NORTHERN IRELAND MEDICINES MANAGEMENT
Newsletter
Volume 16 Issue 2 February 2025

Reduce Potential Harm from Opioids

In the 12 months July 2023 to June 2024, over 17,000 patients received a new* prescription for a strong opioid**

*not prescribed in previous 12 months
**Includes oral morphine, oxycodone, tapentadol and tramadol, fentanyl and buprenorphine patches.


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Opioids are associated with significant risks. Reducing avoidable harm from opioids is a priority under the Transforming Medication Safety in Northern Ireland strategy. Opioids are effective for acute pain and at the end of life but there is little evidence that they help long-term (chronic) pain. It is not possible to determine the reason the opioids were prescribed, but as a reminder:

Dos
- For acute pain, if a strong opioid is considered necessary, oral morphine is the NI Formulary option
- In line with legislation and good practice guidance, procedures must be in place to ensure opioids (which are controlled drugs) are regularly monitored.

Don'ts
- Opioids are **not** recommended for chronic primary pain, e.g. fibromyalgia
- Strong opioids should not be offered for chronic secondary pain, e.g. osteoarthritis, low back pain, sciatica (exceptions only)
- **MR opioids** should be avoided if possible, due to increased risks (unless individual circumstances dictate otherwise).

Action for GP practices
- Consider identifying patients recently commenced on strong opioids (palliative care patients may be excluded). Review in line with NICE and NI Formulary. Consider stepping down (slowly), or refer for specialist review
- Review/agree practice processes for prescribing/review of opioids. A practice policy is recommended
- Refer to supporting resources, e.g. Opioid Resource Pack, May 24 Newsletter and Opioids Aware.

In this issue

Managed Entry Decisions
Full details here
Levodopa 20mg/mL + carbidopa monohydrate 5mg/mL + entacapone 20mg/mL intestinal gel (Lecigon®)
Somapacitan (Sogroya®)
Nivolumab (Opdivo®)
Avapritinib (Ayvakyt®)
Alectinib (Alecensa®)
Teclistamab (Tecvayli®)
Elafibranor (Iqirvo®)
Fedratinib (Inrebic®)
Pembrolizumab (Keytruda®)
Eplontersen (Wainzua®)
Enzalutamide (Xtandi®)
Tebentafusp (Kimmtrak®)
Vadadustat (Vafseo®)
Elranatamab (Elrexfio®)
Crizotinib (Xalkori®)
Bevacizumab gamma (Lytenava®)
Vamorolone (Agamree®)
Durvalumab (Imfinzi®)
Ublituximab (Briumvi®)
Pembrolizumab (Keytruda®)
Anhydrous sodium thiosulfate (PedMarqsi®)
Zilucoplan (Zilbrysq®)
Belzutifan (Welireg®)

Antidepressants: discussing stopping or taking a treatment break

Antidepressants may be required for at least six months after remission and should be reviewed regularly. Reviews should include shared decision making and consider:

- Has the patient's condition resolved? If partially resolved, is antidepressant dose optimised?
- Benefits versus side effects / risks of the drug
- Risks of relapse / withdrawal symptoms / previous issues patient experienced withdrawing from antidepressants
- History of the patient's condition
- Available support (psychological and psychosocial)
- Patient's wishes

If the decision is to **continue** treatment, review at least every 6 months.
If the decision is to **stop** treatment or **take a break**, discuss potential for relapse and withdrawal symptoms with the patient. The incidence of withdrawal symptoms can be reduced by **tapering doses slowly over time** at a rate the patient can tolerate.

Antidepressants should not be stopped suddenly unless there are exceptional medical circumstances.

Further information
PrescQIPP bulletin 358 Medicine treatment breaks

NICE CG222 Depression in adults

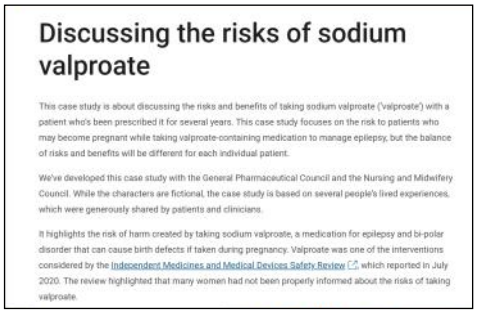
NICE CG215 Medicines associated with dependence or withdrawal symptoms

CKS Depression

Refresher: GMC Valproate Case Study

The General Medical Council (GMC) has recently launched an updated case study around Discussing the risks of sodium valproate with a patient who has been on it for some time.

It explores the issues that GPs, pharmacists and other healthcare teams can encounter with their patients who take sodium valproate, working the requirements around regular reviews, risk management and need for clear information into a real-life scenario.


Discussing the risks of sodium valproate

This case study is about discussing the risks and benefits of taking sodium valproate ('valproate') with a patient who's been prescribed it for several years. This case study focuses on the risk to patients who may become pregnant while taking valproate-containing medication to manage epilepsy, but the balance of risks and benefits will be different for each individual patient.

We've developed this case study with the General Pharmaceutical Council and the Nursing and Midwifery Council. While the characters are fictional, the case study is based on several people's lived experiences, which were generously shared by patients and clinicians.

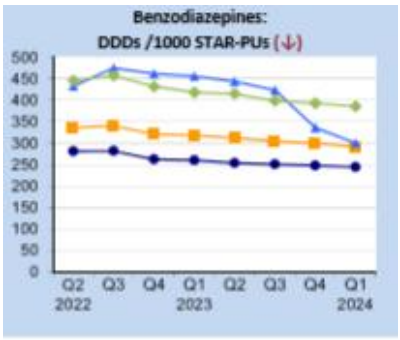
It highlights the risk of harm created by taking sodium valproate, a medication for epilepsy and bi-polar disorder that can cause birth defects if taken during pregnancy. Valproate was one of the interventions considered by the Independent Medicines and Medical Devices Safety Review which reported in July 2020. The review highlighted that many women had not been properly informed about the risks of taking valproate.

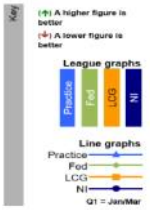
Benzodiazepine Reduction/Withdrawal

Reduction / withdrawal of benzodiazepines can be approached in two different ways:

- slow dose reduction of the patient's current benzodiazepine **OR**
- switching to an equivalent dose of diazepam, which is then tapered down.

For further information, see NICE NG215 and NICE CKS Benzodiazepine and z-drug withdrawal.





The anonymised COMPASS report shows the significant reduction in benzodiazepines achieved by a practice over three months in 2024. The practice utilised some of the Top Tips listed below and did not have additional support from practitioners with expertise in benzodiazepine reduction.

Top tips for benzodiazepine reduction in general practice

- Consider non-pharmacological treatment options before prescribing benzodiazepines, e.g. 'Good relaxation guide' on the Patient Area of the NI Formulary and the Choice and Medication website
- Where clinically appropriate, if issuing a prescription for acute situational need, prescribe the lowest possible dose for the shortest possible time and don't put it on the patient's repeat record. Advise the patient that the supply is a one-off
- Inform new patients to the practice already prescribed a benzodiazepine at registration by their previous GP, that all benzodiazepines will be reviewed on a regular basis
- If asked to prescribe by secondary care colleagues, ask for confirmation of duration and review arrangements. Document this clearly on the record and/or on the prescription directions
- Identify patients suitable for withdrawal (through an audit or running a search for all patients)
- Ensure all staff within the GP practice and local community pharmacists are aware of the plans for withdrawal
- Conduct reductions slowly. Patients on multiple drugs requiring review should only be tapered off one drug at a time
- Consider switching patients from diazepam 5mg tablets to the equivalent dose of diazepam 2mg tabs. This must be considered on an individual patient basis considering dose, intervals and total quantity prescribed
- Avoid vague directions, such as "one to two tablets up to three times daily"
- Agree a practice policy for patients requesting medication for anxiety related to flying and ensure all practice staff are consistent in dealing with such requests.

NICE Guidance Recently published:

NICE TA1030 — Durvalumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer

NICE TA1035 — Vadadustat for treating symptomatic anaemia in adults having dialysis for chronic kidney disease

This newsletter has been produced for GP practices and community pharmacies by the DoH Strategic Planning and Performance Group Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents, please contact one of the Pharmacy Advisers.