



# Tablet Press

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



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- **Management of common infections**

The latest MeReC bulletin provides a useful summary of the management of common infections and can be found at [http://www.npc.co.uk/MeReC\\_Bulletins/pdfs/Key\\_points\\_Final.pdf](http://www.npc.co.uk/MeReC_Bulletins/pdfs/Key_points_Final.pdf)

Many practices are now using delayed antibiotic prescriptions very successfully for sore throat, cough, sinusitis and otitis media and this has reduced their antibiotic prescribing considerably. These practices report that it is a very simple and straightforward process to operate and any other practices who wish to try this approach can get help and support with this from their Prescribing Adviser / practice pharmacist.

- **MHRA overview of safety of long-acting beta-2 agonists in asthma**

A new section on the MHRA website provides information on the treatment of asthma, focusing in particular, on the use and safety of long-acting beta-2 agonists. The agency considers that at present, the benefits of long-acting beta 2 agonists outweigh the risks, and stresses the importance of taking asthma medicines as prescribed.

It has issued the following advice to ensure safe use of long-acting beta-2 agonists (formoterol and salmeterol) in the management of chronic asthma:

- Add to treatment only if regular use of standard-dose inhaled corticosteroids has failed to control asthma adequately
- Do not initiate in patients with rapidly deteriorating asthma
- Initiate at a low dose and monitor effect before considering dose increase
- Discontinue in the absence of benefit
- Review as clinically appropriate: stepping down therapy should be considered when good long-term asthma control has been achieved
- Patients should report any deterioration in symptoms following initiation of treatment

The MHRA is scheduled to assess the risks and benefits associated with the use of long-acting beta-2 agonists.

The full advice is available on the MHRA website at

[http://www.mhra.gov.uk/home/idcplg?IdcService=SS\\_GET\\_PAGE&useSecondary=true&ssDocName=CON2025447](http://www.mhra.gov.uk/home/idcplg?IdcService=SS_GET_PAGE&useSecondary=true&ssDocName=CON2025447)

- **Oral grass pollen vaccine - Grazax®**

An oral vaccine against grass pollen allergy, Grazax®, will be launched in the UK early in 2007 and this has already received a fair amount of media coverage so patients may soon be asking about it. Grazax is a form of desensitisation treatment containing an extract of timothy grass, and is claimed to be effective against all forms of grass pollen that cause hayfever in Europe. The vaccine, which has already been launched in Germany, has been developed by ALK-Abello and is administered as a once daily sub-lingual tablet. It is claimed to reduce hayfever symptoms by 30% (anti-histamine tablets have been shown to reduce symptoms by up to 20%, and nasal sprays by up to 30%).

**Grazax treatment should only be initiated by physicians with experience in treatment of allergic diseases and the SPC advises that it is only indicated for adults diagnosed with a positive skin prick test and/or specific IgE test to grass pollen, who have not responded to current treatments.**

No efficacy data on treatment with Grazax beyond one grass pollen season is available yet.

Clinical effect in the first treatment season is obtained if treatment is initiated at least 4 months prior to the expected start of the grass pollen season and continued throughout the whole grass pollen season. If treatment is initiated 2-3 months before the season some efficacy may be obtained.

Researchers at the MRC and Asthma UK Centre in Allergic Mechanisms of Asthma plan to assess the long-term impact of the vaccine over the next five years.

This edition is also available on HNN (Health Network Northants)

<http://www.northants.nhs.uk/Display/Dynamic.jsp?topid=14070&lhsid=514&oid=2854&currentid=2854>

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