

# NHS Borders Prescribing Bulletin

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## Vitamin D guidance during COVID-19

The Scottish Government has issued updated guidance around vitamin D for all age groups in view of the potential for decreased exposure to sunlight.

During lockdown in the midst of COVID-19 many people had been spending an increased amount of time indoors, in particular those who are shielding due to vulnerable health issues. Whilst most of the population are starting to return to outside activities and enter establishments that are re-opening with social distancing, the advice issued from Scottish Government regarding vitamin D still stands.

As a country Scotland only experiences UVB sunlight – required for our bodies to synthesise vitamin D – for approximately 6 months of the year, usually between April and September.

Approximately 10-15 minutes of exposure to UVB sunlight during these months is needed to make vitamin D but this time can vary between individuals. Bear in mind this doesn't occur out with April to September as the type of sunlight available then does not enable synthesis of vitamin D.

The Scottish Government is currently recommending that everyone, including children, take a daily vitamin D supplement containing 10 micrograms of vitamin D. This advice is especially directed towards groups of people at a higher risk of vitamin D deficiency, including:

- If you are pregnant or breast-feeding
- Children under 5 years old
- If you have limited or no exposure to the sun, such as those who cover their skin for cultural reasons and those who are confined indoors for long periods
- If you are part of a minority ethnic group with darker skin who require more exposure to the sun in order to synthesise enough vitamin D

The Scottish Government advises that the current guidance on sun exposure should continue to be followed, which is: 10-15 minutes of unprotected exposure to Scottish sun is safe for all. Once sunscreen is applied then UVB light is blocked and vitamin D synthesis cannot occur. Staying in the sun for long periods without sunscreen increases the risk of skin cancer.

Further information on the Scottish Government guidance can be found at:

<https://www.gov.scot/publications/vitamin-d-advice-for-all-age-groups/>

Information for patients about vitamin D is available at:

[https://www.communitypharmacy.scot.nhs.uk/documents/nhs\\_boards/tayside/healthy\\_start/1996\\_2-VitaminDLeaflet.pdf](https://www.communitypharmacy.scot.nhs.uk/documents/nhs_boards/tayside/healthy_start/1996_2-VitaminDLeaflet.pdf)

NICE guidance on vitamin D deficiency and treatment is available at:

Adults: <https://cks.nice.org.uk/vitamin-d-deficiency-in-adults-treatment-and-prevention>

Children: <https://cks.nice.org.uk/vitamin-d-deficiency-in-children#!prescribingInfoSub>

## Pharmacy First Scotland – Information for the General Practice Team

NHS Pharmacy First Scotland (NHS PFS) is a new national service that is delivered by all community pharmacy teams across Scotland. The focus is on the community pharmacy as the *first port of call* for managing self-limiting illnesses and supporting self-management of stable long term conditions. The pharmacy team will provide a consultation service that can result in 3 outcomes: advice, treatment or referral.

Pharmacists are advised to work with their local GP practices to agree on referral procedures. Current referral procedures may already work well and changes may not be needed. Where a clinical handover is required, pharmacists are encouraged to use the SBAR tool.

Further details and links can be found at: <http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/pharmacy-first/>



Conditions that can be treated include the following:

Acne	Cystitis	Hay fever	Migraine	Sore throat
Allergies	Diarrhoea	Headache	Mouth ulcers	Threadworms
Blocked/runny nose	Dry eyes (acute)	Head lice	Nappy rash	Thrush
Boils	Dry skin – eczema / dermatitis	Irritable bowel syndrome	Oral thrush	Travel sickness
Cold sores	Earache	Impetigo	Pain	Urinary tract infection
Colic	Fungal skin infections	Indigestion	Scabies	Warts and verrucae
Constipation	Haemorrhoids	Infected eyes	Scalp disorders	Wound dressings
Cough				

## Stoma accessories – an update

All STOMA patients who are supported by NHS Borders Stoma service have been reviewed over the past year. Appliances and accessories have been updated as appropriate in order to provide cost effective patient centred care.

The following items have been an issue in some cases. This is a reminder that:

- Patients should only receive an adhesive removal spray if clinical need is demonstrated. Ensure it is Lift Plus (code 5506) and limited to 2 sprays a month
- NO patients, should be prescribed the following:  
Deodorant sprays for stoma management  
Clinimed swabs 3900 (patients are supplied with complimentary cleaning wipes via the Stoma pouch supplier)

Any queries should be directed to the Prescribing Support Team or Stoma Specialist Nurse on 01896 827072. Thank you for your co-operation.

## Vitamin B12 deficiency – treatment during COVID-19

Vitamin B12 deficiency is diet-related (e.g. malnutrition, vegan diet) or non-diet-related (e.g. pernicious anaemia, inflammatory bowel disease, gastrectomy)<sup>1</sup>. The most common cause of severe non-diet-related vitamin B12 deficiency in the UK is pernicious anaemia, an autoimmune disorder causing reduced production of intrinsic factor (IF) in the stomach; IF is essential for absorption of dietary vitamin B12.

Two forms of vitamin B12 are available in the UK; hydroxocobalamin and cyanocobalamin<sup>2</sup>.

Hydroxocobalamin 1mg administered intramuscularly (IM) every 2-3 months is the preferred method of treatment for non-diet-related vitamin B12 deficiency (e.g. pernicious anaemia) as it is retained in the body longer than cyanocobalamin.

In patients with diet-related deficiency (who retain IF production), oral cyanocobalamin at doses of 50 - 150micrograms daily (between meals) or twice yearly doses of hydroxocobalamin 1mg injection are options for maintenance therapy<sup>1, 2</sup>.

### Guidance during the COVID-19 pandemic by the British Society of Haematology (BSH)

#### Non diet-related

Guidance issued by BSH during the COVID-19 pandemic was that the need for IM hydroxocobalamin should be discussed with each patient individually. As an alternative, oral cyanocobalamin can be offered at a dose of 1 mg per day until regular IM hydroxocobalamin can be resumed, i.e. once GP practice teams are able to do so safely, aiming to have a shortest possible break from regular injections<sup>3</sup>.

Patients should be advised to monitor their symptoms and should contact their GP if they begin to experience neurological or neuropsychiatric symptoms such as pins and needles, numbness, problem with memory or concentration or irritability.

#### Diet-related

Guidance recommends reassessing serum B12 prior to recommencing IM hydroxocobalamin. Many of these patients may be vitamin B12 replete with adequate levels within the liver, and therefore may be able to safely stop taking vitamin B12 supplements possibly for up to a year.

#### **Dietary advice**

For diet-related deficiency, provide advice about foods that are a good source of vitamin B12. Good sources of vitamin B12 include eggs, meat, milk and other dairy products and fish (salmon and cod). Foods which have been fortified with vitamin B12 (for example some soy products and some breakfast cereals and breads) are good alternative sources<sup>1</sup>.

#### **References**

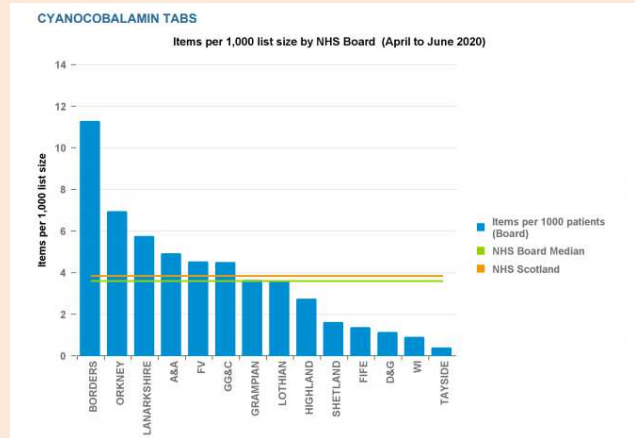
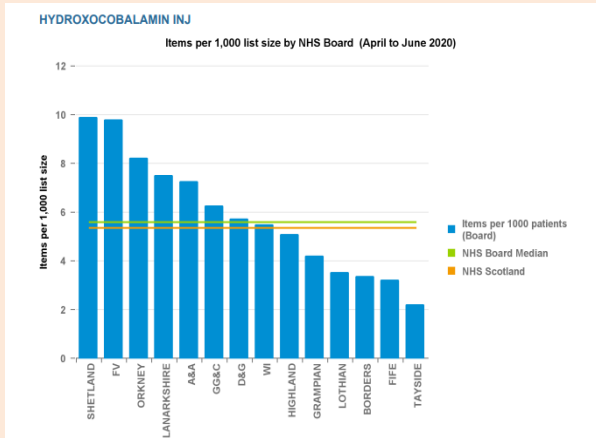
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# Vitamin B12 deficiency – changes in treatment during COVID-19

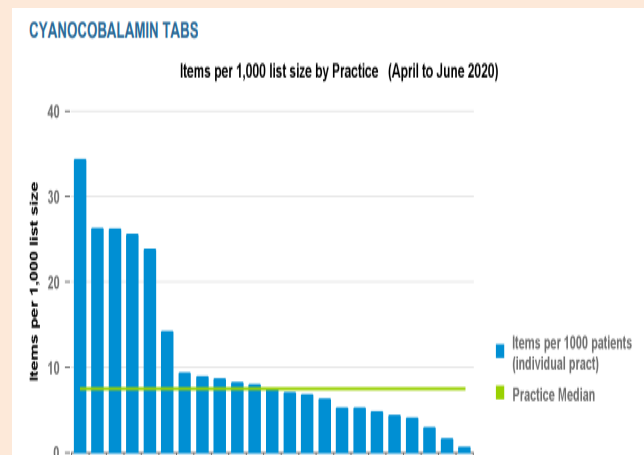
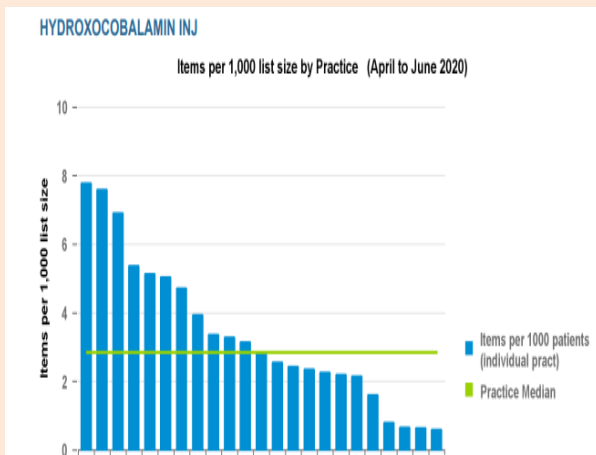
## What is being prescribed?

The data shows a wide variation in prescribing for treatment of vitamin B12 deficiency between Health Boards (see the charts below). For example, the total treatment (both hydroxocobalamin and cyanocobalamin) in NHS Tayside is 2.58 items per 1000 patients compared to NHS Borders of 14.64

NHS Borders is the highest prescribing Health Board.



Choice of treatment also varies and between GP practices. The charts below show anonymised data for all NHS Borders GP practices. Variation in total treatment ranges from 3.22 to 36.49 items per 1000 patients. If you would like details of your practice, please the editorial team using the contact details below or speak to your prescribing support team member.



Compared to 2019 data, prescribing of cyanocobalamin has increased from 6.48 items per 1000 patients to 11.28, and hydroxocobalamin has decreased slightly from 4.76 to 3.36 illustrating the impact of COVID-19 on treatment of vitamin B12 deficiency.