



# Tablet Press

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

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- **Quality schedule feedback form**

From July 1<sup>st</sup> 2008 the Schedule 3c feedback form, which has been used by GPs to report inadequate prescribing information on discharge from the acute trusts, will be replaced by a new form.

The new form has been designed jointly with Nene Commissioning and Daventry & South Northants Practice Based Commissioning consortia and now includes other areas of feedback, such as the issuing of sick notes and notification of death.

The new form and a summary of the Quality schedule can be found on the intranet at

<http://tinyurl.com/6y7uxg>

These forms should either be emailed to [contractcompliance.northamptonshirepct@nhs.net](mailto:contractcompliance.northamptonshirepct@nhs.net) or faxed to the PCT Contract Compliance Team on a safe haven fax at 01536 480353

*Please note the new email address for the return of the forms.*

- **NICE guidance on rimonabant**

NICE has published final guidance on the use of rimonabant for the treatment of overweight and obese patients. The guidance advises:

- rimonabant as an addition to diet and exercise for adults who are obese or overweight and who have had an inadequate response to, are intolerant of or are contraindicated to orlistat and sibutramine.
- treatment should be continued beyond 6 months only if the person has lost at least 5% of their initial body weight since starting rimonabant treatment.
- treatment should be discontinued if a person returns to their pre-treatment weight.
- treatment should not be continued for longer than 2 years without a formal clinical assessment and discussion of the individual risks and benefits with the person receiving treatment.

Rimonabant has, until now, been categorized as “double red” in Northamptonshire because of serious concerns regarding the high incidence of psychiatric side-effects. Rimonabant can no longer be “double red” due to this NICE guidance but we would continue to advise extreme caution with this drug.

- **Intensive glucose-lowering treatment in type-2 diabetes (The ACCORD and ADVANCE trials)**

The rationale behind both these large, multi-centre studies is that patients with type 2 diabetes are at increased risk for a range of adverse vascular outcomes, both microvascular (e.g. nephropathy, retinopathy) and macrovascular (e.g. cardiovascular disease).

However, both trials failed to show any reduction in cardiovascular events over the medium term (3.5 to 5 years) in high risk patients with type 2 diabetes treated with intensive blood glucose lowering strategies, compared with standard treatment. The ACCORD study was stopped early due to a higher incidence of all-cause death in the intensive arm - the reasons for this are as yet unclear. ADVANCE found a statistically significant absolute risk reduction of 1.5% in major microvascular events over 5 years for the intensive treatment group, mainly due to a reduction in nephropathy.

The most significant message from the two studies is that in high-risk type 2 diabetics, intensive therapy intended to produce near-normal blood sugar levels does not improve cardiovascular outcomes over the 3.5 to 5 year time frame, and may worsen them. Neither trial showed a significant improvement in macrovascular outcomes with intensive therapy, and the increased risk of all-cause death in ACCORD is of concern. Further research is needed to clarify the reasons for this.

The ADVANCE study confirms previous evidence associating increased level of control with a reduction in nephropathic events, however it did not appear to affect incidence of retinopathy or neuropathy.

In both studies, patients in the intensive treatment groups had higher incidences of hypoglycaemia - around twice that of the standard treatment group in ADVANCE, and three times it in ACCORD.

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

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

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