

NHS Borders Prescribing Bulletin

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March 2023

Pharmaceutical waste and packaging recycling – please ask your patients to help

The cost of processing medicines waste is eight times higher than that of household recycling. That is why it is important patients are asked to remove the cardboard packaging from their medicines waste before returning it to Community Pharmacies.

Only the metal blisters with tablets and capsules and any liquid bottles should be in the DOOP bins (disposal of old pharmaceuticals). **Empty** metal blisters or bottles SHOULD NOT go in the bins – just the ones with medicine in them should be returned. In future, waste will be rejected if it includes cardboard packaging and so patient education needs to start now.

Please ask patients to:-

- Remove and destroy any label with their patient information on.
- Put the cardboard packaging in their home recycling.
- Only hand into the Pharmacy the metal blisters with tablets, capsules and bottles (including medicine).
- Do not flush tablets or any other medication down toilet or drain.
- Do not hand in empty metal blisters or bottles – they should be disposed of at home.

This will help to reduce the amount and types of waste we send to incineration; pharmacies can fit more into DOOP bins requiring less pick-ups of medicines waste saving on transport and staffing costs and; reduce cost of plastic DOOP bins which are also sent to be incinerated.

Thanks to Kate Warner, PA to Director of Pharmacy for contributing this article.

Border-ers Who Smoke Are Urged To 'Quit and Win'

'Quit and Win' is the theme for ASH Scotland's #NoSmokingDay campaign on Wednesday 8 March 2023, with the charity encouraging people to use person-centred support offered by the NHS to make quit smoking attempts to benefit their health, wellbeing and personal finances.

Tobacco is lethal and continues to present a dangerous long-term threat to the health of people in Scotland, accounting for 100,000 hospitalisations and 9,000 deaths each year.

Research shows that people are most likely to successfully give up smoking, and stay tobacco-free, if they have support from expert cessation advisors.

The specialist stop smoking service for people in the NHS Borders region is delivered by the Wellbeing Service. For details, call 01896 824502 or visit www.nhsborders.scot.nhs.uk/wellbeing.

Alternatively, people can seek support from community pharmacies, NHS 24's Quit Your Way free helpline on 0800 848484 or create a quit plan at www.quityourway.scot

Some people have found that switching from smoking tobacco to using e-cigarettes has been helpful in their quit smoking journey but, for others, it has led to relapse.

Giving up cigarettes to use e-cigarettes is certainly a 'win' for individuals in the short-term as there will be a reduction in harm, but there is no health benefit if combining vaping and smoking, which is the most common pattern.

E-cigarettes and vaping products are battery-powered devices heating a liquid which contains propylene glycol, food grade flavourings and nicotine into a vapour that is inhaled.

There are five very different kinds of e-cigarette devices on the market and 8,000 different liquid combinations. Most vapes contain nicotine, which can be highly addictive and many include toxic chemicals that have not been safety tested for inhalation.

In Scotland, e-cigarettes have only been available for only the past 12 years, and globally for less than 20 years, so there's still a lot we don't know about the long-term health risks. (cont. below)

No e-cigarettes have been licensed as a smoking cessation aid by the Medicines and Healthcare products Regulatory Agency (MHRA). As Scotland's [consensus statement on e-cigarettes](#) makes clear, however, health professionals should not turn anybody away if they have chosen to use e-cigarettes as a route to quit smoking.

As ASH Scotland holds a precautionary position on e-cigarettes, we advocate that they should only be used as a short-term smoking cessation device and future work should be undertaken to explore how best to support people to also give up vaping, after they have successfully quit smoking.

The charity's concerns are informed by Australia National University's '[Electronic cigarettes and health outcomes: systematic review of global evidence](#)', published in April 2022, which found conclusive evidence that the use of e-cigarettes can cause respiratory disease, burns, injuries, poisoning or lead to seizures. The review also noted that there is still limited/insufficient/no evidence to base firm conclusions on e-cigarettes in relation to smoking and nicotine cessation efficacy.

After speaking with a cessation specialist, people who smoke can make an informed decision about which methods they think will work best for them to reach their tobacco-free goal and start experiencing a range of benefits to their health:

- Just 20 minutes after stopping smoking, heart rates drops to a healthier rate and circulation improves.
- Lung function increases between two and 12 weeks afterwards.
- After one year, the risk of coronary heart disease is about half that of a smoker's.
- After 10 years, the risk of lung cancer falls to half that of someone who still smokes.

ASH Scotland is the leading Scottish health charity organisation working in and for Scotland regarding tackling the use of tobacco related products. Follow the charity's #QuitAndWin campaign on its [Facebook](#), [Instagram](#), [LinkedIn](#) and [Twitter](#) social media channels.

Our thanks to Alan Dalziel, ASH Scotland, for contributing this article for the March 2023 Prescribing Bulletin.

Update on Clozapine

Clozapine is a 2nd generation antipsychotic licensed for treatment-resistant schizophrenia and psychosis in Parkinson's Disease. For a patient to be considered eligible for clozapine they must be assessed by a psychiatrist and have failed to respond to treatment adequately with at least two other antipsychotics (one of these must be a 2nd generation antipsychotic).

Monitoring

As per MHRA requirements patients on clozapine must have regular blood monitoring and this is a legal requirement. Full blood count (FBC) results are sent to the contracted manufacturer for clozapine (currently Clozaril) via a specialised electronic system known as the Clozapine Patient Monitoring System (CPMS). The CPMS then processes blood results according to a "traffic light" system where a "green" result is needed for before authorisation to supply a patient with clozapine is legally granted.

When initiating a patient on clozapine they are required to have FBC taken on a weekly basis for the first 18 weeks of treatment. Thereafter they shift to fortnightly monitoring until they have been on treatment for 12 months in total, and then move to monthly monitoring. It is essential that FBC are taken in a timely fashion to facilitate continued administration of clozapine and prevent risk of relapse. The Mental Health Pharmacy Team (MHPT) at BGH check on a daily and weekly basis if patients are overdue for bloods and will liaise with Community Mental Health Teams (CMHTs) regarding this.

All staff in the MHPT, psychiatrist(s), and community pharmacy who supervise, dispense, and prescribe clozapine must be registered with the CPMS.

Side-effects

Clozapine can cause a number of side-effects which necessitate additional management, some of the more common effects include:

- Agranulocytosis, usually identified via regular FBC monitoring and requires assessment as to whether or not further monitoring is done or clozapine is withheld
- Severe constipation, this is one of the most severe effects of clozapine. Constipation leading to obstruction is a known side-effect of clozapine and can result in death. All patients on clozapine must be questioned about changes in bowel habit and must have laxatives prescribed concurrently.
- Hypersalivation, a common side-effect that is often distressing for the patient. Usually managed with additional medication with good effect.

(cont. below)

- Weight gain, this is a side-effect common to many antipsychotics. In some cases it may be appropriate to add in metformin, in discussion with the patient and CMHT, to limit effects of weight gain from clozapine.
- Myocarditis, this can occur within the first 3 weeks of starting clozapine and is why multiple ECG and troponin I levels are checked during this period.
- Postural hypotension, usually occurs in the first few weeks of treatment and necessitates regular BP monitoring.

It is also worth noting that smoking cigarettes (not vapes) reduces clozapine levels, in some cases up to 50%. If a patient on clozapine stops smoking (or starts vaping), they are at risk of rapidly increased clozapine levels leading to increased likelihood of the side-effects described above. Smoking cessation must be managed in conjunction with the patient's CMHT to ensure clozapine levels remain stable and they are on an appropriate dose.

Further information

The MHPT maintain a number of useful resources on their Intranet site, accessible from NHS terminals, at <http://intranet/microsites/index.asp?siteid=5&uid=27>

Our thanks to the NHS Borders Mental Health Pharmacy Team for contributing this article to the March 2023 Prescribing Bulletin.

HRT Shortage Advice

Shortages of hormone replacement therapy (HRT) have continued over the past several years. In January the Scottish Government issued [extensions to serious shortage protocols \(SSPs\) for Sandrena® gel sachets \(estradiol\) and Estraderm MX® patches \(estradiol\)](#). The circular also details which other SSPs affecting HRT are in effect.

To support review and, if necessary, change of HRT products for patients the British Menopause Society (BMS) has produced a number of resources:

- HRT Guide for GPs and Healthcare Professionals, provides an overall summary of HRT use, symptoms control, and options for management: <https://thebms.org.uk/wp-content/uploads/2022/12/04-BMS-TfC-HRT-Guide-NOV2022-A.pdf>
- Practical Prescribing of HRT, details different formulations and strengths of different types of HRT: <https://thebms.org.uk/wp-content/uploads/2022/12/03-BMS-TfC-HRT-Practical-Prescribing-NOV2022-A.pdf>

- HRT preparations and equivalent alternatives, summaries all the formulations and the different ways in which they can be prescribed for the desired treatment aim: <https://thebms.org.uk/wp-content/uploads/2022/12/15-BMS-TfC-HRT-preparations-and-equivalent-alternatives-NOV2022-A.pdf>

- Guidance on prescribable alternatives to HRT, a summary of non-HRT options for menopause management. Please note these are not necessarily Formulary choices or licensed indications and are presented as for information only:

<https://thebms.org.uk/wp-content/uploads/2022/12/02-BMS-TfC-Prescribable-alternatives-to-HRT-NOV2022-A.pdf>

While the above information focuses on menopause, it is applicable in terms of practical guidance for a number of HRT indications.

Additional and specific information on HRT prescribing to support medical gender transition, including guidance on alternatives, is available from NHS Chalmers GIC:

<https://www.ngicns.scot.nhs.uk/wp-content/uploads/2022/07/Hormone-Treatment-Alternatives-Covid-Chalmers-Final-190320.pdf>

Some Quick One-Liners...

We have a new webpage on the community pharmacy site that provides information about the general practice clinical pharmacy team (previously known as prescribing support pharmacists/GP practice pharmacists). Have a look at: <https://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/general-practice-clinical-pharmacy-team/> There are links to where the team members are routinely based and how you can link with them.

Bupropion (Zyban) 150mg modified-release tablets are out of stock and will be until further notice. Due to the ongoing supply issues with varenicline (Champix tablets), the only licensed pharmacological aid to smoking cessation currently available is nicotine replacement therapy. Health care professionals should discuss options with the patient, including reconsideration of nicotine replacement therapies. Helping a patient to stop smoking should not be delayed if they are motivated to stop. Please see the current smoking cessation support recommendations at: <https://formulary.nhs.scot/east/central-nervous-system/substance-dependence/nicotine-dependence/?m=smoking-cessation-treatment>

Our Quarterly quote

“It is more important to know what sort of patient has a disease than what sort of disease a patient has.”

Sir William Osler

Metolazone Information

Metolazone is now available as a licensed preparation (Xaqua 5mg tablets).

NHS Borders patients will be switched from their current unlicensed preparation of metolazone to Xaqua in line with national policy.

From 01/03/2023 in NHS Borders all metolazone supplied from community pharmacies and BGH pharmacy will be Xaqua brand and the Xaqua brand will be prescribed on GP prescribing systems

- The BNF states that “**bioavailability is up to approximately two-fold higher** for Xaqua ,than for the other metolazone preparations”.
- Dose adjustment may be required when switching between Xaqua tablets and other metolazone preparations; and this decision will need to be made on an individual patient basis taking into consideration indication and clinical status (e.g. fluid status, blood pressure, renal function). Please note that Xaqua contains lactose.
- <https://www.sps.nhs.uk/articles/differences-between-metolazone-preparations-and-safety-considerations/> is the link to the Specialist Pharmacy Service guidance.

GP practices and community pharmacies in NHS Borders should identify patients who are currently prescribed metolazone and contact Gillian Donaldson (NHS Borders) Gillan.Donaldson@borders.scot.nhs.uk to review the patient, coordinate and support their transition to the licensed Xaqua preparation of metolazone

- It has been estimated that there are low numbers of patients prescribed metolazone across NHS Borders (<5 patients).

The plan for patients being switched from unlicensed metolazone to Xaqua will be individualised and will include:

- **Weight, BP, Us and Es including creatinine pre-switch**
- **Daily weights for the first few days after the switch (to ensure not overdiuresing)**
- **Us and Es including creatinine to be checked 2 days after the switch**
- **Consideration should be given to a small reduction in loop diuretic dose on the first day of the switch as a safety measure.**
- All relevant primary and secondary care staff to be aware of this change in metolazone preparation and to support patient safety
- **GP practices and community pharmacies in NHS Borders should identify patients who are currently prescribed metolazone** and contact Gillian Donaldson (NHS Borders) Gillan.Donaldson@borders.scot.nhs.uk to review the patient, coordinate and support their transition to the licensed Xaqua preparation of metolazone
- Xaqua brand of metolazone should not be prescribed until patients have been reviewed and have a plan for switching from generic metolazone to Xaqua.
- Community pharmacies and BGH to stock and supply only the named Xaqua brand of metolazone from 01/03/2023

Our thanks to Liz Leitch, Formulary Pharmacist, for contributing this article for the March 2023 Prescribing Bulletin.

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Past bulletins can be found at: <http://bgh-bd-intra-01/microsites/index.asp?siteid=5&uid=5>