



Tablet Press



The prescribing newsletter for GPs, nurses and pharmacists
NHS Nene CCG and NHS Corby CCG

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- **Macrogols in the treatment of constipation**

In the last 12 months in Northamptonshire we spent approx £1million on laxatives. A large proportion of this spend (over 40%) was on macrogols. Macrogols (even when prescribed as the formulary brand of choice Laxido®) are relatively expensive compared with other laxatives and are NOT the first-line choice of laxative for treating constipation in adults (see below). For more details see [Management of constipation in adults](#)

Acute constipation in adults:

Step 1: Senna 2 ON; **Step 2:** Senna 2 ON & Docusate 100mg TDS; **Step 3:** Glycerol supps 1-2 stat

Chronic (>3 months) constipation in adults:

Step 1: Ispaghula husk (not suitable for elderly, immobile, chronically ill, disabled people);

Step 2: Senna 2 ON; **Step 3:** add Lactulose 15ml BD OR Docusate 100mg TDS

- **Chief Medical Officer (CMO) calls for global action to tackle antimicrobial resistance**

The CMO has called for global action to tackle the catastrophic threat of antimicrobial resistance. This comes as the 2nd volume of the CMO's annual report is published, providing a comprehensive overview of the threat of antimicrobial resistance. The DH will soon publish the UK Antimicrobial Resistance Strategy and Action Plan, setting out how it will meet the CMO's challenge. Given that this received high profile in the media, prescribers and pharmacists may wish to use this to help reduce patient expectation regarding antibiotics.

- **GLP-1 based agents and acute pancreatitis**

According to a study published in JAMA Internal Medicine, treatment of type 2 diabetes mellitus with the GLP-1-based therapies sitagliptin and exenatide was associated with increased odds of hospitalisation for acute pancreatitis. A large administrative database in the United States was used to collect data for the population-based case-control study. Adults with type 2 diabetes aged 18 to 64 years were identified and 1269 hospitalised cases with acute pancreatitis using a validated algorithm, 1269 control subjects matched for age category, sex, enrollment pattern, and diabetes complications were determined.

The researchers also describe some limitations of the study, but conclude that exenatide and sitagliptin appear to increase the risk of acute pancreatitis. <http://archinte.jamanetwork.com/article.aspx?articleid=1656537>.

- **Metformin for polycystic ovary syndrome**

These NICE evidence summaries provide a summary of the published evidence for selected unlicensed or off-label medicines that are considered to be of significance to the NHS, where there are no clinically appropriate licensed alternatives. The latest summary covers metformin for polycystic ovary syndrome.

<http://www.nice.org.uk/mpc/evidencesummariesunlicensedofflabelmedicines/ESUOM6.jsp>

- **Gluten free food supply process**

Following a few recent queries regarding gluten free food supply, it might be a useful reminder that gluten free products should not be prescribed on FP10 in Northamptonshire. Patients with a confirmed diagnosis of coeliac disease should be referred to their preferred community pharmacy (or dispensing doctor if appropriate). All relevant forms for referral, plus a process flow chart can be found at

<http://www.neneccg.nhs.uk/health-promotion-and-nutrition>

- **Nacrez, availability**

We are aware that some community pharmacies have had difficulty obtaining Nacrez. The PIP code and the AAH code are listed below; some wholesalers are listing it as Desogestrel (Teva) or Desogestrel (Nacrez).

Chemist & Druggist pip code: 1180348 AAH order code: DESO135V

- **Cochicine dosing in acute gout – an amendment**

The article in the last issue of Tablet Press re-iterated the dose of colchicine for acute gout as stated in the BNF and the Summary of Product Characteristics for the licensed product.

It seems that for some time, it has been well-known in rheumatology circles that the doses quoted by the BNF are well in excess of those used in practice. In 1995, the ABC of Rheumatology advocated lower doses as being effective, while reducing the risk of adverse effects, principally diarrhoea. The British Society for Rheumatology published guidelines for the management of gout in 2007, recommending colchicine as an, albeit slower, alternative, to (first line) NSAIDs, for acute gout, at a dose of 500microgram (one tablet) twice to four times a day. Thank you to those GPs who drew our attention to this fact.

This edition is also available on PathfinderRF via the following link <http://www.pathfinder-rf.northants.nhs.uk/nene> and on the Nene CCG and Corby CCG websites

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