

NHS Borders Prescribing Bulletin

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March 2024

Anti-coagulant counselling – new patient resources

The resources available for providing patients with information about their anticoagulant treatments are changing.

Direct oral anticoagulants (DOACs) are indicated for both treatment and prevention of venous thromboembolism (VTE) and prophylaxis of stroke and systemic embolism in non-valvular atrial fibrillation (NVAf). These include apixaban and edoxaban, which are joint first-line choices in the [East Region Formulary](#).

Patient counselling points should include: the indication of the anticoagulant; duration of treatment; dosage; interactions and drugs to avoid (e.g. NSAIDs); and side effects inclusive of red-flag symptoms of bleeding which must be investigated.

With the ongoing push towards supply of generic versions of medicines as these become available, NHS Borders Anticoagulant Committee has approved the use of resources for provision of information to patients regarding DOAC medications. For DOAC use for stroke and systemic embolism prophylaxis in NVAf, information can be printed from [AF Association Patient Resources](#), with separate information sheets available for [apixaban](#) and [edoxaban](#). For DOAC use in VTE treatment and prophylaxis, information can be printed from [Thrombosis UK](#). This is a [single information sheet](#) covering DOACs in general. Relevant, drug-specific information may be highlighted before giving this to the patient.

Counselling checklists for apixaban and edoxaban, as well as the relevant information sheets for patients, are available on the NHS Borders Intranet Anticoagulant microsite, under “Patient Counselling”, for use by any healthcare professional who may need to counsel patients.

Many thanks to Rachel McKaig, pharmacist, for contributing this article

Co-trimoxazole – an update of indications

Co-trimoxazole is a synergistic combination of sulfamethoxazole and trimethoprim antibiotics. Co-trimoxazole is being increasingly used in primary and secondary care in the UK as it can offer a useful alternative to co-amoxiclav or quinolones which are associated with relatively high risks of *C. difficile* infection.

Within NHS Borders, co-trimoxazole is used empirically to treat some GI infections and hospital acquired pneumonia and, as part of some intravenous to oral switches. Co-trimoxazole is also used as a directed therapy for a number of other indications on the advice of the Consultant Microbiologist, where bacterial sensitivity is known. Prophylactically it is also used to help prevent pneumonia caused by *Pneumocystis jirovecii* (formerly known as *Pneumocystis carinii*, PCP) and spontaneous bacterial peritonitis.

Widely used in the past, co-trimoxazole has been associated with rare but serious side effects including blood disorders (blood counts should be monitored on prolonged treatment). Prescribers should also be alert to the possibility of significant drug interactions with the antibiotic components sulfamethoxazole and trimethoprim.

Blisters, dosettes, bubble packs – check using the improved stability tool from the Specialist Pharmacy Service

Information on the stability of tablets and capsules transferred from their original packaging into multi-compartment compliance aids (MCAs) is available on the Specialist Pharmacy Services (SPS) website. Stability information had previously been available by searching under individual drug monographs. It has now been collated within the MCA stability tool.

You can access the tool on the SPS website in the “tools” section via [Medicines in Compliance Aids Stability Tool – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

No log in is required.

The tool is based on the [DM+D structure](#), with new features that allow products to be added to a “shopping basket”. The MCA stability tool allow you to search products and then build and print lists specific to you MCA, listing brand names, manufacturers, strengths, formulation, and a recommendation of suitability for use in compliance aids.

Stability notes provide additional information and mitigations where available. Where the word “compatible” is used, this refers to the suitability of each individual medicine in MCAs.



A screenshot of the 'MCA Stability Tool' web interface. The title is 'MCA Stability Tool' with the subtitle 'Find stability recommendations for tablets and capsules.' Below this is a 'Product Search' field containing the text 'aspirin'. To the right of the search field, it says 'Search results (75)' and 'Your List (2)'. The main content area is titled 'Compatible with special measures' and contains two entries. The first entry is for 'Aspirin 75mg dispersible tablets (A A H Pharmaceuticals Ltd)' with a 'Remove' button. Below it are links to explore other Aspirin formulations and suppliers, and a 'Stability Notes' section stating 'Drug hydrolyses in moist air and the rate of hydrolysis is increased by heat. Maximum 8 days in MCA.' The second entry is for 'Lisinopril 20mg / Hydrochlorothiazide 12.5mg tablets (A A H Pharmaceuticals Ltd)' with a 'Remove' button. Below it are links to explore other Lisinopril + Hydrochlorothiazide formulations and suppliers, and a 'Stability Notes' section stating 'Protect from light.' and a 'Provenance' section stating 'This compatibility recommendation is derived from Zestoretic 20 tablets (Atrahs Pharma UK Ltd).'

A reminder.....

The Royal Pharmaceutical Society (RPS) and NICE have both said that **MCAs should not be the first-choice intervention** to help people manage their medicines. They recommend that the use of original packs of medicines should be the preferred choice for the supply of medicines in the absence of a specific need for an MCA in all settings.

The report states that MCAs may be of value for some people who have been assessed as having practical problems in managing medicines. **Each person's needs must be assessed on an individual basis.** Any support must be person centred. Further details can be found at: [Multi-compartment compliance aids \(MCAs\) in adult social care - Care Quality Commission \(cq.org.uk\)](#)

Compost corner – our green issues

Print copies of the British National Formulary (BNF) and BNF for Children (BNFC) will no longer be provided by NHS National Services Scotland (NSS).

Printing and distribution of the BNF and BNFC has a significant carbon footprint and is one of the reasons the decision has been taken to move to digital content.

The BNF and BNFC can both be accessed free of charge online at [BNF \(British National Formulary\) | NICE](#)

The BNF app is available for both iOS and Android at: [Mobile Access to BNF + BNFC app | BNF Publications \(pharmaceuticalpress.com\)](#) or search in the app store. The app is completely free to use; it does not require a NHS email address and will work without an internet connection once downloaded.

Further details are available at: [Discontinuation of print copies of British National Formulary \(BNF\) and British National Formulary for Children \(BNFC\) \(scot.nhs.uk\)](#)

E-cigarette use or vaping: reminder to remain vigilant for suspected adverse reactions and safety concerns and report them to the Yellow Card scheme

Healthcare professionals should be vigilant for suspected adverse reactions and safety concerns associated with e-cigarettes and e-liquids, commonly known as vapes. Please report adverse reactions to the Yellow Card scheme and promote vigilance among patients.

A recent [Drug Safety Update](#) provides the following advice:

Advice for healthcare professionals:

- document use of e-cigarette products, commonly referred to as 'vapes' and 'vaping' in the medical records for all patients when taking a medical history (see [Document e-cigarette use in medical records](#))
- advise patients to be vigilant about suspected adverse reactions that occur after the use of e-cigarettes and e-liquids
- advise patients to purchase and use legally compliant e-cigarette and e-liquid products
- report any suspected adverse reactions or safety concerns to the [Yellow Card Scheme](#) and include as many details as possible to ensure the MHRA can continue to perform safety vigilance

Advice for healthcare professionals to give to patients:

- continuous reviews by the Office for Health Improvement and Disparities (OHID) have found that whilst not risk-free, vaping (e-cigarette use) is significantly less harmful than smoking and is one of the most effective tools to help adults quit smoking
- only purchase and use 'notified' products from reputable retailers; check if a product has been notified to the MHRA and meets the minimum requirements for supply in the UK by verifying if the product is present in the MHRA ECIG Publications List (see [Advice for consumers](#))
- talk to your doctor, a stop-smoking advisor or another healthcare professional if you experience any side effects or have any concerns about the product you are using
- report any side effects or safety concerns that you have to the [Yellow Card scheme](#) and provide as much information as possible to help the MHRA assess your report

How to report any suspected adverse reactions and safety concerns

Healthcare professionals and members of the public can report any suspected adverse reactions (ADRs) or safety concerns associated with nicotine-containing e-cigarettes and e-liquids to the MHRA via the Yellow Card website. Reporting contributes to the continuous monitoring and safety evaluation of e-cigarettes.

When submitting a Yellow Card report, please provide as much information as possible. The following information is particularly valuable for our assessment of reports:

- name and brand, strength, flavour, and batch number of the product used
- ECID number of the product (this is a 12-digit number that may be printed on the outer packaging or product itself)
- duration and frequency of use
- time to onset of the adverse reaction
- medical history including tobacco use and smoking status, details of any pre-existing respiratory disease, seizure disorders and cardiovascular history

Please include any other relevant information including concomitant medications or substances used.

Article citation: Drug Safety Update volume 17, issue 4: November 2023: 3.

Our quarterly quote:

The doctor of the future will give no medicine, but will interest his patient in the care of the human frame, in diet and in the cause and prevention of disease.

Thomas A Edison; 1903

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Many thanks to Suzy Cuthbert, librarian for contributing this article.

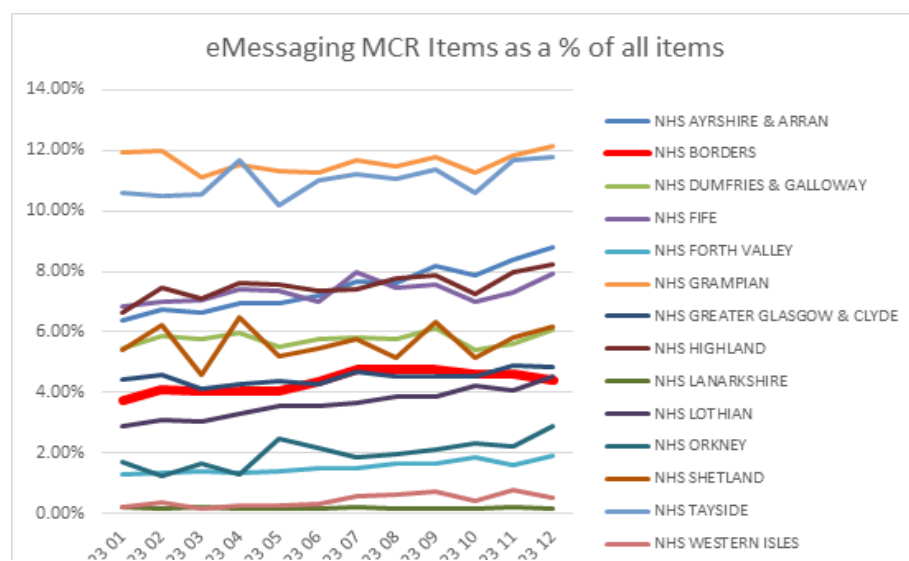
Serial Prescribing Feedback

Effective use of serial prescribing can help to improve practice resilience by reducing GP practice and pharmacy staff workload and enhance patient outcomes and the overall care experience for people, families and staff. Health Care Improvement Scotland have produced a useful [toolkit](#) to help in setting up and implementing serial prescribing.

A training update on serial prescribing for the pharmacy team held in January was well attended and full of useful information. If you would like to hear the recording of the session, please contact:

prescribing.bulletin@borders.scot.nhs.uk

The graph below shows that serial prescriptions as a percentage of all items is currently at 4.67% in NHS Borders (the thick red line).



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