





Adverse outcomes of Proton Pump Inhibitors (PPIs) in patients with Chronic Kidney disease (CKD)

The CKD-REIN cohort study published in the <u>British Journal of Clinical Pharmacology</u> in December 2020 had 3,023 patients with CKD stage 2-5, with a median follow up of 3.9years. They found PPI prescriptions were associated with an increased risk of end stage kidney disease (HR 1.74, 95%CI 1.26-2.40) all-cause mortality (2.42, 1.73-3.39), and acute kidney injury (2.89, 95% CI 1.91-4.38).

The <u>Rotherham CCG PPI de-prescribing guidance</u> already mentions the increased mortality in older patients and the risk of acute interstitial nephritis, however clinicians should be aware that co-prescribing with other agents that can affect renal function (polypharmacy) can have additive effects, and should considered when undertaken medication reviews.

<u>Updated information on infant feeding pathway</u>

Information up until the end of January show:

- 92 referrals all seen with 7 days of receipt of referral, except for one DNA.
- 6 patients referred on to the paediatrician.
- 3 blood tests requested for suspected IgE mediated allergy.

The service is having success with using thickened formulary feeds and Carobel to manage GORD and reflux in preference to Gaviscon & PPI's.

Further work is underway to link referrals to rates of breast feeding.

A copy of the referral form for the infant feeding pathway can be found here: http://www.rotherhamccg.nhs.uk/Dietetic%20infant%20feeding%20referral%20form.pdf
The referral form can be emailed to: rgh-tr.dietetics.dept@nhs.net

Multiple versions of Abidec multivitamin liquid.

Our paediatric pharmacist colleague at TRFT has asked us to highlight the fact that there are three versions of Abidec liquid currently on the market –

- Abidec Multivitamin Drops for Babies & Children 25ml (orange box)
- Abidec Advanced Multivitamin Syrup Plus Omega 6 & 9 150ml (red box)
- Abidec Immune Support 7.5ml (purple box)







From these, paediatrics will recommend patients buy the Abidec Multivitamin Drops for Babies & Children 25ml (orange box) if deemed appropriate.

Vitamin D and care homes guidance - Summary Points

Full document relating to the temporary supply of vitamin D to care homes available here: https://www.gov.uk/government/publications/vitamin-d-for-vulnerable-groups/vitamin-d-and-care-homes-guidance

- 4-months supply of vitamin D supplements will be provided by Department of Health for residents in residential and nursing care homes.
- This will be received in residential/nursing homes as direct delivery and no prescription needs to be requested/provided by GP.
- Vitamin D will be supplied in a liquid form as oral drops to be administered as two drops once a day delivering 10 micrograms (400iu) of vitamin D over a period of 4 months.
- Some patients will be excluded from the vitamin D supplementation based on medical grounds (see below) therefore, care provides may seek final clarification from registered GP.
- The Medicines Management Team can help advise if supplementation with vitamin D would be clinically safe and appropriate for individual residents in cases where clinicians are unsure.
- Decision on supplementation and patient's consent to take vit D needs to be recorded in Care Plan
 of each individual resident as per the care provider policies.
- Where vitamin D is provided to an individual, the supplementation needs to be recorded on the administration chart as per care provider policies – usually, handwritten entry countersigned on the paper MARs or manual entry on electronic record.

Medical exclusions from supplementation -

Where further advice will be required from a clinician: patient is under care of renal/endocrinology/cancer specialist, high vitamin D levels, kidney stones (including past history), hyperparathyroidism, cancer, kidney disease, sarcoidosis, swallowing difficulties or tube fed patients.

Serious incident identified by Sheffield Health and Social Care NHS Foundation Trust (SHSC)

Sheffield CCG have notified us of an error contained within a leaflet produced and sent out by SHSC. The leaflet is entitled 'Information and Guidance for Doctors on Relief of Pain in CFS/ME and Fibromyalgia' and has been sent out to GP's over a 10-year period.

The **error** in the leaflet states:

Alternatively use PREGABALIN starting at 150mg daily (divided into two doses) and increasing slowly to a maximum of 600mg twice daily. Pregabalin is licensed for central nerve pain. It can improve pain, sleep, anxiety and overall function'

The **corrected** version of the leaflet states:

'Pregabalin is licensed for neuropathic pain. Initially 150mg in 2 or 3 divided doses increasing if necessary to 300mg in 2 to3 divided doses after 3-7 days. Increase further if necessary to a **maximum of 600mg daily in 2 to 3 divided doses**'.

SHSC has requested that practices 'in some way redacted or mark' copies of this guidance leaflet to avoid anyone following this advice in the future.

A copy of the letter from SCHC to GP's will be emailed with this bitesize.

The MMT will be searching practice systems for patients taking more than 600mg of pregabalin daily. Any patients found will be highlighted to the practice for review if appropriate.