



- **Medicines related to valproate: risk of abnormal pregnancy outcomes**

The MHRA has issued important new information and strengthened warnings related to safety of medicines related to valproate following completion of a Europe-wide review. <https://www.gov.uk/drug-safety-update/medicines-related-to-valproate-risk-of-abnormal-pregnancy-outcomes>

- **European Medicines Agency review of hydroxyzine**

The EMA has completed its [review of drugs containing the antihistamine hydroxyzine](#), prompted by concerns over the risk of possible effects on heart rhythm. It concluded that hydroxyzine was associated with a small but definite risk of QT interval prolongation and torsade de pointes. Based on the assessed data, the Agency recommends that hydroxyzine can still be used provided that measures to minimise the risk of problems with heart rhythm are taken. These include using the lowest effective dose for as short a time as possible. Use is not recommended in the elderly, nor should these drugs be used in patients with existing risk factors for heart rhythm disturbances. Care is also needed in patients taking medicines that slow the heart rate or decrease the level of potassium in the blood, as these also increase the risk of problems with heart rhythm.

- **Cumulative Use of Strong Anticholinergics and Incident Dementia**

A prospective population-based cohort study of 3434 participants aged 65 years or older with no dementia at study entry was undertaken to examine whether cumulative anticholinergic use is associated with a higher risk for incident dementia.

Pharmacy data were used to ascertain cumulative anticholinergic exposure in the past 10 years. The most recent 12 months of use was excluded to avoid use related to prodromal symptoms. Cumulative exposure was updated as participants were followed up over time; the most common anticholinergic classes used were tricyclic antidepressants, first-generation antihistamines, and bladder antimuscarinics.

The study demonstrated that higher cumulative anticholinergic use is associated with an increased risk for dementia. Efforts to increase awareness among health care professionals and older adults about this potential medication-related risk are important to minimize anticholinergic use over time.

<http://archinte.jamanetwork.com/article.aspx?articleid=2091745>

- **Prucalopride – reviews of effectiveness**

Prucalopride is recommended by NICE as an option for the treatment of constipation appropriate for patients who have tried at least 2 different types of laxatives at the highest possible recommended doses, for at least 6 months without benefit. Locally it is for initiation by gastroenterologists and colorectal surgeons who will review patients at 4 weeks (either in clinic or via a telephone review) and ask the GP to continue prescriptions if it has been effective.

Although three 12-week clinical trials have shown prucalopride to be superior to placebo in some patients, a 24-week study did not demonstrate statistical superiority of prucalopride over placebo. It may therefore be worth considering a trial off treatment after 6 months and if the drug appears to have become ineffective it should be stopped. If the benefits attributed to the prucalopride do persist in the following 6 months it may still be worthwhile to try to withdraw the medication to see if the bowel has now been habituated into a more normal habit.

- **Acridinium (Elkira Genuair®) – dose / strength clarification**

There appears to be some confusion around the strength of the Elkira Genuair inhaler which arises because this can be expressed in a number of different ways.

Each delivered dose (the dose leaving the mouthpiece) contains 375 mcg acridinium bromide which is equivalent to 322 mcg acridinium. This corresponds to a metered dose of 400 mcg acridinium bromide equivalent to 343 mcg acridinium. These are all valid ways to describe the strength of Elkira; but there is only one product and one strength, as they are all equivalent.

This edition is also available on PathfinderRF via the following link <http://nww.pathfinder-rf.northants.nhs.uk/nene>
and on the Nene CCG and Corby CCG websites

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