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# Bite Size Prescribing News

## November 2018



Rotherham  
Clinical Commissioning Group

### **Transdermal fentanyl patches: life-threatening and fatal opioid toxicity from accidental exposure, particularly in children**

The Medicines and Healthcare products Regulatory Agency (MHRA) continue to receive reports of preventable accidental transfer of fentanyl patches (including 5 fatalities since 2014). Prescribers are reminded to provide clear information to patients and caregivers regarding risk of accidental transfer and ingestion of patches, and need for appropriate disposal of patches.

After use, patches should be folded so that the adhesive side of the patch adheres to itself and then placed back into the original sachet. Used patches should be kept out of sight and reach of children – even used patches contain some medicine that may harm children and may even be fatal.

### **Angiotensin converting enzyme (ACE1) inhibitors may increase the risk of lung cancer**

This UK study compared the incidence of lung cancer in 992,061 patients treated with hypertensive medication and observed a 14% increase in the risk of lung cancer associated with the use of ACE1.

Whilst this may sound alarming the overall risk is small, equating to 1 extra case/2500 patients a year. No increase in risk was observed until 5 years of ACE1 therapy but the risks increase the longer ACE1 therapy continues. Although patients receiving ACE1 therapy were more likely to be smokers and have a higher BMI and higher alcohol intake sub-group analysis amongst non-smokers found the same increase in lung cancer rates associated with 5 years of ACE 1 therapy. The authors consider that the accumulation of bradykinin and substance P associated with ACE1 use could be the reason for the increase in lung cancer rates

#### **Implications for prescribers**

It must be remembered ACE1's are supported by a wealth of evidence of their effectiveness in preventing CVS events and death, in patients with heart failure / diabetes and primary CHD prevention with 5 year NNT's (Numbers Needed to Treat) ranging from 17 -30 patients. This latest study therefore, should not change current practice. However, if patients have been on an ACE1 for 5 years or more you could consider switching to an ARB (Candesartan). *BMJ 2018;363:k4209 <http://dx.doi.org/10.1136/bmj.k4209>*

### **Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use**

Two large pharmacoepidemiological studies published in Denmark have identified a significant dose-dependent increased risk of non-melanoma skin cancer (basal cell carcinoma [BCC] and squamous cell carcinoma [SCC], including SCC lip cancer) with exposure to increasing cumulative doses of hydrochlorothiazide. The known photosensitising actions of hydrochlorothiazide could act as possible mechanism for this risk

In England there are 23 SCC, 76 BCC cases / 1000,000 years. The Danish study found that 9 in every 100 cases of BCC, 1 cases of in 100 SCC and 11 in 100 cases of lip cancer could be attributed to hydrochlorothiazide therapy. The study authors' did not find a similar association for risk of BCC or SCC and SCC lip cancer with overall or cumulative use of other diuretics and other hypertensives, including bendroflumethiazide

*The MHRA Advise patients taking hydrochlorothiazide-containing products of the cumulative, dose-dependent risk of non-melanoma skin cancer, particularly in long-term use, and the need to regularly check for (and report) any suspicious skin lesions or moles. Counsel patients to limit exposure to sunlight and UV rays and to use adequate sun protection.*

#### **Implications for prescribers**

Hydrochlorothiazide is not a popular drug in the UK and is only available in combination preparations with other drugs. It is estimated that there are about 150 patients in Rotherham taking a preparation containing hydrochlorothiazide, consider switching to bendroflumethiazide at the patients medication review.

<https://www.gov.uk/drug-safety-update/hydrochlorothiazide-risk-of-non-melanoma-skin-cancer-particularly-in-long-term-use>

## Rising Cost of Paracetamol

The drug tariff price for paracetamol has **increased by 58%** in November 2018.

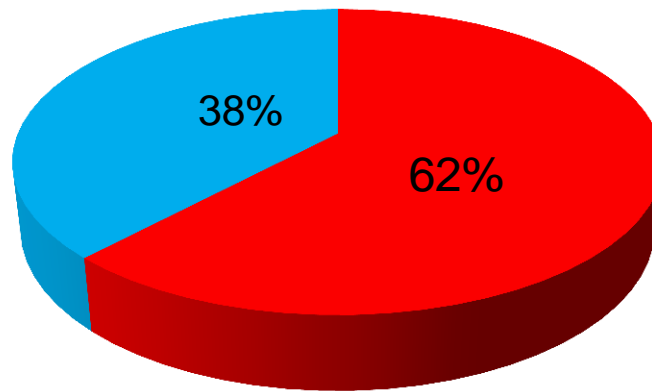
This will cost NHS Rotherham CCG and extra £13,356 a month or £160,269 for the full year.

Rotherham has the 14th highest prescribing rate for simple analgesics (analgesics you can buy over the counter) in England according to the NHS England OTC drugs consultation.

You will all be aware of the South Yorkshire & Bassetlaw public consultation following the NHS England OTC report (*569 million reasons*). There have been over 14,000 responses from across South Yorkshire making this one of the most successful health consultations ever. Rotherham residents accounted for 49% of the respondents, that's almost 7000 patients.

**82% of patients say that they would be happy to buy medication if advised to do so by their GP.**

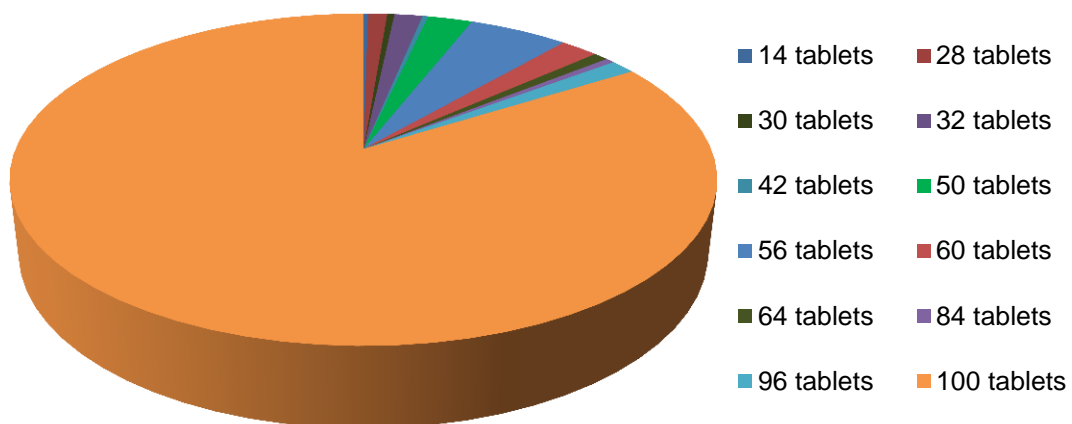
■ Prescriptions for less than 100 tabs      ■ Prescriptions for more than 100 tabs



In 2017/18 62% of the paracetamol prescriptions issued in Rotherham were for 100 tablets or fewer.

Current prescribing trends in Rotherham show that of the prescriptions for 100 tablets or less, the greatest quantity is for 100 tablets, followed by 56 tablets.

Quantity of Paracetamol prescribed



With the recent price increase, and the patients response to the NHS England OTC report, don't prescribe paracetamol - unless required for a chronic condition. Patients say they are happy to buy it.