# Tablet Press

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

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- **Ezetimibe: room for review?**

A recent editorial in the Drug and Therapeutics Bulletin questions whether adding ezetimibe to simvastatin provides good value for money. It also asks whether the increasing spend on ezetimibe (about £85million in primary care in England in the year to June 2010) is a rational use of NHS resources.
Prescribers should review, and where appropriate, revise prescribing of ezetimibe to ensure it is in line with NICE guidance.
NICE guidance on lipid modification recommends use of simvastatin 40mg/day for secondary prevention of cardiovascular (CV) events and for primary prevention in adults who have a 20% or greater 10-year risk of developing CV disease. For secondary prevention, in patients without acute coronary syndrome (ACS), prescribers **should consider** increasing the dose of simvastatin to 80mg/day (or a drug of similar efficacy and acquisition cost) **only** in patients whose total cholesterol is greater than or equal to 4mmol/L **and also** whose LDL-cholesterol is greater than or equal to 2mmol/L.

Ezetimibe has a limited role and is recommended as an option by NICE only for the treatment of adults with primary hypercholesterolaemia and only in the following circumstances:

- where statins are contraindicated or not tolerated
- in conjunction with a statin where serum total or LDL-cholesterol is not appropriately controlled by initial statin therapy (after appropriate dose titration or because dose titration is limited by intolerance) and when consideration is being given to changing the initial statin therapy to an alternative statin.

Addition of ezetimibe to simvastatin 40mg increases the acquisition cost considerably over simvastatin 40mg and has not been demonstrated to improve patient-oriented outcomes. Evidence for efficacy of ezetimibe is based on surrogate outcomes (i.e. cholesterol lowering). There is no evidence to suggest its addition to simvastatin 40mg offers any improved tolerability over simvastatin 80mg or alternative NICE-recommended statins.

- **Lipid lowering therapy**

A BMJ **review** of lipid lowering therapy argues that lipid modification should focus on strategies that are known to improve patient-oriented outcomes (e.g. simvastatin 40mg daily), rather than focusing on interventions such as ezetimibe that improve biomarkers (e.g. LDL-cholesterol), but have not been shown to improve patient outcomes. Treating patients to achieve a specific lipid target is not supported by clinical trial evidence.
Read a full summary at http://www.npci.org.uk/blog/?p=1780

- **NICE bites – chronic heart failure**

The September issue of NICE bites discusses chronic heart failure.

NICEBitesSept2010[1].pdf

- **Reboxetine for acute treatment of major depression**

A recent meta anlaysis published in the BMJ was set up to assess the benefits and harms of reboxetine versus placebo or selective serotonin reuptake inhibitors (SSRIs) in the acute treatment of depression, and to measure the impact of potential publication bias in trials of reboxetine. The authors concluded that Reboxetine is, overall, an ineffective and potentially harmful antidepressant. Published evidence is affected by publication bias, underlining the urgent need for mandatory publication of trial data. The manufacturers, Pfizer, have been criticized by a number of commentators for allegedly concealing reboxetine data.
Epact data suggests that there are only about 50 patients in NHS Northamptonshire taking reboxetine; NHfT are currently considering the appropriate actions for these patients.
http://www.bmj.com/content/341/bmj.c4737.full

- **Blood glucose test meters**

We understand that a number of different manufacturers have been sending their BGT meters to GP practices and this is understandably causing some confusion. The **PCT preferred choice** of meter is the **CareSens N** made by Spirit Healthcare.

**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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