



- **Mixtard 30 discontinuation**

Prescribers are reminded that Mixtard 30 will be discontinued at the end of December and all patients will need to have been switched to alternative insulin by that date.

As previously agreed **Humulin M3** is the recommended alternative in NHS Northamptonshire and is available as:

- 5 x 3ml Humulin M3 KwikPen £21.70
- 5 x 3ml Humulin M3 cartridges** £19.08
- 1 x 10ml Humulin M3 vial £15.68
- 5 x 3ml Humulin M3 Pen £28.44

**for use with Lilly's HumaPen range of reusable pen devices

- **What's new on the National Prescribing Centre Interactive website (NPCi)?**

The therapeutics section of the [NPCi](#) virtual building contains materials arranged in floors (for example, [asthma](#)) which are grouped into [categories](#) (for example, [respiratory tract](#)). For each theme, a number of resources are available (see below for a more detailed description).

The <60 minute eLearning events have been updated on the following floors of NPCi – [dementia](#), [lifestyle](#) and [smoking cessation](#). The quiz, case study, data focussed commentary and key slides on the [contraception](#) floor have also been updated.

- **Clinicians can now report adverse drug reactions direct from SystmOne software**

Healthcare IT supplier TPP has announced that clinicians can now report adverse drug reactions direct from its SystmOne software. The company said its integration with the yellow card scheme run by the Medicines and Healthcare products Regulatory Authority (MHRA) means clinicians can now send a completed card from within SystmOne.

The MHRA uses the yellow card scheme to track adverse drug reactions in the UK. It has been running for 40 years and the MHRA receives more than 20,000 reports of possible adverse drug reactions every year.

http://www.ehiprimarycare.com/news/6414/yellow_cards_built_into_systmone

- **Oral bisphosphonates: oesophageal cancer risk—insufficient evidence of a link**

A study was conducted by the MHRA and the Cancer Epidemiology Unit at the University of Oxford and was considered as part of a Europe-wide review of oral bisphosphonates and oesophageal cancer.

This review concluded that given the limitations of the study and a lack of supporting evidence from other studies, there is insufficient evidence to confirm a link between oral bisphosphonate use and oesophageal cancer.

The safety update also provides information and advice for healthcare professionals and patients to minimise risk of oesophageal adverse reactions with oral bisphosphonates. These can be found at

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

- **Meta-analysis links PPIs with C difficile associated diarrhoea in hospitalised patients**

According to the results of a meta-analysis presented at the American College of Gastroenterology annual meeting, hospitalised patients taking PPIs have a statistically significantly increased risk of clostridium difficile associated diarrhoea. Researchers evaluated data from a total of 21 studies involving 133,054 patients. Overall, there was an 80% higher risk of clostridium difficile associated diarrhoea in patients prescribed PPIs. The researchers also reported outcomes based on study design, and state that data from cohort studies showed a 2.07-fold increased risk associated with PPIs, whilst a separate analysis of case-control studies showed a 1.55-fold increased risk. This would appear to be another good reason to keep PPI prescribing under review.

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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