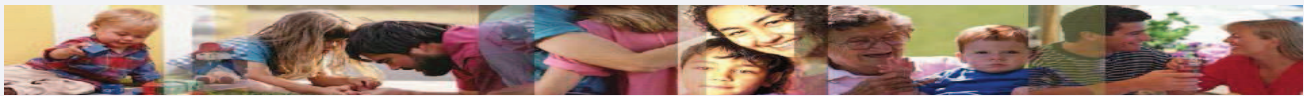


## NEWSLETTER



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## NALMEFENE PRESCRIBING REQUIREMENTS

Nalmefene is an opioid modulator, licensed for the **reduction** of alcohol consumption in alcohol-dependent adults with a high drinking risk level. It is the first drug licensed for use by people who are **not abstinent from alcohol**. Clinical trials showed that the additional benefit of nalmefene over placebo was equivalent to a reduction of 1.8 units per day and 3.2 heavy drinking days per month. There was regular ongoing psychosocial support in the clinical trials. Nalmefene is recommended by NICE within its marketing authorisation, as an option for reducing alcohol consumption. **It is important that prescribers are aware of the prescribing requirements outlined by NICE and that nalmefene is only prescribed in line with these to avoid inappropriate prescribing.**



Nalmefene is an option for people with alcohol dependence who have a high drinking risk level (defined as alcohol consumption of more than 60g [or 7.5 units] per day for men and more than 40g [5 units] per day for women, according to the World Health Organization's drinking risk levels) without physical withdrawal symptoms and who do not require immediate detoxification.

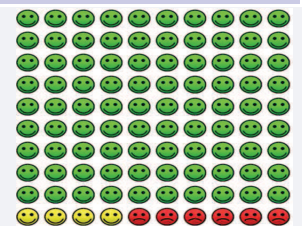
NICE (<https://www.nice.org.uk/guidance/ta325>) states that nalmefene should:

- only be prescribed in conjunction with **continuous psychosocial support** focused on treatment adherence and reducing alcohol consumption **and**
- be initiated only in patients who continue to have a high drinking risk level two weeks after initial assessment.

## NICE PATIENT DECISION AID FOR LIPID THERAPY

### Taking a statin to reduce the risk of coronary heart disease and stroke

NICE advise that people using the NHS have the right to be involved in discussions and make informed decisions about their treatment and care with their healthcare team. They should be given relevant information that is suitable for them, and that explains the treatment and care in a way they can understand. Healthcare professionals should support people's choices wherever possible.



Following on from the recently updated NICE guidance on lipid modification, NICE have produced a patient decision aid (PDA). The PDA summarises information on the things people who are deciding on whether or not to take a statin to reduce their risk of cardiovascular disease most often want to think about and discuss with their healthcare team. It is intended to help a person making this decision weigh up the possible advantages and disadvantages of the different options. The PDA can be accessed at:

<https://www.nice.org.uk/guidance/cg181/resources/cg181-lipid-modification-update-patient-decision-aid>

## NEW NICE GUIDANCE

NICE Clinical Guideline CG189 - Obesity: identification, assessment and management of overweight and obesity in children, young people and adults (<http://www.nice.org.uk/guidance/cg189>).

## PROMOTING SELF-CARE OF MINOR ILLNESSES

A significant number of consultations at GP surgeries and Out of Hours services are for minor illnesses. This is an inefficient use of staff time and increases prescribing costs.

Research shows that self management of minor illnesses and choosing healthy options, can have a positive impact on patients' physical health, mental wellbeing & self-esteem.

The HSCB has developed a number of resources to help GP practices educate patients on how to access treatment from the health professional most appropriate to their needs. The resources promote self-care and encourage people to seek advice and access over-the-counter (OTC) medicines through community pharmacies where appropriate rather than on prescription. The resource pack aims to support GP practices in reducing demand for inappropriate or unnecessary consultations and to help ensure medicines are only prescribed on the basis of clinical need as assessed by the GP.

The resources include: a poster detailing items which can be purchased over the counter, practice support material for future requests of these products and a PowerPoint presentation for reception staff which can be carried out during a practice based learning (PBL) afternoon or lunchtime training session. The resources can be found at

[http://primarycare.hscni.net/PharmMM\\_Resources\\_Non%20Clinical%20Resources.htm](http://primarycare.hscni.net/PharmMM_Resources_Non%20Clinical%20Resources.htm)



## TRAMADOL AND HYPOGLYCAEMIA

Tramadol has a side effect profile including seizures, serotonin syndrome, drug interactions, and opioid-related adverse effects. To date, tramadol has been associated with hypoglycaemia by way of case reports and case series. However a recent study looked at prescription claims data and hospital records in the UK and found that patients who had received tramadol were over three times more likely to be hospitalised for hypoglycaemia than those who had received codeine. The risk was highest within first 10 days of treatment and in elderly patients. Further studies are needed to confirm this rare but potentially fatal adverse event.

**Northern Ireland prescribes twice as much tramadol per head of the population as other parts of the UK.**

Information on appropriate tramadol prescribing is available in the Pain section of the Primary Care intranet site for prescribers who wish to look at their prescribing of tramadol:

[http://primarycare.hscni.net/Pharmacy\\_and\\_Meds%20Management\\_Pain.htm](http://primarycare.hscni.net/Pharmacy_and_Meds%20Management_Pain.htm)

## MANAGED ENTRY DECISIONS

The following medicines were considered in December as part of the Northern Ireland Managed Entry process. **For details of the outcomes please refer to the Managed Entry section of the Northern Ireland Formulary website:** <http://niformulary.hscni.net/ManagedEntry/MEDecisions/Pages/default.aspx>

### Primary and Secondary Care

- Cholecalciferol 25,000 international units oral solution (InVita D3<sup>®</sup>)
- Indacaterol maleate, glycopyrronium bromide (Ultibro Breezhaler<sup>®</sup>)
- Umeclidinium (Incruse<sup>®</sup>)

- Clindamycin 1% / tretinoin 0.025% gel (Treclin<sup>®</sup>)

### Secondary Care

- Daclatasvir (Daklinza<sup>®</sup>)
- Fingolimod (Gilenya<sup>®</sup>)

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 Medicines Management pharmacists in your local HSCB office.

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**Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes.**