





# Drug safety Update from the MHRA (April 2021) Macrogol laxatives and starch-based thickeners: Risk of aspiration

Polyethylene glycol (PEG) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration - GOV.UK (www.gov.uk)

- Combining PEG laxatives (e.g. macrogols, Movicol, Laxido, Klen Prep) with starch-based thickeners (i.e. Thick & easy, Nutilis) can counteract the thickening action and result in a thin watery liquid patients with swallowing difficulties (dysphagia) are potentially at greater risk of aspiration of the thinner liquid
- Avoid directly mixing PEG (macrogol) laxatives and starch-based thickeners, especially in
  patients with dysphagia who are considered at risk of aspiration such as elderly people and
  people with disabilities that affect swallowing
- report suspected adverse drug reactions (ADRs) to the Yellow Card Scheme

If macrogols are initiated or prescribed to patients on thickeners, please inform SLT team so that alternatives such as Xanthan-gum based thickeners can be used.

01709 427015 or trftadultslt.mailbox@nhs.net

All prescriptions for thickeners should be supplied by the Rotherham Speech and Language Therapy (SLT) Services via the Rotherham Nutrition and Dietetic Prescribing Service.

For patients using fluid thickener due to swallowing difficulties, only use macrogols if all other laxatives have failed.

- Stimulants should be used first line in drug induced constipation as this required to
  counteract the reduction in peristalsis. Bisacodyl tablets are very small and enteric coated, but
  senna liquid or sodium picosulphate liquid (same metabolite as bisacodyl) can be used in
  swallowing difficulties.
- A softener such as docusate is recommended first line for chronic constipation and for constipation in frail/low mobility patients, as well as second line for drug induced. It acts as a surface wetting agent allowing water to penetrate the stool and soften it. Docusate comes as both small gel-filled capsules and a liquid. (Supply problems should now be fully resolved).

## **Updated Rotherham Laxative guidelines**

The laxatives guidelines have recently been updated and now include a section on drugs that cause constipation, as well as the growing class of fourth line laxatives known as "peripherally acting opioid antagonists". Although NICE has approved the use of these newer agents, there is limited data especially in higher opioid doses and with partial agonists such as buprenorphine

Initial steps remain the same i.e. finding the cause of constipation and mitigating this (i.e. review opioid use – especially in non-cancer pain/chronic primary pain) and ensuring lifestyle advice of fluid intake, soluble fibre & exercise must be continued.

Lactulose retains its not recommended status.

http://www.rotherhamccg.nhs.uk/Laxative%20Guidelines%20update%20Jan%202021.pdf

## Update on the availability of retail Fexofenadine 120mg tablets

The MMT are aware of the difficulties being experienced by patients in being able to purchase fexofenadine 120mg tablets from pharmacies and other retail establishments at this point in time. We have reached out to the manufacturer for information on why this is occurring and have been told that

"Production supply issues related to the pandemic have delayed the launch until 2022". Due to the disparity in being able to obtain fexofenadine for seasonal allergic rhinitis without a prescription (some, but not all community pharmacies can supply fexofenadine without a prescription using a PGD, as can some online pharmacies), we would ask clinicians to **continue to prescribe fexofenadine where appropriate** until it can be more readily purchased in the community.

### Change over to OptimiseRx

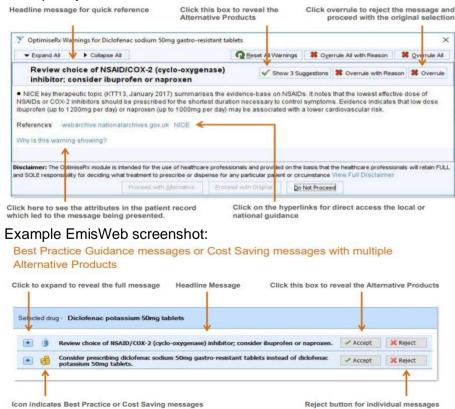
The CCG's use of the decision support tool ScriptSwitch will be coming to an end on the 30/6/2021.

From the 1/7/2021 Scriptswitch will be replaced by a new decision support tool called OptimiseRx from First DataBank (FDB).

#### Benefits of OptimiseRx include:

- OptimiseRx is already a part of System 1 and Emis Web. It requires no additional software to work.
   Activation only requires you to add a key code (known as a GUID) to the system. The medicines
   management team will provide practices with their GUID when received from FDB. This step
   needs only to be done once and it will turn on OptimiseRx for all users at your practice, including
   any branch surgeries.
- As OptimiseRx is fully integrated and a part of the systems, it takes into account patient specific details (e.g. READ codes, allergies etc) and gives messages accordingly.
- All messages are still controlled by the Medicines Management Team
- Although the screen message will look different to the ScriptSwitch messages, they are still easy to use.

#### Example SystmOne screenshot:



Further information including prescriber user guides and activation guides can be found on the CCG website here: <a href="http://www.rotherhamccg.nhs.uk/optimiserx.htm">http://www.rotherhamccg.nhs.uk/optimiserx.htm</a>