



THE PAINFUL TRUTH ¹¹

The Patient & Client Council and Health Minister Edwin Poots have launched 'The Painful Truth' report. The report is the largest survey of its kind ever undertaken in Northern Ireland and tells the story of 2,500 people who live with chronic pain.

The findings reveal that patients have a desire for a service which listens, takes action and cares. The report also highlights the importance of GPs as the key point of contact for the service and recommends that training and resources be available to all front line staff. The full report is available here:

<http://www.patientclientcouncil.hscni.net/publications/index/reports>

Pain Toolkit

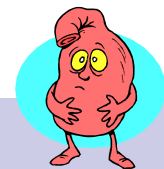
We would like to also remind practices of the upcoming PBL workshops on using the **Pain Toolkit** to promote self-management in chronic pain. The dates are:

- **North Down & Ards:** 19th Feb — Signal Centre (Bangor)
- **Down & Lisburn:** 20th Feb — Island Conference Centre
- **South & East Belfast:** 26th Feb — Park Avenue Hotel (Holywood Rd, Belfast)
- **Southern area:** May 2014 — dates & venue to be confirmed
- **Northern area:** 4th June — venue to be confirmed
- **Western area:** 18th June — venue to be confirmed.



In This Issue

- ⊕ **The Painful Truth**
- ⊕ **Gastroprotection with NSAIDs**
- ⊕ **Use of e-cigarettes with homecare oxygen**
- ⊕ **Aquacel[®] dressings — update to NI Formulary**
- ⊕ **Antihistamines — less suitable for treatment of insomnia**
- ⊕ **Medusa IV guide — online access**
- ⊕ **New drug driving offences**
- ⊕ **NiQuitin[®] gum and lozenges — new warnings**
- ⊕ **MHRA learning modules**



GASTROPROTECTION WITH NSAIDS ^{5-9,12,13}

NSAIDs have been reported as among the top three classes of drugs responsible for preventable drug-related hospital admissions, behind antiplatelets and diuretics. NSAIDs can cause serious adverse effects including gastrointestinal (GI) bleeding, renal failure and heart failure.

All NSAIDs, including coxibs can cause GI side effects, some of which can be serious. Coxibs are generally associated with a reduced risk of GI events at equivalent doses relative to most NSAIDs, but this advantage is diminished in the presence of aspirin.

Among the traditional NSAIDs, low dose ibuprofen (1200mg/day) has the lowest GI risk overall. However, even with ibuprofen, caution should be advised in patients receiving concomitant medications which could increase the risk of ulceration or bleeding, e.g. oral corticosteroids, anticoagulants or selective serotonin-reuptake inhibitors (SSRIs).

According to NICE guidance, if prolonged treatment with a NSAID is required, a proton pump inhibitor (PPI) should routinely be co-prescribed for people with osteoarthritis or rheumatoid arthritis of any age, or people with chronic low back pain who are 45 years of age or older, choosing the one with the lowest acquisition cost.

Patients on long term NSAIDs and patients over 65 years of age are also at increased risk.

Further information on NSAIDs is available as an Academic detailing aid:

<http://www.nice.org.uk/media/7EE/C7/AcademicDetailingAidNSAIDs.pdf>

Action

- If a NSAID is to be used, the lowest effective dose should be used for the shortest period of time.
- Patients receiving NSAIDs (especially those without PPI cover) should be a high priority for review.
- Patients at risk of GI side effects who are taking a NSAID should be co-prescribed a PPI.



USE OF E-CIGARETTES WITH HOMECARE OXYGEN ¹⁰

The European Industrial Gases Association (EIGA) has issued new recommendations on the use of electronic cigarettes (or e-cigarettes) in patients receiving homecare oxygen.

Oxygen is not a flammable gas, however it will support combustion. There have been a number of incidents of fire leading to serious injuries (and in some cases death) attributed to smoking in patients receiving homecare oxygen.

Electronic cigarettes work on the principle of a heating element that vaporizes a liquid solution which delivers nicotine. Electronic cigarettes include a power source, and this may be charged from a USB power port or by using a separate battery charger. These items, when saturated with oxygen, may ignite. Recent reports in the media are indicating that there could be a risk of an ignition of an electronic cigarette whilst a patient is undergoing oxygen therapy.

As a result of this, EIGA's position is that electronic cigarettes should not be used whilst a patient is undergoing oxygen therapy. Additionally, batteries of electronic cigarettes should not be charged in the vicinity of a patient undergoing oxygen therapy or the oxygen source itself.

Action

Patients who receive homecare oxygen should be advised that:

- Electronic cigarettes should not be used whilst a patient is undergoing oxygen therapy.
- Batteries of electronic cigarettes should not be charged in the vicinity of a patient undergoing oxygen therapy or the oxygen source itself.

AQUACEL[®] DRESSINGS — UPDATE TO NI FORMULARY

Aquacel[®] and Aquacel Ag[®] dressings have been replaced by Aquacel Extra[®] and Aquacel Ag Extra[®]. Aquacel Extra[®] and Aquacel Ag Extra[®] are now on the Northern Ireland Formulary and have been added to the Drug Tariff from January 2014 with no supply problems expected.

It was estimated that the supply chain would maintain stocks of Aquacel[®] until February 2014, however some lines of Aquacel[®] are already out of stock.

Silver dressings with antimicrobial properties are indicated for use in moderate to high exudating wounds.

The Wound Management section of the Drug Tariff has been updated accordingly (<http://www.hscbusiness.hscni.net/services/2034.htm>)

Action

- Aquacel Extra[®] and Aquacel Ag Extra[®] should be used instead of Aquacel[®] and Aquacel Ag[®].
- Antimicrobial dressings should not be used for longer than 2 to 4 weeks without discussion with a local wound management specialist.

ANTIHISTAMINES — LESS SUITABLE FOR TREATMENT OF INSOMNIA ³

Promethazine (e.g. Phenergan[®] and Sominex[®]) and other first-generation antihistamines are sometimes used in the management of insomnia. However they have a BNF designation of 'products considered by the Joint Formulary Committee to be less suitable for prescribing'. This is because they have a long duration of action which is associated with drowsiness on the following day. Furthermore, the sedative effect diminishes within a few days of continuous use and side effects include psychomotor impairment and antimuscarinic side effects.



Action

Patients currently prescribed regular antihistamines as sleeping aids should have a review with a view to stopping.



The incidence of errors in prescribing, preparing and administering injectable medicines is higher than for other forms of medicine. The NPSA alert 'Promoting Safer use of Injectable Medicines' 2007 (<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59812&p=12>) highlights a number of risks in prescribing, preparing and administering injectable medicines and makes recommendations for safer use of injectable medicines, including:

- Ensuring up-to-date protocols and procedures exist for prescribing, preparing and administering injectable medicines.
- Ensuring that essential technical information on injectable medicines is available and accessible at the point of use.

To facilitate compliance with the NPSA recommendations, each practice now has access to the on-line Injectables Medicines website 'Medusa' as a fully comprehensive resource. Please note that access to this site is restricted to staff working within GP practices and the link should not be shared with patients.

The online Injectables Medicines website 'Medusa' can be accessed by a number of routes:

1) By using the link address:

<http://www.injguide.nhs.uk/IVGuideDisplaySelect.asp?ID=68ec4401e4b486cbc8d80d166bc9f2282516>

This can be added as a 'Favourite' or a 'Shortcut' icon to enable rapid access.

2) Via the HSCB intranet site under 'Clinical resources':

http://primarycare.hscni.net/PharmMM_Resources_Clinical%20Resources.htm

Action

Ensure that a shortcut or link to the on-line injectables guide is created on practice computers.

NEW DRUG DRIVING OFFENCES ²



A new liability offence will come into effect in the summer of 2014. The principle target for this offence is dangerous drivers who are impaired after recreational use of drugs, i.e. used illegally or abused.

The list of drugs includes licensed medicines that are controlled under the Misuse of Drugs Act, such as morphine, amphetamine and some benzodiazepines.

The MHRA is informing marketing authorisation holders about the impact of this change of legislation on the product information for medicines.

Further information can be obtained on the MHRA website:

<http://www.mhra.gov.uk/Howweregulate/Medicines/Medicinesregulatorynews/CON350699>



NIQUITIN[®] GUM AND LOZENGES — NEW WARNINGS ⁴

The SPCs for NiQuitin[®] (nicotine resinate) gum and lozenges have been updated to include new warnings for patients:

- Hospitalised for myocardial infarction, severe dysrhythmia or stroke (reduce dose or discontinue if there is a clinically significant increase in cardiovascular or other effects attributable to nicotine. Initiation should only be under medical supervision in these patients).
- Diabetes (monitor blood glucose levels more closely as nicotine can affect carbohydrate metabolism).
- Gastrointestinal disease (swallowing of nicotine may exacerbate symptoms in persons suffering from active oesophagitis, oral or pharyngeal inflammation, gastritis, gastric ulcer or peptic ulcer).

Please see SPC for further details: <http://www.medicines.org.uk>

Action

Please refer to new warnings when prescribing or recommending NiQuitin[®] products to patients.



MHRA LEARNING MODULES ¹

There are a variety of learning modules available through the Medicines and Healthcare Regulatory Agency (MHRA) website. The modules cover clinically relevant aspects of medicines regulation as well as topics on specific classes of medicines. The modules are free of charge and are approved by the Royal Colleges of Physicians of the United Kingdom for CPD credits. The modules cover the following topics:

- Pharmacovigilance
- Opioids
- Selective serotonin reuptake inhibitors (SSRIs)
- Antipsychotics learning module
- Benzodiazepines learning module

They can be accessed through the education section of the MHRA website or via the link <http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/index.htm>

References

1. MHRA. Education. [Accessed 14/1/2014]. <http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/index.htm>
2. MHRA. New drug driving offence – implications for medicines packaging, December 2013. <http://www.mhra.gov.uk/Howweregulate/Medicines/Medicinesregulatorynews/CON350699>
3. Chaplin S. Medicines that are less suitable for prescribing—hypnotics. *Prescriber*, January 2011.
4. EMC. NiQuitin Fresh Mint 2 mg Medicated Chewing Gums SPC, last updated on the eMC: 28/01/2014 .
5. Lanas A, et al. *Gut* 2006;55:1731–38.
6. NPC. Cardiovascular and gastrointestinal safety of NSAIDs. *MeReC Extra* 30. November 2007.
7. NICE. Osteoarthritis Clinical Guideline 59. February 2008. <http://www.nice.org.uk/>
8. NICE. Rheumatoid arthritis Clinical Guideline 79. February 2009. <http://www.nice.org.uk/>
9. NICE. Low back pain. Early management of persistent non-specific low back pain. Clinical Guideline 88. May 2009. <http://www.nice.org.uk/>
10. EIGA. Safety information, no 32/13.
11. Patient and Client Council. The Painful Truth: 2,500 people who live with chronic pain tell their story. February 2014.
12. Anon. More on NSAID adverse effects. *Bandolier* 2000;79:6–8.
13. Howard RL, et al. *Br J Clin Pharmacol* 2006;63:136–147.

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.

Eastern Area : 028 9055 3784

Southern Area : 028 3741 4622

Northern Area : 028 2531 1049

Western Area : 028 7186 0086

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.