Welcome to issue 51 of the Fife Prescribing Update - I hope you enjoy reading this newsletter and would like to wish all of our readers a Merry Christmas and a Happy New Year. If you have enquiries about the content or articles covered in this newsletter, please contact your Locality Pharmacist. Articles in this newsletter are for guidance only and appropriate medical information e.g. BNF, Summary of Product Characteristics etc. should be consulted before use. Similarly, if you do not wish to receive this newsletter or your contact details are incorrect; please drop a line to gilliankerr1@nhs.net.

Why asthma still kills? – Excessive quantities of reliever inhalers should be reviewed

A review evaluating the circumstances surrounding asthma deaths in the UK in order to identify avoidable risk factors and reduce the number of deaths has published 3 key findings which showed evidence of:

- **Excessive** prescribing of reliever medicines, with 39% of patients who died prescribed more than the recommended 12 inhalers per year.
- **Under** prescribing of preventer medicines, with 80% of patients who died prescribed less than the 12 inhalers per year that are usually needed (dependent on inhaler device).
- **Inappropriate** prescribing of long-acting beta agonist (LABA) bronchodilator inhalers, often without inhaled corticosteroids.

A review of local prescribing data has identified that NHS Fife has a high percentage of patients with asthma with 8% of patients receiving potentially excessive quantities of reliever medicines. These are the short-acting beta-agonists (SABA) salbutamol and terbutaline.

All GP practices were sent a list of patients who had been prescribed more than 12 SABA inhalers in the previous 12 months and are encouraged to complete a review of the patients asthma medicines. Sample letters have been issued to GP practices that can be used to call patients for a timely review with the aim of improving asthma control through education and change of treatment if required. Your practice pharmacist can help you with further information about the review and analysis of the data.

**Key questions for practices:**
- Do you know how many patients do not attend their annual review?
- Did this raise any action points for the practice?
- Do you have a procedure for identifying excessive requests?
- Would your practice know how to flag up excessive requests?

1. Reference
https://www.rcplondon.ac.uk/projects/national-review-asthma-deaths

MESALAZINE

Pentasa® is the NHS Fife Formulary choice of oral mesalazine. Oral mesalazine products should be prescribed by brand name only. Pentasa® should be prescribed for all new patients or in patients where there is symptom flare up with alternative brands.

Pentasa® is available as 500mg and 1g tablets and 1g and 2g sachets. Higher strength preparations and less frequent dosing may aid adherence to therapy and therefore efficacy of therapy.

Both tablets and sachets are licensed for acute attacks up to 4g daily (once daily or in divided doses) and for maintenance treatment for which the recommended dose is 2g once daily.

- 72% of Pentasa® prescriptions in primary care are for 500mg tablets.
- 3% of prescriptions in primary care are prescribed by generic name.

**Prescribers are asked to:**
- Consider prescribing 1g tablets or sachets to aid adherence where appropriate.
- Prescribe oral mesalazine by brand name.
ANTIMICROBIAL RESISTANCE – a ticking time bomb?

‘Many patients expect their GPs to prescribe antibiotics, even for cases that will get better naturally or respond better to other treatments’ says Dr Maureen Baker, Chair of the RCGP.

There have been many headlines in the press this year relating to the increasing problem of antibiotic resistance and the fact that there are very few new antibiotics in the development pipeline. ‘Without urgent, coordinated action by many stakeholders, the world is headed for a post-antibiotic era, in which common infections and minor injuries which have been treatable for decades can once again kill,’ says Dr Keiji Fukuda, WHO’s Assistant Director-General for Health Security. Many antibiotics are prescribed and used for mild infections when they don’t need to be. All colds and most coughs, sinusitis, otitis media (earache) and sore throats often get better without antibiotics. ‘Antibiotics are very effective drugs, as long as they are used appropriately. But we have developed a worrying reliance on them and GPs face enormous pressure to prescribe them, even for minor symptoms which will get better on their own or can be treated effectively with other forms of medication’ Dr Baker stated. Community pharmacists are well placed to help provide advice on over the counter medicines to treat symptoms of self-limiting infections.

It is important that we use our existing antibiotics wisely and make sure these life-saving medicines continue to stay effective for ourselves and future generations.

What Prescribers can do

- Use antibiotics appropriately when antibiotic treatment is needed, the antibiotic should be tailored for the patient, the likely site of infection and causative organism (refer to local guidance*, and where available microbiology sensitivity results)
- Prescribe antibiotics according to the Fife Antimicrobial Guidance
  - Does the patient need an antibiotic at all?
  - Can the patient self-manage their symptoms?
  - Promote good infection prevention and control measures to reduce cross infection; proactively reducing the number of infections can in turn reduce the frequency of antibiotic prescriptions and have a positive impact on reducing antibiotic resistance
  - If a patient needs an antibiotic, prescribe the right antibiotic, at the right dose for the right duration for the individual
- Unnecessarily lengthy duration of antibiotic treatment and inappropriate use of broad-spectrum antibiotics should be avoided.
- Communication is key. Studies show that patients are less likely to ask their GP for antibiotics if advised what to expect in the course of an illness and given a self-care plan. Discussing information on the ‘treating your infection’ leaflet can facilitate this (available for downloading at [http://www.rcgp.org.uk/TARGETantibiotics/~/~/media/2E1292605D174B318A5302223B04C175.ashx](http://www.rcgp.org.uk/TARGETantibiotics/~/~/media/2E1292605D174B318A5302223B04C175.ashx)).
- Consider backup/delayed prescriptions when appropriate.
- It is important that antimicrobial therapy (in accordance to local guidelines*) is administered within 1 hour of recognition of severe sepsis or septic shock.


* NHS Fife Microguide app for Smartphones is available from the Apple App store or Google play, search ‘microguide’ or on the internet at [http://microguide.horizonsp.co.uk/viewer/fife/adult](http://microguide.horizonsp.co.uk/viewer/fife/adult). The NHS Fife antibiotic guidance documents are also available on the NHS Fife ADTC website under guidance documents at [www.fifeadtc.scot.nhs.uk](http://www.fifeadtc.scot.nhs.uk)

NHS Fife Formulary App (search “NHS Fife”) is also available to download.