



Tablet Press

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



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- **Recent safety issues with Inhaled treatments for COPD (MeREC Bulletin Vol 19, No. 4)**
- Long-acting beta2 agonists (LABAs), the long-acting anticholinergic, tiotropium, and combination of inhaled corticosteroids (ICS) with LABAs all reduce total exacerbations in patients with chronic obstructive pulmonary disease (COPD). The effects of these drugs compared with placebo and each other on reducing the risk of severe exacerbations requiring hospitalisation and death in patients with COPD is less well established.
- In 2006, a meta-analysis identified the possibility of an increased risk of respiratory death with the use of short- and long-acting beta2 agonists in patients with COPD. More recent data from a further meta-analysis, an observational study and a large three-year randomised controlled trial (RCT) are reassuring about the safety of LABAs. However, in view of the concerns raised about the safety of these drugs in asthma, the Medicines and Healthcare products Regulatory Agency (MHRA) continues to monitor the safety of LABAs in both asthma and COPD.
- In 2008, a meta-analysis and an observational study raised concerns that short- and long-acting anticholinergics may be associated with increased cardiovascular (CV) events and CV mortality in patients with COPD. A recent, large four-year RCT is reassuring about the safety of tiotropium. The MHRA have concluded that these conflicting findings make it difficult to draw firm conclusions on the risk of all-cause mortality, CV death, or stroke associated with inhaled anticholinergics, and further analyses are needed to shed light on any possible increased risk.
- ICSs (alone and in combination with LABAs) increase the risk of pneumonia in patients with COPD. The potential risk of developing osteoporosis and other side effects in patients treated with high-dose ICSs should also be considered. NICE recommendations for the use of long-acting bronchodilators and ICSs are supported by the available evidence.¹
- Long-acting bronchodilators (either a LABA or tiotropium) are recommended by NICE for patients who remain symptomatic on short-acting drugs, or in those who have two or more exacerbations per year.¹ Adding in an ICS (usually in combination with a LABA) is only recommended for patients with an FEV1 less than or equal to 50% predicted who are having two or more exacerbations requiring treatment with antibiotics or oral corticosteroids per year, or if the patient remains symptomatic despite a long-acting bronchodilator.
- When decisions are made around treatment choices for patients with COPD, recent safety concerns, as well as the potential benefits of treatment, should feature along with response to treatment, potential side effects, patients' preference and cost. However, the ultimate choice will probably depend more on whether the patient can use the device, tolerate the drug and how effective the medication is for their symptoms.

- **New “Better Care, Better Value” Indicators**

The NHS Institute for Innovation and Improvement has introduced the following NHS Better Care, Better Value prescribing indicators for PCTs as of Quarter 2 08/09:

- Increasing low cost prescribing for lipid modification
- Increasing low cost proton pump inhibitor prescribing.
- Increasing low cost prescribing for drugs affecting the renin-angiotensin system.

Whilst there has previously been a “statin indicator” within the “Better Care, Better Value” Indicators, the ACE/A2RA and the PPI indicators are new. The inclusion of these as “national prescribing indicators” very much endorses the fact that we have included these indicators in this year, and previous years, Prescribing Incentive Scheme. The work we have done means that we are currently the best performing PCT on the ACE/A2RA indicator and 3rd best on PPIs within the East Midlands.

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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Contact No 01536 480446