



Tablet Press

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



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- **Rosuvastatin in the prevention of VTE – secondary outcome analysis of the JUPITER trial**

This study (NEJM, published early online on 29 March 2009) has generated considerable interest from the media in the last couple of days (for example see <http://www.dailymail.co.uk/health/article-1165774/Statis-cut-deep-vein-thrombosis-threat-long-haul-passengers.html>).

Patients may be asking about this as a consequence of the publicity – so what's the real story?

The trial initially examined the question of whether treatment with 20 mg of rosuvastatin daily, as compared with placebo, would reduce the rate of first major cardiovascular events. The occurrence of venous thromboembolism was a protocol-specified secondary end point of the trial.

The Daily Mail quotes a risk reduction of up to 43%; this is of course a Relative Risk Reduction. The Absolute Risk Reduction is much smaller (as ARRs always are) with a NNT over one year of about 700 to prevent one additional case of DVT.

There are of course, also a lot of other unanswered questions – Where would you use a statin for this indication? How long do you need to take it - is it really an alternative to LMWH or warfarin? What about the harms? So we are some way off from recommending this to patients.

The NPC plan to blog this study shortly – see <http://www.npci.org.uk/blog/>

- **MHRA Drug safety update**

The MHRA and CHM have published the March edition of [Drug Safety Update](#). This issue focuses on two drugs used for ADHD — providing updated guidance on the safe and effective use of methylphenidate and details on the risk of psychotic or manic symptoms with atomoxetine. Drug safety advice is also given on the use of antipsychotics in elderly patients with dementia, the risk of severe pancreatitis and renal failure with exenatide ▼ and atypical stress fractures with bisphosphonates.

- **Adcal D3 for pre-eclampsia**

Prescribers will by now be aware that the PCT is not supporting the prescribing of Omacor and Adcal D3 to reduce pre-term birth (see previous email correspondence to GPs) as there currently does not appear to be sufficient evidence to support this. However, Adcal D3 may still be recommended by obstetricians for pre-eclampsia and this indication IS supported by the evidence and is therefore supported by the PCT.

Calcium supplementation during pregnancy for preventing hypertensive disorders and related problems (review) by the Cochrane Collaboration.

12 studies were reviewed. The risk of high blood pressure was reduced with calcium supplementation rather than placebo (11 trials with 14,946 women, relative risk 0.7, 95% confidence interval 0.57 to 0.86).

There was also a reduction in the risk of pre-eclampsia associated with calcium supplementation (12 trials, 15,206 women, RR 0.48, 95% CI 0.33 to 0.69).

The effect was greatest for high-risk women (5 trials, 587 women, RR 0.22, 95% CI 0.12 to 0.42) and those with low baseline calcium intake (7 trials, 10,154 women, RR 0.36, 95% CI 0.18 to 0.7).

- **Near Patient Testing for 5-ASAs**

A couple of queries have been received regarding why sulfasalazine prescribing and monitoring carries a NPT fee whereas other aminosalicylates do not.

Sulfasalazine requires greater monitoring because of the sulphonamide component of the molecule, which is cleaved in the gut. In the newer aminosalicylates (like balsalazide and mesalazine), the sulphonamide-related side-effects of sulfasalazine are avoided (although 5-aminosalicylic acid alone can still cause side-effects).

NPAG agreed that the monitoring required for the newer drugs was therefore no more onerous than say, that for ACE inhibitors or statins, and that these drugs therefore do not need shared care protocols (i.e. are not amber 1 drugs). The gastroenterologists supported this view.

- **Community HPV clinics**

Girls requesting the HPV vaccine from their GP can be signposted to the PCT's HPV helpline number which is 01604 678 052 or alternatively they can e-mail hpv@northants.nhs.uk

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

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

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