# Tablet Press

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

**Issue 62** **November 2011**


- **Rebound acid hypersecretion with proton pump inhibitors**

The following information appears in the new BNF 62 (Sept 2011) section 1.3.5 :
"Rebound acid hypersecretion and protracted dyspepsia may occur after stopping prolonged treatment with a proton pump inhibitor. Healthcare professionals are reminded to prescribe proton pump inhibitors for appropriate indications at the lowest effective dose for the shortest period, and that the need for long-term treatment should be reviewed periodically". (Patient Information leaflet available on Pathfinder)

Prescribers should be reassured that patients stepping down or stopping PPIs may get some rebound symptoms but this does not necessarily mean that the PPI should be continued indefinitely. The Prescribing Team have produced a patient leaflet to support this message which will be available shortly on the intranet and Pathfinder.

- **Buccolam – a new licensed oromucosal midazolam solution**

Buccal midazolam may be considered as an alternative to rectal diazepam for the treatment of prolonged seizures. Various buccal midazolam preparations have been used in children as unlicensed medicines, including Buccolam prior to authorisation. Buccolam is a different concentration (5mg/ml) compared to the most commonly used unlicensed strength of 10mg/ml. It contains the hydrochloride salt, whereas some other preparations contain the maleate salt of midazolam. In addition, relevant school staff have been trained to administer the 10mg/ml formulation and most children will have more than one supply held at different locations (school, home etc). Any unplanned change in strength of product prescribed or supplied could pose safety issues.

Several factors will therefore clearly need to be considered if transferring patients to the authorised Buccolam product when an unlicensed medicine other than Buccolam has been used previously. We are working with local paediatricians and neurologists to identify if it is appropriate to transfer some patients to Buccolam and how to safely do so.
In the meantime prescribers and pharmacists are advised not to change the formulation that existing patients are currently receiving.

- **Calcium and vitamin D; studies of CV risk do not support prescribing changes.**

A recent meta-analysis has raised concerns about a possiblt modest increase in the risk of some CV events in postmenopausal women who use calcium and vitamine D supplements to prevent osteoporotic fractures. However, the MHRA advises there are limitations to the data and no change to prescribing practice is currently recommended.
http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON131932

- **EMA concludes that benefit-risk balance of A2RAs remains positive**

The European Medicines Agency's Committee for Medicinal Products for Human Use (CHMP) has finalised its review on the possible link between the use of A2RAs and the occurrence of new cancers and concluded that the evidence does not support any increased risk of cancer in patients using these medicines.
The review was initiated following publication of a meta-analysis which showed a small increased risk of new cancers (particularly lung cancer) with A2RAs compared with placebo and other cardiac medication (7.2% versus 6%). On reviewing the data, the CHMP found that the evidence from the meta-analysis was weak, noting several problems with the quality of the data, specifically that patients in the trials were not followed up for long enough to clearly establish a link between A2RAs and cancer. Additionally, information on the risk of cancer before start of treatment was lacking and there was a possibility of publication bias, whereby studies that showed a link with cancer were more likely to have been included in the analysis.

- **ESPRIT issues consensus statement on the use of generic immunosuppressants**

The Efficacy and Safety of Prescribing in Transplantation (ESPRIT) multi-disciplinary group has issued a consensus statement on the implications of, and practical recommendations for generic immunosuppressants for transplantation. They have advised that all prescriptions, and related correspondence, should specify the brand on which the patient is stabilised, the dose and the frequency – be it the originator brand or a generic immunosuppressant.

The document also highlights that generic products are not licensed on the basis of clinical assessment in the relevant patient group, but on simple bioequivalence assessment, generally in a small number of healthy volunteers. Thus licensed bioequivalence does not automatically mean clinical equivalence in practice.

**This edition is also available on HNN (Health Network Northants) and Pathfinder**
http://nww.northants.nhs.uk/Display/Dynamic.jsp?topid=14070&lhsid=514&oid=2854&currentid=2854
http://nww.pathfinder.northants.nhs.uk/Content/Clinical_Conditions/Therapeutics_/Patient_Information/index.jsp




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