Welcome to the 38th edition of the Fife Prescribing Update - a bi-monthly newsletter aimed at all medical and non-medical prescribers across NHS Fife.

I hope you enjoy reading the newsletter! 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.

DOMPERIDONE SAFETY INFORMATION

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In May 2012 the MHRA issued the following advice to healthcare professionals:

• Domperidone should be used at the lowest effective dose.
• Non-prescription domperidone products are not recommended for use in patients with underlying cardiac disease without medical supervision.
• Prescribers should exercise caution when prescribing domperidone for patients who:
  • Have existing prolongation of cardiac conduction intervals (particularly QT);
  • Have significant electrolyte disturbances;
  • Have underlying cardiac diseases such as congestive heart failure
  • are older than 60 years
  • are taking daily oral doses of more than 30 mg
• Domperidone should be avoided in patients who are taking concomitant medication known to cause QT prolongation (eg, ketoconazole or erythromycin)
• Patients should be advised to seek prompt medical attention if symptoms such as syncope or tachyarrhythmias appear during treatment.

It is important to remain aware that very rarely domperidone may be associated with QT interval prolongation and sudden cardiac death however some manufacturers state in their SPC that “A QT prolonging effect could not be detected when domperidone was given alone in patients with no co-morbidity, even at high oral doses (up to 160mg/day)”

High dose Domperidone (60-80mg/day)

Domperidone is frequently prescribed to relieve nausea and vomiting that has been ongoing for less than 48 hours, however in some conditions higher dose domperidone (60mg - 80mg daily) is required and may be required to be continued for long courses or even indefinitely. These conditions include:

• Upper gastrointestinal tract dysmotility. In patients who have had an oesophagectomy treatment needs to be continued indefinitely and inappropriate discontinuation or reduction of dose may result in readmission and even a reliance on jejunostomy feeding.

• Gastroesophaeges associated with Diabetes: indefinite treatment required.

• Palliative care patients

• Patients undergoing chemotherapy: usually 30mg daily but may increase to 60mg.

• Parkinson’s Disease Patients: co-prescribed with Apomorphine.

Advice from cardiologists is that when prescribing higher dose domperidone for prolonged courses “if ECG evidence is not available to rule out pre-existing QT interval prolongation, a precautionary ECG should be carried out. Where ECG evidence is available higher dose Domperidone should not be prescribed if the QTc interval is >440ms in men and >460ms in women.”

Key actions

Please review your patients on domperidone (at the earliest opportunity) who are:

• receiving doses greater than 30mg daily or
• > 60 years of age or
• on concomitant interacting medication eg ketoconazole, anti-psychotics or
• have co-existing arrythmias

If the patient does not fall into any of the high dose categories listed above, consider reducing the dose or stopping it, if no longer required.

If the patient does fall into the high dose category, make sure the patient has had an ECG. If in any doubt seek specialist advice. When preparing this information advice has been taken from relevant local specialists - cardiologists, GI physicians and surgeons.
Specialist Infant Formulas for Cow’s Milk Protein Allergy

There has been a significant rise in the prevalence of all allergic disease over the last decade\(^1\). Food allergy affects as many as 6% of young children and 3-4% of adults\(^2\). Cow’s milk is the most common food allergen in infants. It has major nutritional implications as cow’s milk, in the form of standard infant formula, is often given as a sole or main source of nutrition. Many infants with cow’s milk protein allergy (CMPA) develop symptoms within 1 week of the introduction of standard infant formula. Between 5% and 15% of infants show symptoms suggestive of CMPA. However, estimates of the prevalence of CMPA in Europe vary from 2% to 7.5% in the first year\(^3\). In the UK, approximately 2% of infants develop CMPA\(^4\).

The rapid, alarming increase in expenditure of hypoallergenic formula in the community in Fife far exceeds this estimate for the UK. These concerns are mirrored throughout other health boards in Scotland and the rest of the UK. The total spend of hypoallergenic formula used in the management of CMPA in Fife increased from £146,687 in the financial year 2007-2008 to £220,870 in the last financial year (2011-2012). Due to the increased awareness of CMPA amongst the general public and the parent’s ability to purchase initial supplies of hypoallergenic formula over the internet, there is a huge amount of pressure on healthcare professionals working in primary to provide or carry on a prescription for hypoallergenic formula.

There are a variety of hypoallergenic formulas available on prescriptions, which vary in hypoallergenicity and cost. Nutramigen 1 and 2 are the preferred choice of hypoallergenic formulas for the management of CMPA in Fife and are listed in the NHS Fife Formulary (Appendix 9B).

The Fife Paediatric Dietitians have produced a guide for healthcare professionals working in primary care on the Diagnosis and Management of Infants with Suspected Cow’s Milk Protein Allergy, which has also been ratified by the Area Drug and Therapeutics Committee. The aim of the document is to:-

- provide an awareness and understanding of the diagnosis and management of cow’s milk protein allergy
- facilitate decision on appropriate formula choice
- indicate when a referral to secondary care (Dietitian or Paediatrician) is appropriate

Within the document is a care pathway (see right), which has been adapted from NICE, 2011 Food allergy in children and young people, based on our specific Fife allergy population and current allergy provision. The document can be accessed via the Fife formulary: www.fifeadtc.scot.nhs.uk Refer to Chapter 9 - Appendix 9B.

Key Points:

- refer to the Fife Paediatric Dietitians guidelines available as Appendix 9B of Chapter 9
- Nutramigen 1 and 2 are the preferred formulas in NHS Fife

**Wasted Medicines in Fife -** 
**Only order what you need**

NHS Fife is launching a campaign on 10 September 2012 to reduce the amount of wasted medicines. The campaign aims to highlight the costs involved as a result of over-ordering of medicines, particularly on repeat prescriptions, or continuing to order medicines no longer needed.

**Wasted medicines cost NHS Fife over £2 million per year.**
This is the equivalent of around 110 community nurses, 80 community midwives or 54 community dentists.

The quantity of medicines returned to Fife pharmacies is also equivalent to filling an 8 tonne skip every 8 weeks.

The campaign targets not just the general public, but Care Home staff, GPs, pharmacy staff, and NHS Fife staff.

The campaign includes advertising on buses, at train stations, stands at 3 Fife shopping centres, leaflets and posters displayed at libraries, leisure centres, all NHS Fife hospitals, GP practices and care homes.

Fife pharmacies are also distributing leaflets and flyers with displays during the campaign.

Look out for posters, leaflets and flyers relating to the campaign, as this is an issue which affects us all, and can only be of benefit when we reduce the amount of wasted medicines in Fife.

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**Are Sunscreens Prescribable on the NHS?**

GPs are reminded that the Advisory Committee on Borderline Substances (ACBS) recommends products on the basis that they may be regarded as drugs for the management of specified conditions. Sunscreens are prescribable for photosensitve skin disorders including genetic disorders, vitiligo, following radio-therapy, photo-aggravated rosacea, or chronic or recurrent herpes simplex labialis.

The sunscreen preparations that can be prescribed can be found in the BNF Subsection 13.8.1. The NHS Fife formulary choices are:

- **Sunsense® Ultra** lotion SPF 50
- **Uvistat®** sun cream SPF 50 - this is fragrance-free

**Prescribing Notes:**
- Sunscreens should **ONLY** be prescribed in line with ACBS recommendations
- For optimum photoprotection sunscreen preparations should be applied thickly and frequently (approximately 2 hourly)
- Sunscreens may rarely cause allergic reactions. The choice of sunscreen depends on individual patient need, tolerance and evidence of sensitivity to excipients.
Every Efficiency Matters
Dutasteride to Finasteride

Clinical evidence

Both dutasteride and finasteride are used for the treatment of benign prostatic hypertrophy (BPH), with finasteride being the agent of choice in Scottish Health boards including NHS Fife. Finasteride and dutasteride are equally effective for relieving the lower urinary tract symptoms associated with benign prostatic hyperplasia in men with larger prostates. They have similar adverse effect profiles, and both have a slow onset of action. Generic versions of finasteride are available whilst dutasteride is more expensive and patent protected until 2017.

What is the problem?

Both dutasteride and finasteride are used for the treatment of benign prostatic hypertrophy (BPH), with finasteride being the 1st line choice in Scottish Health boards including NHS Fife. Generic versions of finasteride are available whilst dutasteride is presently patent protected and is more expensive.

Whilst finasteride is the first line NHS Fife formulary choice, it only accounts for 60% of all 5 alpha reductase inhibitor tablets prescribed and 15% of the overall costs. Chart 1 shows that NHS Fife is the highest spending health board per head of population for dutasteride, with a spend per head of population more than 2.5 times the Scottish average.

Why does this matter?

As with all public funded budgets, there is a finite amount of resource available. Savings made in prescribing will have positive impacts on other parts of the NHS e.g. maintaining funding available for staff and services.

What are we doing about it?

Over the next few months, practice pharmacists will be reviewing patients in primary care on dutasteride, according to a protocol agreed with Urology consultants. Where appropriate, recommending to GPs that they are changed to finasteride. Patients on the dutasteride/tamsulosin combination product (Combodart®) will be changed to individual finasteride tablets and tamsulosin capsules.

If 60% of patients are switched then NHS Fife will make an annually saving of £186k.

Key messages:

- There is no clinically significant difference between dutasteride and finasteride.
- Practice pharmacists will be reviewing patients on dutasteride over next few months.
- Don’t start NEW patients on dutasteride unless recommended by urologists for patients with very large prostates and very severe symptoms (patient pathway for new patients in development).

By switching appropriate patients from dutasteride to finasteride, it is hoped to make an efficiency saving of £186k.

1. NHS Clinical knowledge Summaries. Lower urinary tract symptoms in men, age-related (including symptoms of benign prostatic hyperplasia/hypertrophy) - Prescribing information

www.cks.nhs.uk