



- **Reducing the use of antipsychotics in dementia**

Reducing the use of antipsychotic medication in patients with dementia is one of the 4 key priorities of the National Dementia Strategy. The Banerjee report and the DH response to this highlight the need to review and reduce the use of antipsychotics in this population. The report describes an unacceptable level of people dying as a result of prescribing antipsychotics, when there is clear evidence that they are currently being over prescribed and alternative non-pharmacological approaches to dealing with anxiety and behavioural problems are available and should be used.

In July 2011 we issued a Tablet Press Extra devoted to this subject and prescribers are reminded that the National Dementia Strategy advises that all people with dementia who are taking antipsychotics should have a clinical review by 31 March 2012.

The Tablet Press Extra and our Northamptonshire guidelines can be found on Pathfinder at the following links.

[Tablet Press Extra - Antipsychotics in dementia](#)

[Guidelines for the Management of Behavioural Problems in Dementia and the use of Antipsychotic Drugs](#)

[Guidelines for the withdrawal and stopping of antipsychotic drugs in dementia patients](#)

Practices will have recently received a letter from the NHS Information Centre regarding an audit of the prescribing of antipsychotics in dementia; we strongly encourage practices to take part in this audit.

<http://www.ic.nhs.uk/services/national-clinical-audit-support-programme-ncasp/national-dementia-and-antipsychotic-prescribing-audit>

- **Escitalopram safety update**

The December issue of the MHRA safety update highlights that the prolongation of QT interval and maximum daily dose revisions highlighted last month for citalopram, also apply to escitalopram. For escitalopram, the maximum daily dose for patients older than 65 years is now reduced to 10 mg/day; other doses remain unchanged

<http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON137769>

- **Choice of blood glucose testing strip**

As you will be aware, CareSens is the first-line formulary choice for most people who need to test their blood glucose. However, there will be occasions when an alternative meter is deemed more appropriate and in particular people with type 1 diabetes should have a meter which best meets their needs.

For example, alternative meters may be more appropriate for those who require assistance with insulin dose adjustments when carbohydrate counting or who have an insulin pump when communication between pump and meter would be beneficial. Patients who are on the Spirit Combo pump need to use the Accu Chek Aviva test strips. If blood ketone monitoring is required, an alternative meter is made available. Some patients may be happy with 2 separate machines whilst others would prefer just one, in which case there are currently only 2 meters which do both functions (Optium and Glucomed).

- **Antioxidants and vitamin preparations for macular degeneration**

Prescribers in primary and secondary care are reminded that all antioxidants and vitamin preparations for macular degeneration are "double red" i.e. not recommended for prescribing. We have recently been made aware of a number of requests from secondary care asking GPs to prescribe.

- **Adcal D3 caplets**

Adcal D3 is now available as a caplet formulation which may be preferred to the chewable tablet by some patients. Prescribers should note that it is half the strength of the tablets so the dose is 2 BD daily (compared to 1 BD for the tablets). They come as a pack of 112 and are the same price, dose for dose, as the tablets.

- **Intensification of lipid-modification with nicotinic acid does not improve patient-oriented outcomes**

[The AIM-HIGH study](#) found that adding nicotinic acid to simvastatin (with or without ezetimibe) to further intensify lipid-modification in people with stable cardiovascular (CV) disease had no effect on [patient-oriented outcomes](#). Despite a favourable effect on lipid profiles, no difference was seen in the primary composite outcome of first CV event between nicotinic acid and placebo at 2 years, so the trial was stopped early.

<http://www.npc.nhs.uk/rapidreview/?p=4753>

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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