



Tablet Press

The prescribing newsletter for GPs, nurses and pharmacists in
Northamptonshire Primary Care Trust



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- **Tranexamic acid mouthwash**

We have received a couple of enquiries recently from GPs who have been asked by dentists to prescribe tranexamic acid mouthwash on FP10.

This is an unlicensed preparation, with very little evidence-base. It has to be manufactured as a “special” and is very expensive – about £90.

We therefore do not recommend that GPs prescribe tranexamic acid mouthwash. Dentists may prescribe privately if they wish to do so.

- **Updated NICE guidelines on depression and anxiety**

The National Institute for Health and Clinical Excellence (NICE) has issued updated guidelines on the management of depression and anxiety in primary and secondary care. Both guidelines have been updated following advice from the MHRA regarding the prescription of venlafaxine.

The main changes to the anxiety guideline are on the use of pharmacological therapy and the considerations that need to be made before prescribing venlafaxine if appropriate. The main changes to the depression guideline are on the use of antidepressants especially in patients with cardiovascular disease and the special considerations that need to be taken into account when switching treatment to venlafaxine.

[Link to updated anxiety guidance](#)

[Link to updated depression guidance](#)

[Link to MHRA safety advice \(venlafaxine\)](#)

- **Anti-secretory agents - especially PPIs - reduce NSAID-associated GI bleeding**

A large epidemiological study (Am J Gastroenterol 2007;102:507-15) indicates that anti-secretory drugs reduce the risk of gastro-intestinal bleeding in patients taking NSAID, but that proton-pump inhibitors (PPIs) are the most effective. The authors note that gastro-intestinal bleeding is a major risk with NSAID therapy, a problem for which various strategies are suggested. Use of COX-2 selective agents has been recommended, however drug withdrawals and reported cardiovascular problems with this group has reduced their popularity. Misoprostol has proven benefit, but is poorly tolerated by many people. Anti-secretory agents are widely used, but the evidence for their protective effects is weaker.

This study was carried out to determine which agents were effective in reducing the risk of upper GI peptic ulcer bleeds associated with nonselective NSAIDs, aspirin and other antiplatelet agents, and anticoagulants. It was a case-control study, with prospective case determination and retrospective data collection, carried out during 2001 to 2004 and using data collected from Spanish hospitals associated with a gastroenterology network

Based on their analysis, the authors conclude that PPIs and H-2 blockers reduce the risk of peptic ulcer bleeding in patients taking NSAIDs and antiplatelet drugs (however no agent reduced the risk with oral anticoagulants). PPIs, however, gave the most marked and consistent reduction in risk.

There was no difference between omeprazole and other PPIs.

- **JBS2 Guidelines poor**

An assessment of the JBS2 guidelines for prevention and treatment of cardiovascular *disease* “*contain serious deficiencies, are of low quality and should not be recommended for clinical practice*”. (Int J Clin Pract published early online, 26th March.) This highlights the risks involved in drawing up consensus-based, as opposed to evidence-based advice. Interestingly the guidelines were rated at the lowest possible score in all aspects of the ‘editorial independence’ domain.

This edition is also available on HNN (Health Network Northants)

<http://www.northants.nhs.uk/Display/Dynamic.jsp?topic=14070&lhsid=514&oid=2854¤tid=2854>

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Contact No 01536 480446