure low doses, due to lack of provision of a syringe to correctly measure their medication. This increases the risk of accidental overdose.

Actions

- Supply a 5ml measuring spoon or 1ml, 5ml or 10ml oral syringe and bottle adaptor, with all dispensed liquid medication (unless one is included in the manufacturer's pack)
- Counsel patient on their prescribed dose and how to measure it out accurately or demonstrate use of an oral syringe

There are some useful tips on how to use an oral syringe available on the Medicines for Children website (aimed at children but applicable for all).

In this issue

NICE Guidance

Recently published:

NICE TA958 — Ritlecitinib for treating severe alopecia areata in people 12 years and over
NICE TA959 — Daratumumab in combination for treating newly diagnosed systemic amyloid light-chain amyloidosis
NICE TA962 — Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy (review of TA598)
NICE TA963 — Dostarlimab with platinum-based chemotherapy for treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency
NICE TA964 — Cabozantinib with nivolumab for untreated advanced renal cell carcinoma

Withdrawn:

NICE TA743 — Crizanlizumab for preventing sickle cell crises in sickle cell disease

Managed Entry Decisions

Full details here

- Cabozantinib (Cabometyx®)
- Dostarlimab (Jemperli®)
- Formoterol + glycopyrrolate (Bevespi Aerosphere®)
- Atogepant (Aquipta®)
- Etrasimod (Velsipity®)
- Satralizumab (Enspryng®)
- Sebelipase alfa (Kanuma®)
- Olaparib (Lynparza®)
- Nivolumab + relatlimab (Opdualag®)
- Belumosudil (Rezurock®)

Reducing opioid use in chronic non-cancer pain

Long term opioid use for chronic non-cancer pain is associated with minimal benefits, and potential harm, when compared to effective biopsychosocial interventions.

NHS England estimate:
- For every 62 patients with chronic pain, who can be supported with alternatives to long-term opioid analgesia, one life can be saved
- One in 10 patients prescribed opioids for chronic pain suffer moderate harm.

NHS England have been working with the Patient Safety Collaboratives in England to review prescribing data on long term opioid use to support clinicians and patients to better understand the risks and make use of alternative pain management support and therapies. One of the key themes that emerged from this work was that people want to be made aware of opioid risks, and that there are alternative ways to manage chronic non-malignant pain.

There is a wide range of resources available to support both patients and practitioners with these messages:
- NI Formulary: Chronic Pain section and Patient Area
- Primary Care Intranet: Clinical Resources and Correspondence (Appendix 1a and 1b Opioid Resources)
- Live well with Pain and Flippin' Pain websites
- Community Pain Support Programmes

Community Pain Support Programmes
- Self or healthcare professional referral
- F2F and online options
- For further information see:
  - ◊ Better Days – Regional Improving Health - Pain Support (hlcalliance.org)
  - ◊ Versus Arthritis – Regional (except West) NI Versus Arthritis website or a.lyons@versusarthritis.org or 028 907 82 940
  - ◊ Managing the Challenge – (West only) short video

Actions:
Make patients on opioids for chronic non-malignant pain aware of:
- Potential risks and side-effects of opioids
- Alternatives to medication and opioids for managing their pain
- They should speak with their prescriber if they have any concerns or would like to reduce their opioids. Opioids should not be stopped suddenly.

One effective way to engage patients with chronic pain in conversations about their opioids is to send them a letter explaining the evidence, highlighting potential risks and inviting for review. Sample letters: Opioid Resource Pack and Opioid QI Toolkit.

New eLearning on management of chronic pain / reducing opioids resources:
- NICPLD website. In total the courses provide 9 hours CPD and are broken down into 4 parts.
- GPNI website. Password for the webinar: COVID19

image: Freepik.com

Deprescribe: Propranolol for anxiety

Propranolol is widely prescribed in the management of medical conditions including migraine prophylaxis, anxiety, portal hypertension, thyrotoxicosis and tachyarrhythmias. Between 2007 and 2017 propranolol dispensing in the UK increased by some 41%. In the same period, deaths in England and Wales following propranolol overdose increased by 205%.
A report published by the Healthcare Safety Investigation Branch (HSIB) in 2020 explored the lack of awareness of the toxicity of overdoses of propranolol. *The HSIB has called on organisations to help healthcare professionals recognise the risk of prescribing propranolol to patients in at-risk groups.*
In its annual report published last month, the National Poisons Information Service (NPIS) flagged that in the period between 2022 and 2023, the service received 459 enquiries involving propranolol. Of these, 358 enquiries involved intentional propranolol overdose and 12 of these cases resulted in patient fatality.

Propranolol has been used for many years to treat the physical symptoms of anxiety. However, it does not treat the underlying condition of anxiety disorder; a systemic review found that there is insufficient evidence to support the routine use of propranolol in the treatment of anxiety disorder. Beta blockers are not included in NICE guideline CG113 Generalised anxiety disorder and panic disorder in adults: management. British Association Psychopharmacology advise there is little to no evidence of efficacy and do not recommend for acute or longer-term treatment

With all this in mind, SPPG has moved propranolol for the treatment of anxiety onto the limited evidence list. Patients on propranolol should be reviewed with regards to appropriateness and stepped down if necessary.