NORTHERN IRELAND MEDICINES MANAGEMENT
Newsletter
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Better Days – an Alternative to Pain Medicines

GP and Community Pharmacy teams are in a strong position to support living well with pain. Signposting to the award-winning **Better Days Community Pain Support Programmes (PSPs)** can make a significant difference to patients.

Better Days PSPs are free 8-10 week community-based programmes delivered across 30 local Healthy Living Centres (HLCs) in NI, both face to face and online. They support people with long-term, non-cancer pain to build self-management skills, reduce reliance on medicines and improve their quality of life through education, peer support and gentle movement.

The latest evaluation showed an 80% completion rate, participants reporting:

- Significant reductions in pain / discomfort
- Reduced reliance on pain medicines
- Increased use of non-pharmacological pain management strategies such as relaxation, mindfulness strategies and keeping active
- Marked improvements in overall wellbeing, reduction in anxiety/depression and mobility and self-care difficulties

Actions

- Introduce patients with chronic pain to the benefits of community PSPs
- Direct / refer suitable patients to Better Days PSP (exclusions appendix 1)
  - ⇒ Patients may self-refer, or be referred by others
  - ⇒ Book online, scan QR code, or contact local HLC
- Share flyer or video with suitable patients, on practice website, social media platforms and in waiting rooms

In this Issue

Stocks of GLP-1 Receptor Agonists (GLP-1 RAs)

Shortage issues previously highlighted with GLP-1 RA injectables **are now resolved**. Currently there is sufficient stock of; semaglutide (Ozempic® and Rybelsus®), dulaglutide (Trulicity®) and liraglutide (Diavic®).

Monitoring of GLP-1 RAs, particularly Trulicity® and Ozempic® has highlighted that due to previous shortages, some patients are prescribed two injections of a lower strength to make up their dose e.g. eight pens per month of Trulicity®1.5mg for a weekly dose of 3mg, two pens per month of Ozempic 0.5mg for a weekly dose of 1mg. **Doubling lower strengths also doubles the cost** (all strengths of Trulicity® and Ozempic® cost £73.25 for a month's supply).

As stock issues of **all strengths of Trulicity® and Ozempic® are now resolved**, patients should be changed to the appropriate strength, so that only four pens per month of Trulicity® are prescribed and one pen per month of Ozempic®.

Actions for GP practices

- Always check that prescription is due before issue
- Routinely, **one month's supply** should be issued, see ready reckoner tool
- Prescriptions for two injections of a half dose, should be switched back

Actions for Community pharmacists:

- Highlight excessive quantities to the GP practice (ready reckoner)
- If patients have been changed to two injections of a half dose, alert the GP practice, so that the patient can revert back to the original strength
- Counsel patients on any change to strength or administration of their pens

NICE Guidance Recently published:

NICE TA1140

Managed Entry decisions:

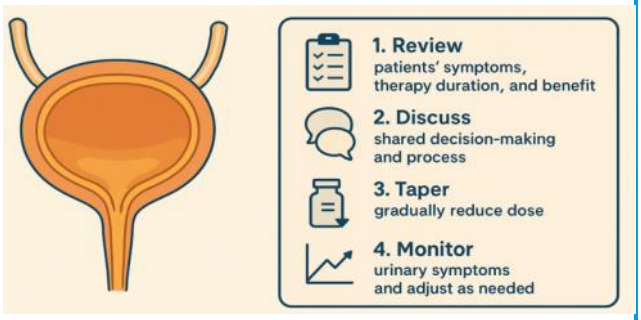
Zuranolone (Zurzuvae®)
Nivolumab (Opdivo®) Targeted-release Budesonide (Kinpeygo®)
Talazoparib (Talzenna®)
Niraparib (Zejula®)
Obinutuzumab Capsaicin (Qutenza®)
Belantamab (Blenrep®)
Dupilumab (Dupixent®)
Epcoritamab (Tepkinly®)
Cerliponase (Brineura®)

Deprescribing Antimuscarinics for Overactive Bladder (OAB)

Deprescribing antimuscarinic medications for OAB is an important element of patient-centred urologic care. As the population ages and the focus on medication safety grows, it's essential to consider whether long-term pharmacologic therapy provides sufficient benefit versus its potential risks.

Antimuscarinic agents work by blocking muscarinic receptors in the bladder, thereby reducing detrusor overactivity. However, these receptors are distributed throughout the body, so prolonged use can contribute to dry mouth, constipation, blurred vision, and cognitive impairment. **Evidence has linked cumulative anticholinergic burden to increased risks of falls, delirium, and possibly dementia.**

Deprescribing requires a shared decision-making approach, reviewing symptom history, duration of therapy, and ongoing benefit experienced. Clinicians should outline both the rationale and the expected process, emphasising that discontinuation can be done gradually and symptoms monitored closely.



Tapering may be considered for patients on higher doses or concerned about symptom recurrence e.g. reducing the dose by 25–50% every 1–2 weeks, see PrescQIPP deprescribing algorithm.

Patients should be advised on self-monitoring during the deprescribing period. This may include tracking urinary frequency, urgency episodes, leakage, and lifestyle factors such as fluid intake or caffeine consumption. Patients often report that symptoms remain stable or mildly increase and are manageable without restarting the medication. Deprescribing antimuscarinics aligns with reducing polypharmacy, minimising cognitive risk, and ensuring that every medication contributes to health and well-being.

Nutritional Supplements for Age-related Macular Degeneration

Age-related macular degeneration (AMD) affects vision most commonly in people aged 50 years and over. It causes deterioration of central vision, which can progress to a dark or missing area, but not total blindness.

Evidence suggests that antioxidant supplements may slow disease progression in people at **medium or high risk** of late AMD, however NICE does not consider the evidence strong enough to recommend their use. Eye health supplements should not be prescribed, although some patients may be advised by their consultant ophthalmologist to purchase them.

The strongest evidence relates to the AREDS2 formula, which contains lutein 10mg, zeaxanthin 2mg, vitamin C 500mg, vitamin E 400IU, zinc 25mg or 80mg and copper 2mg. Brands of supplements marketed as containing the AREDS2 formula include Macushield Gold, Macusan A2, PreserVision AREDS2, Viteyes 2, although this list is not exhaustive.

Action for GP practices
Do not prescribe nutritional or antioxidant supplements for either prevention or treatment of AMD

Action for community pharmacies

- Where advised by a consultant ophthalmologist, support patients to select an appropriate AREDS2 supplement to purchase
- Provide self-management support and lifestyle advice such as smoking cessation and healthy diet
- Direct to other sources of support, e.g. Macular Society

For more information, see PrescQIPP Bulletin 368. Antioxidant vitamins for AMD.