



Tablet Press



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

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• Nurse Prescribers

If you are a nurse prescriber and change your employer (e.g. from one GP practice to another or from the PCT to a GP practice) please advise Sue Barron, Pharmacy and Prescribing Administrator, so that your details can be amended with the Prescription Pricing Division and prescription costs can be allocated to the correct practice. We have had a number of cases recently in which costs have been wrongly allocated as a result of nurses being registered with the incorrect practice.

Additionally, GP practices are requested to advise Sue if a nurse prescriber leaves their employment.
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• Antibiotic prescribing

At this time of year we ask prescribers to consider their antibiotic prescribing and the Prescribing Advisers are currently busy with many practices to implement delayed antibiotic prescribing, as endorsed by the recent NICE guidance. A number of practices remain “red” within the incentive scheme despite a lot of focus on antibiotic prescribing over the years.

Community pharmacists can help by advising patients of the expected duration of colds, coughs and sore throats and that antibiotics are unlikely to be necessary in otherwise healthy adults and children.

See <http://www.nice.org.uk/nicemedia/pdf/CG69FullGuideline.pdf>

We would also ask that practices consider their use of quinolones and cephalosporins (your Prescribing Adviser can give you a breakdown from e pact) in light of the link between the use of these agents and the incidence of C.difficile.

• ARB maybe less effective than ACE-inhibitors for reducing adverse CV events?

The results of a large controlled trial (The Lancet 2008; 372: 1174 – 1183) suggest that telmisartan, and by implication other angiotensin-2 receptor blockers (ARB), may be less effective in reducing CV events in high-risk patients.

There is robust evidence that ACE-inhibitors reduce a range of adverse outcomes in patients with CV disease or high-risk diabetes. A proportion of patients cannot tolerate ACEIs, however, and in this group ARBs are often used. While there is evidence of benefit for this group in some patient populations, evidence on major clinical outcomes for a broad population is limited. The TRANSCEND study was intended to clarify the place of these drugs in a broad population. Participants had CV disease or diabetes with end-organ damage and were intolerant of ACEIs. Patients were randomised to telmisartan or placebo, in addition to other proven therapies as required. Primary outcome was a composite of CV death, MI, stroke, or hospitalisation for heart failure, and median duration of follow-up 56 months.

At the end of the study, there was no statistically significant difference between the groups for the primary outcome, which occurred in 465 patients in the telmisartan group compared with 504 in the placebo group (15.7% vs. 17.0%; hazard ratio 0.92, 95% CI 0.81 to 1.05, p=0.216).

The authors conclude that telmisartan did not improve the primary outcome in this patient population. An accompanying editorial discusses the study and its implications. The authors comment that the role of ARB in prevention of CV disease has been unclear: while there has been speculation that they might be equivalent to or even better than ACEIs based on pharmacology, and there is evidence of similar effectiveness in heart failure, clinical evidence in other situations has been limited. The results of this study are unexpected, as other trials have suggested similar efficacy to ramipril. Overall, data on ARB in prevention of adverse CV events are incomplete, except in heart failure. At present, they suggest, although the data are too limited to reach definitive conclusions, the clinical effects of ARB seem to be less robust than those of ACEIs, which therefore remain the preferred renin-active agents to prevent vascular events in patients with or at high risk for cardiovascular disease.

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

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

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