Produced by the NHS Rotherham CCG Medicines Management Team Tel (01709) 302639 if further information is required.

Bite Size Prescribing News July 2018

Rotherham Clinical Commissioning Group

Shortage of Priadel (lithium citrate) 520mg/5ml Liquid

The shortage is expected to last until mid August 2018 and there is currently extremely limited supplies on the market. Stock of Priadel 200mg and 400mg tablets remain available. There is another liquid formulation of lithium on the market licensed for the same indications- Li-Liquid Oral Syrup, which is available in two strengths:

- 509mg/5ml equivalent to 200mg lithium carbonate.
- 1018mg/5ml equivalent to Lithium carbonate 400mg.

As bioavailability varies from product to product a change of product should be regarded as initiation of new treatment. When changing between lithium preparations serum lithium levels should first be checked, before treatment is started and then 4 - 7 days afterwards. Levels should be monitored weekly until stabilisation is achieved. It is important that the patient (and/or carer) and the prescriber are aware of the potential for changes in plasma levels due to differences in bioavailability between products, and be vigilant to signs of manic or depressive relapse.

Opioids are no better than standard analgesia for chronic back and joint pain

The SPACE trial published in JAMA has found that patients with chronic back pain or osteoarthritis do not get better pain relief from opioid drugs in comparison to those who take paracetamol and NSAIDs.
240 patients with moderate to severe chronic back or osteoarthritic pain were randomised to receive opioid or nonopioid medication therapy. They were followed up for 12 months. The measurable outcomes included pain-related function, pain intensity and medication-related symptoms. Pain related function did not differ significantly between the two groups after 12 months treatment. Pain intensity score was lower in the nonopioid group, 3.5 vs 4.0 in opioid group (p=0.03). Adverse medication-related symptoms were significantly lower in the nonopioid group, 0.9 vs 1.8 in opioid group (p=0.03).

Treatment with opioids is no more effective than nonopioids and is associated with more adverse effects in patients with chronic back or osteoarthritic pain.
https://jamanetwork.com/journals/jama/article-abstract/2673971

NICE Guidance/Updates of Note

NICE NG97: Dementia: assessment, management and support for people living with dementia and their carers. This guideline covers diagnosing and managing dementia (including Alzheimer's disease). It aims to improve care by making recommendations on training staff and helping carers to support people living with dementia.
We are currently reviewing prescribing advice following updates in this guidance.
https://www.nice.org.uk/guidance/ng97

Herbal products granted a traditional herbal registration (THR)

The Medicines and Healthcare products Regulatory Agency (MHRA) runs the Traditional Herbal Registration (THR) scheme. If patients mention that they are using herbal products, tell them to always look out for the THR logo on the label.
Registration on the THR scheme means the herbal product has been assessed by the MHRA and was found to meet standards of quality, safety, and patient information.
A list of registered herbal products can be found here: https://www.gov.uk/government/publications/herbal-medicines-granted-a-traditional-herbal-registration-thr/herbal-medicines-granted-a-traditional-herbal-registration

New Vitamin D prescribing guidelines

RCCG has produced new guidelines on prescribing vitamin D in adults. The guidelines cover prescribing for adults over 18 years of, those in institutional care and prescribing in pregnancy. The full guidance can be found in the top tips section of the Rotherham CCG internet site.

NHS Rotherham Clinical Commissioning Group

Date approved: June 2018 • Review due: June 2020 • Lidia Borak MMT NHS RCCG

NHS The Rotherham NHS Foundation Trust

VITAMIN D PRESCRIBING GUIDANCE for adults (>18yrs)

See additional guidance notes for pregnant women and patients receiving institutional care /housebound

NHS Rotherham CCG does not support prescribing of vitamin D products for the management of vitamin D insufficiency or as a maintenance therapy - all patients should receive lifestyle advice to supplement vitamin D and be advised to purchase these products over the counter as part of Self-Care. The prescribing of treatment (loading) course of vitamin D in deficiency is supported by the CCG.

Routine testing for vitamin D level is NOT RECOMMENDED in any patients unless:

SYMPTOMATIC:
- chronic bone pain
- muscle weakness
- chronic widespread pain
- hypocalcaemia

CLINICAL REASON:
- prior to initiation of antiresorptive agent (i.e. i.v. zolendronic acid, denosumab, oral bisphosphonates)
- osteomalacia
- high risk of fracture/ osteoporosis
- recurrent falls
- chronic liver or renal disease
- long term treatment with anti-epileptics/ oral steroids/ rifampicin/ isoniazid/ highly active anti-retroviral treatment
- malabsorption syndromes

INVESTIGATIONS: ▪ serum 25-OHD ▪ bone profile (Ca^{2+}, PO_4) ▪ U&Es and eGFR ▪ LFTs

Serum 25-OHD level	Vit D status	Recommendation	Monitoring
<30 nmol/L	**DEFICIENCY**	Rx loading dose treatment **InVita D3 oral solution 50,000units/ml or InVita D3 50,000units capsule once weekly for six weeks** followed by self-care substitution with over-the-counter supplements providing vit D 1000units (25micrograms) daily. Provide lifestyle advice incl. vit D PIL.	▪ adjusted serum calcium four weeks after completing the loading regimen. If Ca2+ > normal range, check PTH level, refer to endocrinology and advise patient to stop vit D supplementation. ▪ re-testing 25-OHD not required unless patient remains symptomatic
30-50 nmol/L If symptomatic or presenting with clinical reason treat as for vit D deficiency	**INSUFFICIENCY** associated with risk of deficiency and linked disease risk but may be adequate in some patients	Self-care with over-the-counter supplements providing vit D 1000units (25micrograms) daily. Provide lifestyle advice incl. vit D PIL.	None, unless change in clinical presentation.
> 50 nmol/L	**SUFFICIENCY**	No treatment required. Provide lifestyle advice incl. vit D PIL. Self-care with over-the-counter supplements providing vit D 400units (10micrograms) daily over autumn and winter months for most adults and all year round for at high risk groups. Consider vit D+calcium for patients with osteoporosis/ on bisphosphonate therapy.	None, unless change in clinical presentation.

⚠ REFER to secondary care patients with deficiency or insufficiency and any of following conditions:
• malabsorption syndromes • short bowel • cholestatic liver disease • parathyroid disorders • CKD with eGFR<30ml/min • TB • sarcoidosis