



Tablet Press

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



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- **Bisphosphonates and dental issues**

There is a growing concern amongst dentists about the difficulties of treating patients on bisphosphonate treatment, particularly if they develop osteonecrosis of the jaw. It should be noted that before starting treatment with bisphosphonates a dental examination should be considered for patients who:

- have cancer
- don't receive routine dental care
- are undergoing chemotherapy or radiotherapy
- are taking steroids
- have gum disease
- are or have been a smoker (as this may increase the risk of dental problems)

All patients taking bisphosphonates should be encouraged to maintain good oral hygiene and have routine dental check-ups and contact a dentist if they experience any problems with your mouth or teeth such as loose teeth, pain or swelling.

- **Potential for pancreatitis with glucagon suppressors**

A recent article in the BMJ reported increased incidence of pancreatitis and pancreatic cancer in patients taking glucagon suppressors (GLP-agonists such as exenatide and liraglutide and dipeptidylpeptidase-4 inhibitors i.e. the gliptins). <http://www.bmj.com/content/346/bmj.f3680>

The EMA has issued this statement on their website which prescribers are advised to read.

http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2013/03/news_detail_001753.jsp&mid=WC0b01ac058004d5c1

While the regulatory bodies continue to investigate these adverse effects prescribers are reminded to use these agents only in accordance with the NICE guidance and to review and stop treatment if the metabolic benefits are not achieved.

NICE advises that the normal third-line intervention for most people is human insulin and that glucagon suppressors should be reserved for specific scenarios. See <http://www.nice.org.uk/CG87>

- **Silicone gel products for prevention of keloid and hypertrophic scars**

These products should only be prescribed if recommended by a plastic surgeon. The product of choice locally would be ScarSil as it's the least expensive and apparently the nicest to apply.

- **Dementia: withdrawal of antipsychotic drugs in people with behavioural and neuropsychiatric symptoms**

A Cochrane review has evaluated the effect of withdrawing treatment with antipsychotic drugs prescribed for behavioural and neuropsychiatric symptoms in people with dementia. It concluded that these can be withdrawn without detrimental effects on behaviour in many people. This review is consistent with the NICE/SCIE clinical guideline on dementia and the Alzheimer's Society best practice guide.

Although there are some limitations to the review, in particular differences between the included trials (which prevented pooling of data) and the low statistical power of the included studies, its findings support national strategies to reduce inappropriate prescribing of antipsychotics in people with dementia.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007726.pub2/abstract>

- **Rotavirus and Meningococcal PGDs**

There have been several changes to the childhood immunisation programme [Immunisation programme](#). To support practices in delivering this they should have received a letter from the Area Team with a PGD for Rotavirus Vaccine and a PGD for Meningococcal Group Conjugate Vaccine attached. These PGDs are available on Pathfinder RF [patient-group-directions](#). The Area Team's Meningococcal Group Conjugate Vaccine PGD replaces Corby and Nene CCGs existing Meningococcal Group Conjugate Vaccine PGD

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

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