NHS Borders Prescribing Bulletin

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Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing

The MHRA have released new guidance in the prescribing, dispensing, and counselling for methotrexate. The changes will affect prescribers and dispensers with the changes aimed at improving safety to avoid accidental overdoses and emphasising the once a week administration.
To see the full report, please go to: https://www.gov.uk/drug-safety-update/methotrexate-once-weekly-for-autoimmune-diseases-new-measures-to-reduce-risk-of-fatal-overdose-due-to-inadvertent-daily-instead-of-weekly-dosing
N.B. Also ensure folic acid is prescribed to be taken 24 hours after methotrexate dose or as directed by clinic.

Advice for prescribers:

- before prescribing methotrexate, make sure that the patient is able to understand and comply with once-weekly dosing
- consider the patient's overall polypharmacy burden when deciding which formulation to prescribe, especially for a patient with a high pill burden
- decide with the patient which day of the week they will take their methotrexate and note this day down in full on the prescription
- inform the patient and their caregivers of the potentially fatal risk of accidental overdose if methotrexate is taken more frequently than once a week; specifically, that it should not be taken daily
- advise patients of the need to promptly seek medical advice if they think they have taken

Advice for dispensers:

- remind the patient of the once-weekly dosing and risks of potentially fatal overdose if they take more than has been directed
- where applicable, write the day of the week for intake in full in the space provided on the outer package
- demonstrate the Patient Card included with the methotrexate packet and encourage patients to:
  - write the day of the week for intake on the patient card
  - carry it with them to alert any healthcare professionals they consult who are not familiar with their methotrexate treatment about their dosing schedule (for example, on hospital admission, change of care)

Area Drug and Therapeutics Committee – Watch this space!

The remit of NHS Borders Area Drug and Therapeutics Committee (ADTC) is to advise and support the strategic direction of all aspects of medicines governance and usage in all care settings ensuring inclusion within wider strategic planning.

If this sounds rather dry and nothing to do with you then we need to work on our communication as decisions taken at ADTC impact on your day to day work. Going forward, the Prescribing Bulletin will include a short, easy to read summary of the work of the ADTC and how it will affect how you care for your patients. Watch this space!

In the meantime, if you want to know about the ADTC and how it works, please contact Kate Warner, Committee Secretary at kate.warner@borders.scot.nhs.uk

Oral Contraceptive Pills (OCPs)

The Faculty of Sexual and Reproductive Health (FSRH) updated the clinical guidelines on use of combined hormonal contraceptives (CHCs) which included a change in the types of regimens that can now be offered to patients on CHCs.

Patients taking CHCs may now take a tailored regimen, detailed in the table below, which allows for variation in the hormone-free intervals (HFI). There is limited evidence available to indicate that one regimen is more effective than another so the deciding factor should be patient preference.

Table 1: Standard and tailored regimens for use of combined hormonal contraception (CHC)

Type of regimen	Period of CHC use	HFI
Standard use	21 days (21 active pills or 1 ring, or 3 patches)	7 days
Tailored use		
Shortened hormone-free interval (HFI)	21 days (21 active pills or 1 ring, or 3 patches)	4 days
Extended use (tricycling)	9 weeks (3 x 21 active pills or 3 rings, or 9 patches used consecutively)	4 or 7 days
Flexible extended use	Continuous use (≥21 days) of active pills, patches or rings until breakthrough bleeding occurs for 3–4 days	4 days
Continuous use	Continuous use of active pills, patches or rings	None

Further details are available at: https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/
The FSRH website also contains information on use of contraception in specific populations, information about specific contraceptive methods and guidance on switching or starting methods of contraception as well as many other resources.
The Borders Sexual Health Update in October also highlighted that **progesterone-only pills (POPs) do not need an annual BP or BMI check**. There is no link between cardiovascular risk and POP prescribing nor does it have an impact on BP.
Further details are available in the FSRH guidance available at: https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-pop-mar-2015/

New SIGN guideline on urinary tract infection in women

The new SIGN 160 Guideline on the management of suspected bacterial lower urinary tract infection in adult women has recently been published at: https://www.sign.ac.uk/our-guidelines/management-of-suspected-bacterial-lower-urinary-tract-infection-in-adult-women/

Changes to the recommendations include:

- Diagnose a UTI in the presence of two or more urinary symptoms (dysuria, frequency, urgency, visible haematuria or nocturia) **and a positive dipstick test result for nitrite.**

- Consider NSAIDs as first-line treatment in women aged <65 years with suspected uncomplicated UTI who describe their symptoms as mild. Consider NSAIDs as an alternative to an antibiotic following a discussion of risks and benefits in women aged <65 years with suspected uncomplicated lower UTI when symptoms are moderate to severe.

- Use short (3-day) courses of antimicrobials for treatment for LUTI, as this is clinically effective and minimises the risk of adverse events.

- Do not treat asymptomatic bacteriuria in non-pregnant women of any age.

It is acknowledged that dipstick testing may present difficulties during COVID-19 in all primary care settings and particularly in Community Pharmacy settings where an increasing number of patients are being managed via the Pharmacy First Service. However, NHS Borders support this recommendation and will work with primary health care teams to help facilitate this as the service develops.

Guidance for GP Practices, Care Homes and Community Pharmacy regarding the Supply and Administration of Anticipatory Care Medicines during COVID-19

This guidance has recently been approved and circulated throughout NHS Borders

It should be considered as soon as possible, as part of the COVID-19 anticipatory care planning process.

It is applicable to all GP practices that provide GMS services to care homes, and all care homes across NHS Borders.

The guidance details the 3 levels of anticipatory care medicines which may be provided to care homes by the GP practice:

Level 1: Basic symptomatic relief medicines
Level 2: Routine symptomatic relief medicines which are non-controlled drug Prescription-only Medicines
L**evel 3: Routine Anticipatory Care Controlled Drugs**

There is also a section on **accessing medicines urgently in care homes during the COVID-19 pandemic.** This includes a table detailing the various options.
The very last option may require the consideration of re-purposing a medicine, and a link to the care inspectorate guidelines is included. The guidelines give very specific criteria and recording requirements for re-purposing a medicine. This should **only be considered during the COVID-19 pandemic** and when no other option is available.

Please liaise with your pharmacotherapy team to discuss how they may be able to assist in the implementation of the supply process.

The full guidance document can be accessed via the NHS Borders Community Pharmacy website: http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/covid-19/

Any queries on the technical or legal details in the document should be directed to Lynne Amos, Senior Prescribing Support Pharmacy Technician – Care Homes & Care at Home, Lynne.amos@borders.scot.nhs.uk

Any contractual issues should be directed to whoever holds the contract for the enquirer.

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Past bulletins can be found at: http://intranet/microsites/index.asp?siteid=5&uid=5