



Tablet Press

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NHS Northamptonshire



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- **New CareSens N POP meter for patients with Type 1 diabetes**

Spirit Healthcare has launched the CareSens N POP meter specifically aimed at individuals with Type 1 diabetes. Spirit will also be offering CareSens N Type 1 and Gestational Diabetes starter packs to support patients and healthcare professionals. The CareSens N POP meter has the accuracy of the CareSens N meter using the same strip, and in addition has an LED Display, hypoglycaemic indicators and is smaller in size. Practices can order the new meter via the usual route.

- **Metolazone**

Sanofi-Aventis have ceased the manufacture and distribution of metolazone. An unlicensed product, Zaroxolyn, remains available in both 2.5mg and 5mg strengths.

- **Upper gastrointestinal bleeding – re-prescribing of associated drugs**

A study has found that, in the year after being discharged from hospital following a drug-related upper GI bleed, between 25% (for NSAIDs) and 82% (for SSRIs) of people redeemed a prescription for the drug that was associated with that bleed. PPIs were generally, but by no means always, co-prescribed.

<http://gastroenterology.jwatch.org/cgi/content/full/2012/323/3>

- **Guidance on the use of Monitored Dosage Systems**

This guidance was agreed and circulated in September 2010 but we continue to receive a number of queries on this subject so it may be worth a reminder that this guidance is available.

The guidance can be found on Pathfinder at [MDS guidance](#) and on the Nene website at [MDS guidance](#)

- **Poor inhaler technique highlighted by the DTB**

Despite inhalers accounting for 4 of the top 10 drugs with the highest total expenditure (£900 million in 2011) studies indicate that most patients cannot use them correctly. Patients with poor technique only receive a fraction of the intended dose which might mean their dose has to be escalated; patients on higher doses and poor technique are much more likely to suffer from side-effects. NICE recommends that inhaler technique is checked frequently, especially if considering increasing a patient's dose, as "most patients whatever their age are able to acquire and maintain adequate inhaler technique given adequate instruction". DTB Vol 50, October 2012.

- **Dressings issues**

- **Tegaderm Foam / Tielle Plus**

There has been an increase in the amount of Tegaderm Foam Adhesive being ordered on ONPOS with some staff commenting that they felt Tielle was not absorbent enough. In response to these comments, Tielle was upgraded to Tielle Plus on ONPOS in April 2012 as the absorbency of this product is much higher. As Tielle Plus is more cost-effective (22-25% cheaper) than Tegaderm Foam Adhesive, it should be considered as the 1st line option when considering an adhesive foam dressing. Tegaderm Foam Adhesive should only be considered for difficult to dress areas e.g. sacrum, heels, elbows. For small wounds with low exudate Hydrofilm Plus is usually the most suitable and cost effective option (>80% cheaper than Tegaderm)

- **Inadine Supply**

There are supply problems with Inadine from the manufacturer which may continue until April 2013. This means that Inadine may not be available on ONPOS, NHS Supply Chain or FP10 prescription. In many cases, Inadine is not required and only used as a precaution. It is good practice to only use antimicrobial dressings if there are overt signs of infection or high risk of infection. If an antimicrobial is required for shallow, low exuding wounds prescribe Atrauman Ag on FP10. Atrauman Ag 5 x 5cm = 55p (Inadine = 36p). Remember you can contact the Tissue Viability Team for advice on the dressings formulary or contact clinical.training@nhft.nhs.uk to book on wound management education sessions.

This edition is also available on PathfinderRF via the following link

<http://nww.pathfinder-rf.northants.nhs.uk/nene>

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