Tablet Press

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

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- **Monitored dosage systems (MDS)**

Local guidance on the use of MDS has been agreed between primary care (GPs and community pharmacists), the acute trusts, Provider Services and Northamptonshire County Council and is circulated with this issue of Tablet Press.

- **Increased risk of *C diff* infections and of fractures: two more good reasons to review PPI prescribing**

A group of US studies published under the theme **'**less is more**'** adds to earlier evidence around two potential harms associated with proton pump inhibitor (PPI) use. A large observational study found that hospital inpatients taking daily PPIs were over 70% more likely to develop *Clostridium difficile* infection than non-users. A second US study found that people who already have *C difficile* infection and are treated with PPIs had a more than 40% increased relative risk of recurrence of infection. A third study alongside earlier evidence, has prompted the FDA to update PPI product information to warn of a possible increased risk of hip, wrist and spine fractures, especially in long term users of PPIs and when used at high doses.

- **DTB editorial questions NICE neuropathic pain guideline recommending pregabalin**

This editorial in the Drug and Therapeutics Bulletin (DTB) questions the recommendation in the recent guideline on neuropathic pain from NICE that clinicians should "offer oral amitriptyline or pregabalin as first-line treatment." The guideline excluded gabapentin, based on indirect comparisons, suggesting that it offers less net benefit, is less cost-effective, and requires more complex dosing and titration compared with pregabalin. However, the DTB notes that pregabalin is still a black triangle drug and this too should be considered in any comparison with the much longer established gabapentin.
The DTB concludes "the guideline's promotion of pregabalin creates a dilemma for those who know from the published data that gabapentin remains an effective treatment option for neuropathic pain. Gabapentin is by far the cheaper of the two drugs and therefore for the same level of investment, the NHS faces the choice of treating more patients with a cheaper but (on indirect evidence) slightly less effective drug, or fewer patients with a more expensive, seemingly more effective one. So can clinicians be sure that a wholesale switch away from using gabapentin is a justifiable and affordable investment option? At a time of belt-tightening in the NHS, this could be a particularly expensive capsule to swallow."
As you may be aware NPAG, with input from the pain consultants, has discussed this particular dilemma and has recently advised (NPAG bullets June 2010) that it supports an alternative approach to that given in the NICE guideline.

First line – amitriptyline (or nortripyline/ imipramine if sufficient pain relief but not tolerated)
Second line – gabapentin
Third line – pregabalin
The double red status of duloxetine will be fully reviewed at the next meeting

- **Patient Decision Aids**

The PCT Prescribing Advisory team have been promoting the use of some of the NPC's patient decision aids (PDAs) locally. They are keen to find out more about users' experiences and your suggestions on how their PDAs can be developed. They would be very grateful if you would take about 5 minutes to complete a short anonymous survey. Please click here to take the survey.

The NPC's PDA directory has been updated and now has more extensive information on the ideas behind PDAs, suggestions on how to use PDAs, and supporting information about relative and absolute risk, and the evidence base for the use of PDAs. The directory is easy to find at www.npci.org.uk/pda.

This edition is also available on HNN (Health Network Northants)
http://nww.northants.nhs.uk/Display/Dynamic.jsp?topid=14070&lhsid=514&oid=2854&currentid=2854

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