LOTHIAN PRESCRIBING BULLETIN

NHS Lothian

Supporting prescribing excellence - informing colleagues in primary and secondary care

Issue 110

November 2021

Distribution of paper copies of the Lothian Prescribing Bulletin to practices and community pharmacies has resumed!

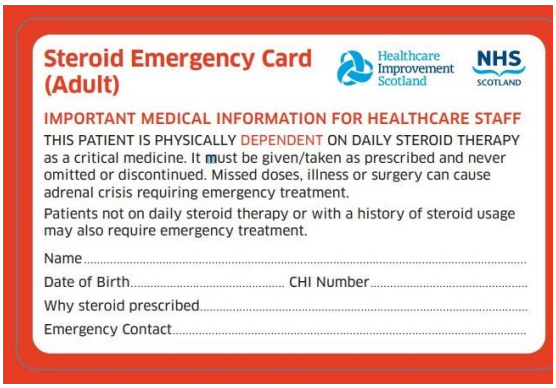
New Steroid Emergency Card
For early recognition and treatment of adrenal crisis in adults

Steroids are used extensively in the management of several health conditions and the use of the new Steroid Emergency Cards is relevant to any healthcare professional involved in the prescribing, dispensing or monitoring of steroid therapy.
Adrenal crisis is a medical emergency and failure to recognise and treat it promptly can be fatal. Unfortunately, there are several cases each year where adrenal crisis is not recognised, and this leads to potentially avoidable adverse outcomes. Patients at risk of adrenal crisis and receiving the new card should still also receive the 'blue' steroid treatment card. Work is ongoing UK-wide to review the 'blue' card.

The ADTC Collaborative (part of Healthcare Improvement Scotland) has worked with a Short Life Working Group, chaired by Professor Brian Kennon, to adapt a new Steroid Emergency Card and supporting information for NHS Scotland. The use of this card helps support timely recognition and treatment of potential adrenal crisis. The Card was adapted from the National Patient Safety Alert: Steroid Emergency Card issued by NHS Improvement and NHS England in August 2020.

Initial supplies of this new Card and supporting information have been distributed to hospital pharmacies, GP practices and community pharmacies.

Please refer to comprehensive guidance on the **Healthcare Improvement Scotland**



Steroid Emergency Card (Adult)

Healthcare Improvement Scotland

NHS SCOTLAND

IMPORTANT MEDICAL INFORMATION FOR HEALTHCARE STAFF

THIS PATIENT IS PHYSICALLY DEPENDENT ON DAILY STEROID THERAPY as a critical medicine. It must be given/taken as prescribed and never omitted or discontinued. Missed doses, illness or surgery can cause adrenal crisis requiring emergency treatment.

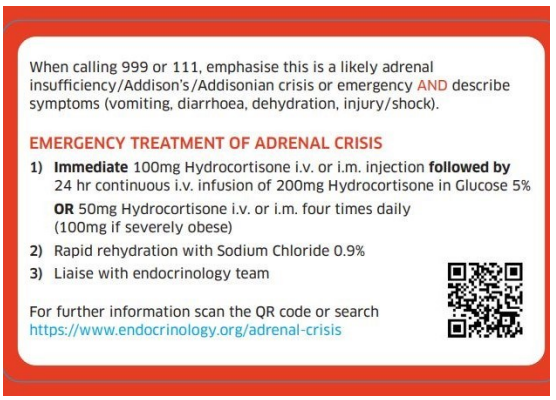
Patients not on daily steroid therapy or with a history of steroid usage may also require emergency treatment.

Name.....

Date of Birth..... CHI Number.....

Why steroid prescribed.....

Emergency Contact.....



When calling 999 or 111, emphasise this is a likely adrenal insufficiency/Addison's/Addisonian crisis or emergency AND describe symptoms (vomiting, diarrhoea, dehydration, injury/shock).

EMERGENCY TREATMENT OF ADRENAL CRISIS

1) **Immediate** 100mg Hydrocortisone i.v. or i.m. injection **followed by** 24 hr continuous i.v. infusion of 200mg Hydrocortisone in Glucose 5%
   OR 50mg Hydrocortisone i.v. or i.m. four times daily (100mg if severely obese)
2) Rapid rehydration with Sodium Chloride 0.9%
3) Liaise with endocrinology team

For further information scan the QR code or search https://www.endocrinology.org/adrenal-crisis

East Region Formulary latest

An update briefing on the East Region Formulary (ERF) has recently been circulated and added to the formulary website.

- the new governance structure is explained.
- meeting dates for the ERF Committee meetings.
- meetings to review the first three chapters of the formulary (skin, gastrointestinal and infection) have taken place and they will be submitted to the ERF Committee meeting in November 2021 for approval.
- the next three chapters are cardiovascular, respiratory and diabetes. Working groups have been formed and meeting dates have been set for November/December 2021.

Thanks to Jane Browning, Lead Pharmacist, Regional Formulary Team.

Understanding the environmental impact of inhalers

What's the problem?

Inhalers are an essential part of treating respiratory diseases, but inhaler type, poor technique and ordering/prescribing inhalers unnecessarily can have a big impact on the environment.

Environmental impact of different inhalers

Pressurised meter dose inhalers (pMDIs) contain a propellant that helps release the medicine into the lungs. Current propellants are thousands of times more potent than carbon dioxide.[1] However, bear in mind that pMDIs are particularly useful for young children and people with severe asthma or COPD. If you decide to prescribe a pMDI, issue with a spacer to ensure maximum drug deposition in the lungs.

Dry Power Inhalers (DPIs) and soft mist inhalers have a lower environmental impact than pMDIs. However, DPIs are not suitable for all patients because a minimum level of inspiratory flow is required to inhale the medicine adequately and soft mist devices are available in a limited number of medicines.

From an environmental perspective, DPI and soft mist devices should be encouraged in patients who can use the devices. All inhalers contain plastic, most of which are not recyclable or reusable meaning that every inhaler has some environmental impact. Ensuring a patient gets a device for their condition that they can, and will, use is therefore the priority.

Key messages for wise use of inhalers

⇒ Diagnosing respiratory conditions accurately is key to ensuring patients receive the right treatment at the right time. Misdiagnosis leads to inappropriate prescribing, side effects and a disgruntled patient! Poor inhaler technique and poor adherence leads to poor disease control and inhalers being used inefficiently (leading to waste).

⇒ Achieving good control using maintenance therapy should be a goal of treatment; for example, good asthma control is associated with little or no need for short-acting beta-agonists (SABA).[2] Overuse of SABA relievers for asthma are responsible for 250,000 tons of greenhouse gas emissions annually[3] which underlines the importance of reducing over-reliance on SABA.

⇒ Some inhalers have short expiry dates so ensure the quantities prescribed are appropriate. Consider if doses can be optimised or if a combination inhaler could be used to reduce the number of devices.

⇒ A new propellant with a lower carbon footprint for use in pMDI is being developed but not yet available. Currently, there are no recycling schemes for inhalers and used pMDI canisters can still contain propellants which if crushed, will lead to more environmental damage. Most plastic in inhalers is not currently recyclable so all inhalers should be returned to pharmacies for incineration.

References

1. greeninhaler.org

2. sign.ac.uk/sign-158-british-guideline-on-the-management-of-asthma

3. thorax.bmj.com/content/76/Suppl_1/A19.1

Thanks to Katie Johnston, Primary Care Pharmacist and Dr Luke Daines, GP.

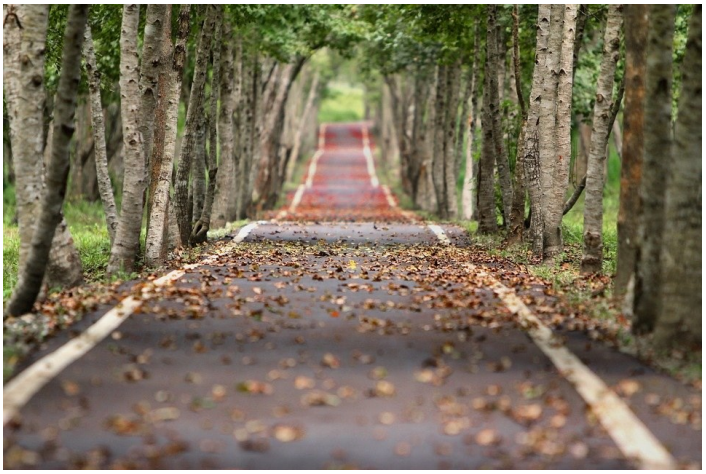
Good practice in chronic pain assessment

In the September 2021 issue, we highlighted a recent pilot study which tackled the long term use of analgesics 'Stepping away from painkillers'. This article describes a complementary pilot, focused on pain assessment.

Some patients continue to take analgesics in the long term, often with no formal pain assessment or plan for management. The Scottish Government document Quality Prescribing for Chronic Pain: a Guide for Improvement 2018-21 promotes a systematic approach to the prescribing of analgesics for chronic pain, with structured, patient-centred review of appropriateness, efficacy and tolerability of treatment and promotion of optimal care.

As part of pilot work in Lothian, a Vision guideline/EMIS template was created to support comprehensive assessment of patients who had been prescribed an opioid regularly for 12 weeks or longer. The guideline steers the assessment and facilitates recording/coding and provides links to helpful resources, such as tools for pain assessment, opioid risk, titration of medicines and stepping down opioids. It also provides links to educational and supportive patient resources.

Use of the guideline supports consistency and a multidisciplinary approach to undertaking patient reviews, advocating and facilitating joint working between the practice pharmacist and GP. Positive feedback was received from the GPs and practice pharmacists and importantly, a reduction in opioid use was demonstrated for the study cohort.



The guideline/template supports good practice and guides the chronic pain assessment as summarised in four steps:

1. **Record pain**
   - Character/type of pain.
   - Site of pain.
   - Pain score (patient score/10).
   - Apply Read code for chronic pain. [1M52 (Chronic pain) or 66n (Pain review)]

2. **Patient-centred consultation**
   - Use a patient-centred 'What matters to you' approach.
   - Provide patient education on chronic pain and its management – Not Just Painkillers.
   - Discuss patient-identified goals – Live well with Pain Goal Setting resource.
   - Refer patient to educational and supportive resources listed on the Lothian Pain Management website.
   - Highlight self-management options, supportive resources available locally and green prescribing. Consider referral to link worker if available.

Discuss patient-identified goals, signpost to patient information resources.

3. **Engage patient in management plan**
   - Provide patient information on pain medicines Opioid Painkillers – keep them short, stay safe.
   - Explain plan for prescribed medicines, including dose titration to therapeutic level.
   - Set a realistic expectation of analgesia.

4. **Agree plan for review**
   - Agree timescale of follow-up and set date of first follow-up appointment.
   - Explain that medicines prescribed for pain will be reviewed for efficacy and tolerability and may be stopped if the risk benefit balance is not favourable.
   - Involve practice pharmacy team in supporting the patient with any agreed medication changes.

The guideline/template includes helpful resources that can be used by both GP and pharmacist.

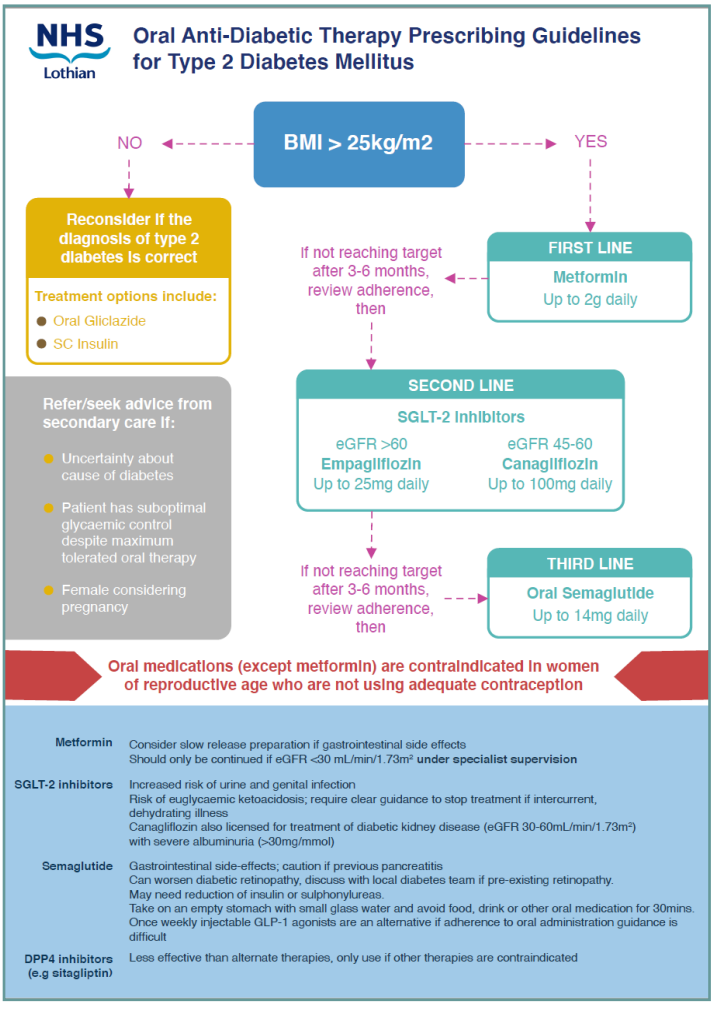
Thanks to Anne Young, Primary Care Pharmacist and Dr Mythily Rallapalli, GP.

LJF Update… LJF Update…

Type 2 diabetes MCN guidance

The Lothian Joint Formulary choices for adults with type 2 diabetes has now been updated. This is a simplified version of the ADA/EASD guidelines aimed to focus on prescribing in type 2 diabetes. Choices for the formulary are based on medication that are: potent anti-diabetic agents; not associated with hypoglycaemia; promote weight loss and reduce cardiovascular events. Prescribers are reminded that there will be appropriate times to deviate from the algorithm and advice is always available from the diabetes centres in Lothian via the usual channels.

The Managed Clinical Network (MCN) has produced a useful 'Primary Care Prescribing Guide' (see below) and accompanying Frequently Asked Questions.



LJF Update… LJF Update…

Anticoagulation for atrial fibrillation

A National Patient Safety Alert was issued in July 2021 to highlight that patients with a mechanical heart valve require life-long oral anticoagulation, most commonly with warfarin. COVID-19 guidance suggested some patients on warfarin could be moved to an alternative anticoagulant to reduce monitoring requirements, such as LMWH or DOAC. An exception to this guidance were patients with a mechanical heart valve. 14 incidents have since been reported, where patients with a mechanical heart valve have been switched to LMWH or DOAC.

General practices and pharmacy teams should now have reviewed all patients who have a record of a mechanical heart valve ensuring they are not prescribed a DOAC or LMWH. Prescribers are reminded that DOACs are not indicated for anticoagulation for prosthetic mechanical heart valves. This guidance is incorporated in the anticoagulation for atrial fibrillation pathway and supporting information has been prepared to assist prescribers reviewing patients.

A reminder to please, please read the August and September formulary amendments—there are lots!

formulary.nhs.scot/east