





Flu vaccines for the 2018/2019 season

Following guidance released by NHS England on 5th Feb on which type of flu vaccine should be given in the 18/19 season.

GPs and community pharmacy contractors should review all orders (provisional and firm) for the 2018-19 season and ensure these are in line with the evidence-based clinical view i.e. 65 year olds and over to receive adjuvanted trivalent vaccine (aTIV), and under 65s in at risk groups, including pregnant women, to receive (quadrivalent vaccine) QIV for the 2018-19 flu season. The QIV is also used for the childhood programme.

MHRA safety alert - Esmya (ulipristal acetate)

On 9 February 2018 the Medicines & Healthcare products Regulatory Agency (MHRA) advised of new temporary safety measures for Esmya (ulipristal acetate) following reports of serious liver injury in women using the medicine for uterine fibroids.

The temporary safety measures include:

- Do not initiate new treatment courses of Esmya including in women who have completed one or more treatment courses previously.
- Perform liver function tests at least once a month in all women currently taking Esmya
- Stop Esmya treatment in any woman who develops transaminase levels more than 2 times the
 upper limit of normal, closely monitor and refer for specialist hepatology evaluation as clinically
 indicated.
- Liver function tests should be repeated in all women 2 to 4 weeks after stopping treatment

It should be noted that the emergency contraceptive ellaOne also contains ulipristal acetate (single-dose, 30mg). No cases of serious liver injury have been reported with ellaOne and there are no concerns with this medicine at this time.

Further information can be found here (https://www.gov.uk/government/news/esmya-no-new-treatment-courses-prescribed-until-further-notice)

Associations of Omega-3 Fatty Acid Supplement Use With Cardiovascular Disease Risks JAMA Cardiology:

This meta-analysis of 10 trials involving 77 917 participants demonstrated that supplementation with marine-derived omega-3 fatty acids for a mean of 4.4 years had no significant association with reductions in fatal or nonfatal coronary heart disease or any major vascular events. The results provide no support for current recommendations to use omega-3 fatty acid supplements for the prevention of fatal coronary heart disease or any cardiovascular disease in people who have or at high risk of developing cardiovascular disease.

This adds further weight to the NICE guidance not to routinely offer omega-3 fatty acid compounds for the prevention of CVD (including those patients with Familial hypercholesterolaemia). https://iamanetwork.com/iournals/iamacardiology/fullarticle/2670752

Topical testosterone gel 50mg in 5g sachets out of stock

Alternative topical testosterone is available as a pump device, however the dose delivered is different:

TOSTRAN gel 2% 60g → one press of the pump delivers 10mg of testosterone so the dose will be slightly different in comparison to gel sachets - recommended dose is 60mg of testosterone equal to six pump actuations (max daily dose is 80mg of testosterone).

TESTOGEL 16.2mg/g gel pump → recommended dose is two pump actuations which deliver 40.5mg testosterone (max daily dose is four pump actuations = 81g testosterone).

Both should be applied as a single dose once daily, preferably in the morning.

Rotherham Adult Epilepsy Pathway.

The Rotherham Epilepsy Liaison Service has been operating for a number of years now. However with the launch of a new regional South Yorkshire and Bassettlaw epilepsy shared care protocol, it is a pertinent time to remind colleagues of how the service operates.

Rotherham Epilepsy Liaison Service Pathway

Patient seen by Consultant Neurologist and diagnosed with epilepsy or suspected epilepsy and started on treatment.



Epilepsy Specialist Nurse (ESN) informed of the patient.



Patient receives a leaflet about the ESN service and an invite to contact and make an appointment.

Patient contacts service

An appointment is made, and is seen in the nurse led clinic. Follow up is arranged or patient is left on open access to nursing service.

Patient doesn't contact service

Non-responders reviewed by ESN to determine if need to contact or send appointment anyway(e.g. if vulnerable), or if to return to referrer informing of non-response. Non responder letters copied to patient and GP.

Patient does not want an appointment at this time.

Patient can still contact with questions or problems in the future. This is recorded on the referrals database and referrer is informed.



GP informed of patient contact with ESN. GP can contact the ESN at any time for advice on choice or titration of epilepsy medication.



Nurse led Follow Up

ESN work to treatment plans set out by consultant, in conjunction with shared care protocol. Medication can be titrated without consultant discussion providing the antiepileptic drug was initially started by the consultant.



Medication Changes

If a medication change is needed, and an alternative anti-epileptic drug has been suggested in a consultant clinic letter, the ESN can ask the GP to prescribe and provide plans for medication changes, quoting the consultant advice. Specialist nurses will then support the patient with the medication change.

Patient Helpline: 0114 2712186 Clinician Helpline: 0114 2713488

The service pathway can be found in the Top Tips section of the CCG website <u>here</u>, and the new regional adult epilepsy shared care protocol can be found in the shared care section of the CCG internet site <u>here</u>.