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

Bite Size Prescribing News February 2020

NHS Rotherham Clinical Commissioning Group

Further Clarification on Oral Vitamin B in Alcoholism from the Regional Medicines Optimisation Group

The Regional Medicines Optimisation Committee (RMOC) reviewed the use of vitamin B supplementation in alcoholism, taking into account relevant guidance published by NICE and NHS England as well as information from other specialist sources. The advice of the RMOC is summarised as follows:

- Due to a lack of evidence on their efficacy and safety, vitamin B complex preparations (vitamin B compound and vitamin B compound strong tablets) should not be prescribed for prevention of Wernicke's Encephalopathy (WE) in alcoholism.
- Vitamin B complex preparations should not be prescribed for preventing deficiency or for maintenance treatment following treatment for deficiency.
- Vitamin B complex preparations should not be prescribed as dietary supplements. Patients who wish to use them for dietary supplementation should be advised to purchase them over the counter.
- Vitamin B compound strong tablets may be prescribed on a short-term basis (10 days) for patients at risk of refeeding syndrome. This also applies to patients who are not harmful or dependent drinkers.
- In rare cases where there might be a justifiable reason for prescribing vitamin B complex e.g. medically diagnosed deficiency or chronic malabsorption, vitamin B compound strong and **not** vitamin B compound should be prescribed as it represents better value for money.

Further information can be found here: https://www.sps.nhs.uk/articles/rmoc-position-statement-oral-vitamin-b-supplementation/

Discontinuation of Slozem® (diltiazem hydrochloride)

Merck Serono Limited has sent out information informing clinicians of the discontinuation of all strengths of the Slozem brand of diltiazem hydrochloride. The manufacturer states that based on historic demand, remaining stock held by Merck is expected to last until the end of February 2020.
The MMT would suggest that practices change affected patients to either the **Viazem** or **Zemtard** brands of diltiazem as they, like Slozem, are once daily preparations, are available in the same strengths as Slozem, cost the same and are (currently) in stock at major wholesalers.

Phenindione affecting Creatinine assay results

Information from Dr Turzyniecka, Consultant Chemical Pathologist at Barnsley and Rotherham Integrated laboratory services:
Please note that patients who are taking Phenindione **may have falsely low creatinine results.** This may lead to an underestimation of kidney disease and/or misinterpretation of an increased eGFR. This is due to Phenindione interference with the creatinine assay used in our laboratory.
Therefore please contact the laboratory in order to arrange creatinine analysis using different methods in all patients on Phenindione who require renal function assessment.

Antihypertensives: does bedtime administration improve cardiovascular risk reduction?

A large Spanish study found that taking antihypertensive medication as a single dose at bedtime compared with taking them in the morning reduced the risk of cardiovascular events by around 50% over a median follow-up period of 6.3 years. Limitations include that the researchers could not analyse the effect of timing for specific blood pressure medicines. Also the trial was conducted in a predominantly Spanish, exclusively white ethnic population who may not be representative of other populations. Current NICE guideline on hypertension in adults does not include recommendations on which time of day antihypertensives should be taken, however further findings may lead to changes.
Further info from European Heart Journal, https://doi.org/10.1093/eurheartj/ehz754

New guidance on Anticoagulation for Stroke Prevention in Non-Valvular Atrial Fibrilation

New guidance has been jointly produced by The Rotherham Foundation Trust and the CCG to aid clinicians in the initiation and alteration of anticoagulation therapy for stroke prevention in non-valvular AF. The guidance covers baseline investigations, choice of anticoagulant, patient information, prescribing and switching information, and ongoing follow-up guidance.

The guidance can be found in the Top Tips section of the CCG website here:
http://www.rotherhamccg.nhs.uk/Anticoag%20for%20SPAF%20CCG%20and%20TRFT%202020%20.pdf

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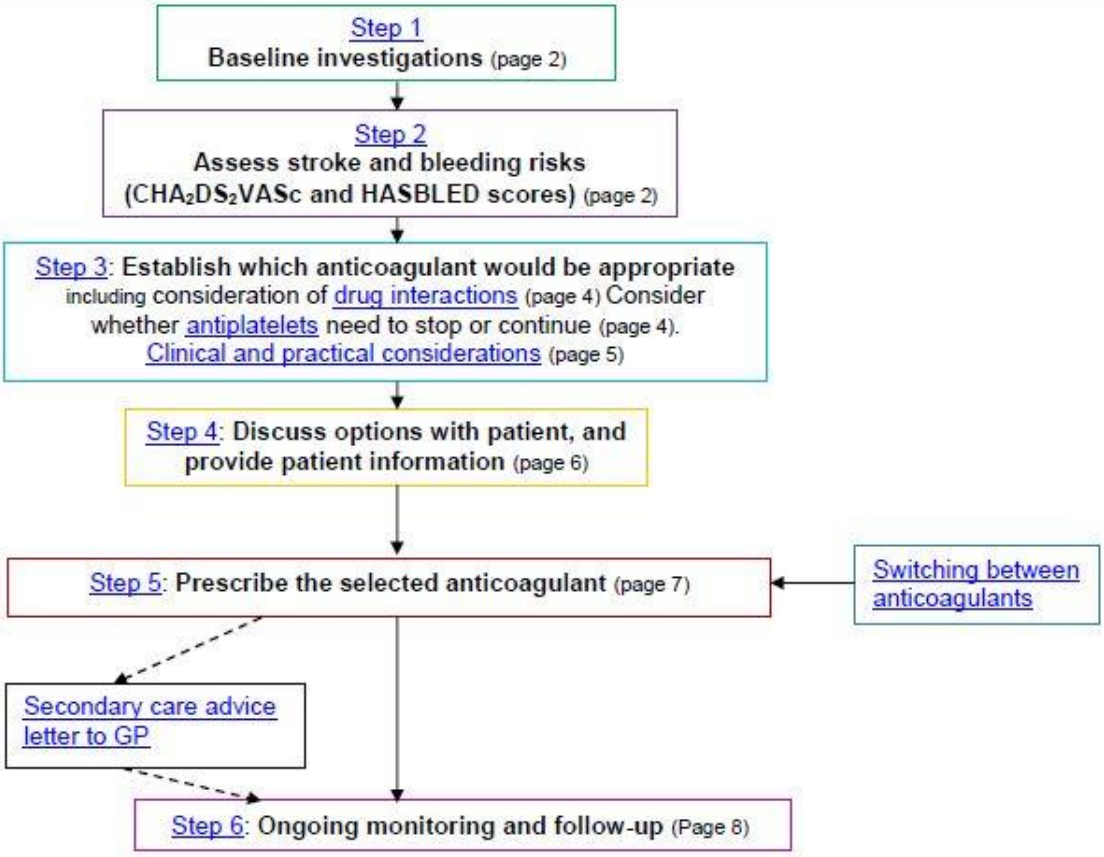
Anticoagulation for Stroke Prevention in Non-Valvular Atrial Fibrillation*:
Joint primary and secondary care guidance

This document provides guidance to primary and secondary care prescribers in selecting the most suitable anticoagulant for each patient and conducting appropriate baseline and ongoing monitoring. It is based on guidance produced by NHS Sheffield CCG and NHS Sheffield Teaching Hospitals.

*** Non-valvular AF is defined as AF in the absence of a mechanical prosthetic heart valve or moderate to severe mitral stenosis (usually of rheumatic origin)**
Patients with aortic valve disease are therefore included in the scope of this guideline.

Do not wait for the results of any echocardiogram that may, or may not, be requested before anticoagulating. Echocardiogram will not affect the decision to anticoagulate.



Additional information:
Switching between anticoagulants – page 10
Dental procedures and other surgery - page 11
Anticoagulation for AF in patients with chronic liver disease – page 11

Key to symbols used throughout this document:
< = less than > = more than CrCl = calculated creatinine clearance DOAC = Direct Oral Anticoagulant
ULN = upper limit of normal