



Tablet Press

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



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- **Aspirin in primary prevention of thrombotic vascular disease**

The October issue of the MHRA Drug Safety Update looks at the use of aspirin in primary prevention of thrombotic vascular disease.

<http://www.mhra.gov.uk/Publications/Safetyguidance/DrugSafetyUpdate/CON059804>

Two recent studies have looked at the use of low-dose aspirin in the prevention of heart attacks and strokes in people without a history of vascular disease—ie, primary prevention. Both studies found that the risk of having a major bleed—gastrointestinal bleeding is a known adverse effect of aspirin—outweighed any vascular benefit.

In the UK, low-dose aspirin is licensed for prevention of thrombotic cerebrovascular or cardiovascular disease only in those who already have vascular disease—ie, secondary prevention. Although aspirin is used in primary prevention, this is not a licensed indication.

Advice for healthcare professionals:

- The results of these recent studies lend support to the licensed indications for aspirin in secondary prevention of vascular events only
- Aspirin is not licensed for the primary prevention of vascular events. If aspirin is used in primary prevention, the balance of benefits and risks should be considered for each individual, particularly the presence of risk factors for vascular disease (including conditions such as diabetes) and the risk of gastrointestinal bleeding

- **Local audits of exenatide use**

Audits were carried out on 32 patients' records at 14 GP practices within NHS Northamptonshire. Out of the 32 audited 4 patients had been on exenatide treatment for less than 6 months. For the 28 patients who had been on treatment for greater than 6 months the prescribing teams were only able to verify that 5 patients (18%) on exenatide met with NICE guidance from the patient's medical record. Out of the 23 patients not meeting NICE guidance, 5 (18%) had an incomplete data set, but for 18 (64%) either their HbA1c or weight had not reduced at 6 months by the level recommended by NICE for treatment to continue.

These results have been discussed at NPAG and it was agreed that this situation must improve before any decision is taken as to whether NHS Northamptonshire will also use the second GLP-1 mimetic, liraglutide.

The local diabetologists and the Prescribing Team will be looking at how the monitoring of exenatide use can be improved over the next few months.

- **Choice of LHRH analogue.**

Currently there is no LHRH formulary choice and some GPs have been asking for advice re the first-line choice, when the consultant does not express a preference. The evidence for the 3 drugs was reviewed at the Northamptonshire Prescribing Management Group and it was agreed that Triptorelin could be advised first-line, within its licensed indications, when the consultant has not expressed a preference. However, it was acknowledged that some GP practices prefer to use other LHRH analogues.

- **Supply problems with Sinemet**

There may be supply problems with branded Sinemet tablets from now until early 2011. Most of our prescribing is generic so this should not give us too many problems; however, the 62.5mg strength is only available as the brand. There are no supply problems currently but if Sinemet 62.5mg does become unavailable, our best advice is for the 125mg generic to be prescribed and the community pharmacist asked to halve them before dispensing (as most people with Parkinson's Disease would find this difficult to do themselves).

- **Reporting side effects to swine 'flu vaccines**

Side-effects to the swine 'flu vaccines can be reported at

<http://www.mhra.gov.uk/Safetyinformation/Swinefluinformation/swinefluvaccines/index.htm>

- **Advice on prophylaxis with antiviral medicines**

The following guidance has been issued by the Department of Health '[Antiviral prophylaxis: guidance on the use of prophylaxis with antiviral medicines during the H1N1 \(swine flu\) pandemic](#)'. This guidance sets out the circumstances in which it may be appropriate to offer a course of prophylactic antiviral medicine to patients with a serious underlying medical condition or who are pregnant during the H1N1 (swine flu) pandemic.

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