Tablet Press

The prescribing newsletter for GPs, nurses and pharmacists
NHS Northamptonshire

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- **Missed dose of methotrexate – should an Emergency Supply be made?**

If patients miss their normal dose of methotrexate, it can be taken on one of the two following days. The dose should not be taken if it is three or more days late; a flare up of the disease during this time is unlikely. In both cases, the next dose should be taken on the usual day. The patient should record the missed dose in their shared care booklet. There should therefore be little need for community pharmacists to make emergency supplies of methotrexate tablets, and this should definitely not be done if the pharmacist has not been able to satisfy themselves that the blood monitoring is up to date. Further information can be found at Methotrexate - patient information leaflet

- **Theft of blank prescription forms**

There have been a couple of recent cases in Northamptonshire of blank prescriptions being stolen from printer trays when patients have been left alone in consultation rooms. In both cases the patients were known over-users of opiate analgesics and both went on to present forged prescriptions at pharmacies. Blank prescription forms are controlled stationary; please remember this if you ever need to leave patients alone in your consultation room and when dealing generally with the storage and movement of blank prescription forms within the practice.

- **Tredaptive**

The EMA has started a review of the safety and efficacy of Tredaptive™ (extended-release niacin/laropiprant), which is licensed for the treatment of dyslipidaemia. The review was triggered following notification by MSD of the preliminary results of a large, long-term study (HPS2-THRIVE) comparing the clinical effects of adding Tredaptive to statins with statin treatment alone.

The study found that addition of Tredaptive to statins did not reduce the risk of major vascular events compared with statin therapy alone. In addition, in the preliminary results a higher frequency of non-fatal but serious adverse effects was seen in patients this medicine than in patients only taking statins. The Agency's Pharmacovigilance Risk Assessment Committee will assess the data and make a recommendation to the Committee on Medicinal Products for Human Use, which will issue an opinion on the regulatory action required. An opinion is expected this month.

While the review is ongoing, the Agency recommends that no new patients should be started on treatment with Tredaptive pending the outcome of the Agency's assessment. Patients currently using Tredaptive should not stop their treatment and if they have any questions, they should speak to their doctor at the next appointment. Healthcare professionals in the EU will receive a letter outlining the updated information on the use of Tredaptive.

Tredaptive is double red in Northamptonshire so use is very low; it has been agreed for just 7 patients via the prior approval process. The HPS2-THRIVE study provides a useful reminder that "surrogate" outcomes (in this case cholesterol-lowering) do not necessarily translate into clinical benefits for patients.

- **RCT: Amoxicillin for acute LRTI in primary care when pneumonia is not suspected**

The Lancet Infectious Diseases has published a study evaluating the safety and efficacy of the use of amoxicillin for the management of acute lower-respiratory-tract infection. LRTI is one of the most common acute illnesses managed in primary care. Few placebo-controlled studies of antibiotics have been done, and overall effectiveness (particularly in subgroups such as older people) is debated. This study involved patients older than 18 years, with acute LRTIs (cough of ≤28 days' duration) in whom pneumonia was not suspected. Patients were randomised to receive either amoxicillin 1g TDS for 7 days or placebo. The primary outcome was the duration of symptoms rated "moderately bad" or worse. Secondary outcomes were symptom severity in days 2-4 and new or worsening symptoms.
The following results were reported:

- Neither duration of symptoms rated "moderately bad" or worse differed statistically significantly between groups.
- New or worsening symptoms were statistically significantly less common in the amoxicillin group than in the placebo group; number needed to treat 30.
- Cases of nausea, rash, or diarrhoea were more common in the amoxicillin group than in the placebo group (number needed to harm 21), and one case of anaphylaxis was noted with amoxicillin.
- No evidence of selective benefit in patients aged 60 years or older (n=595) was noted

The researchers concluded that when pneumonia is not suspected clinically, amoxicillin provides little benefit for acute lower-respiratory-tract infection in primary care both overall and in patients aged 60 years or more.

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