

# **Tablet Press**



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

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Issue 11

## Interface Prescribing Quality Standards - Schedule 3c feedback forms

As mentioned in the last issue, the Schedule 3c feedback forms are now available on the intranet at <a href="http://nww.northants.nhs.uk/Display/Dynamic.jsp?topid=14070&lhsid=514&oid=24514&currentid=24514">http://nww.northants.nhs.uk/Display/Dynamic.jsp?topid=14070&lhsid=514&oid=24514&currentid=24514</a>

• C. diff associated diarrhoea – Guidance on treatment for adults in community hospitals and primary care
This guidance for GPs produced by the Northamptonshire C.diifficile Working Party and agreed with the Health
Protection Agency can be found on the intranet at
<a href="http://nww.northants.nhs.uk/Display/Dynamic.jsp?topid=14070&lhsid=514&oid=783&currentid=783">http://nww.northants.nhs.uk/Display/Dynamic.jsp?topid=14070&lhsid=514&oid=783&currentid=783</a>

### • Updated Home Oxygen Service website

along with updated antibiotic guidelines for primary care.

The updated HOS pages can be found at: <a href="www.pcc.nhs.uk/118.php">www.pcc.nhs.uk/118.php</a> and include links for patients and for healthcare professionals. The HOS Manual can be downloaded directly from: <a href="http://www.primarycarecontracting.nhs.uk/uploads/HOS/june\_2007/hos\_manual\_v1.pdf">http://www.primarycarecontracting.nhs.uk/uploads/HOS/june\_2007/hos\_manual\_v1.pdf</a>.

#### TRAVAX website

The PCT's subscription to the TRAVAX website has been renewed for another year, allowing health professionals to gain access to travel health information for their patients. Many thanks to GSK for funding 75% of the subscription cost as a service to medicine.

The username and password remain the same as last year -

Username: VBRAY49046 Password: 608-520 http://www.travax.nhs.uk

#### A serious NSAID adverse event – close to home

This tale was passed to us by a pharmacist at NGH and serves as a salutary reminder of the dangers of NSAIDs in the elderly - in this case renal failure due to co-prescription with a diuretic and ACE inhibitor.

An 82 year-old lady presented with opiate toxicity, found to be secondary to acute renal failure.

Patient was on bendroflumethiazide 2.5mg OD, Ramipril 5mg OD, MST 20mg BD, Paracetamol 1g QDS.

Cause of acute renal impairment could not be determined (no N&V, sepsis etc).

On checking the drug history summary from the GP surgery under acute prescriptions: Diclofenac 50mg TDS. Issued 3 days prior to admission.

Medics determined that co-prescription of ACE inhibitor and NSAID in frail, elderly patient resulted in acute renal impairment.

The patient was prescribed naloxone infusion, rehydrated with fluids and transferred to HDU care where she reportedly made a full recovery.

# • Systematic review: no evidence that newer oral anti-diabetic drugs are better than old

A large systematic review (Ann Intern Med published online in advance of print 17 July 2007) has concluded that compared to newer drugs, the older anti-diabetic drugs have similar or better effects on intermediate end-points; however there is little comparative data on clinical endpoints and relevant trials on these are needed. A total of 216 controlled trials and cohort studies were identified, along with two systematic reviews. Overall, for intermediate outcomes, all drug groups controlled glycaemia to a similar degree, decreasing absolute HbA1c levels by about 1%. Thiazolidinediones increased HDL cholesterol slightly, but also increased LDL cholesterol compared to other agents. Most, apart from metformin, increased bodyweight (by about 1 to 5 kg). In terms of adverse effects, sulfonylureas and repaglinide were associated with greater risk for hypoglycaemia, thiazolidinediones with greater risk for heart failure, and metformin with greater risk for gastrointestinal problems compared with other oral agents. There was no evidence that lactic acidosis was more common in metformin recipients without co-morbid conditions than in recipients of other oral diabetes agents. Overall, the authors conclude that while oral anti-diabetic drugs should improve clinical endpoints such as vascular outcomes and mortality, there is no definitive comparative evidence to show whether any of the available drugs is better at this than the others

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

http://nww.northants.nhs.uk/Display/Dynamic.jsp?topid=14070&lhsid=514&oid=2854&currentid=2854

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