



Shake up of nutritional support prescribing - Complan Shake®

The Plymouth Area Joint Formulary (PAJF) recommends risk assessment of malnourished patients using the Malnutrition Universal Screening Tool (MUST).

Oral nutrition supplements (sip feeds) are a useful option for addressing malnutrition in some patients, however, food fortification should be considered as the first line option.

The recent addition of Complan Shake® to the PAJF provides an alternative cost-effective option in patients not requiring complete nutritional support but for whom food fortification alone has not been successful. Where a patient is reliant entirely on supplements, Fresubin Energy® remains the first line formulary choice.

Each sachet of Complan Shake® should ideally be reconstituted with 200mls of whole milk to achieve the highest nutritional profile, but water can be also used. It is best served cold, but can be made up with warm liquid if preferred. It can also be added to food.

Each year Plymouth PCT spends approximately £460,000 on nutritional supplements of which £280,000 is spent on milk based or milk style products. Complan Shake® is a more cost effective option and is almost **£1 cheaper per unit**.

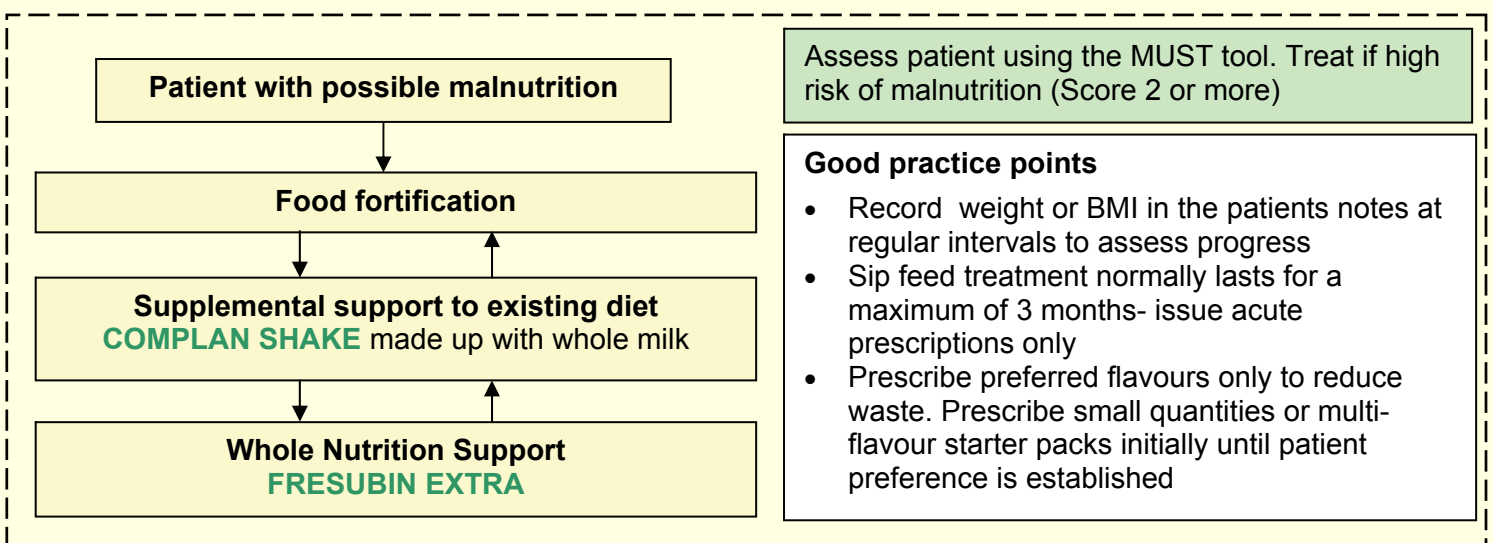
Complan Shake® however is not appropriate in the following patients:

- Patients requiring complete nutrition (i.e. reliant entirely on supplements)
- Renal patients (CKD 4 and 5)
- Vegans and patients with lactose intolerance
- Patients with problems with dexterity problems (unless with care support)
- Patients with limited access to fresh milk
- Palliative care patients
- Patients receiving specialist dietetic input



Where a prescription does not state a preferred flavour please could we ask pharmacies to establish the patients' initial preference before dispensing to avoid patients receiving flavours they do not enjoy.

Thank you in advance.



Plymouth Area Joint Formulary (PAJF) website: www.plymouthformulary.nhs.uk To assist in promoting safe, cost-effective prescribing in both primary and secondary care within the Plymouth Health Community.



Citalopram and escitalopram : QT interval prolongation- new maximum daily dose restrictions, contraindications and warnings (MHRA Drug Safety update Dec 2012)

Citalopram and escitalopram are associated with dose-dependent QT interval prolongation and should not be used in those with: congenital long QT syndrome; known pre-existing QT interval prolongation; or in combination with other medicines that prolong the QT interval.

ECG measurements should be considered for patients with cardiac disease. Electrolyte disturbances should be corrected before starting treatment.

For citalopram, new restrictions on the maximum daily doses now apply: 40 mg for adults; 20mg for patients older than 65 years; and 20 mg for those with hepatic impairment.

For escitalopram, the maximum daily dose for patients older than 65 years has now reduced to 10 mg/day; other doses remain unchanged.



Use with drugs known to prolong QT Interval

Citalopram and escitalopram may have an additive effect to other drugs that prolong the QT interval.

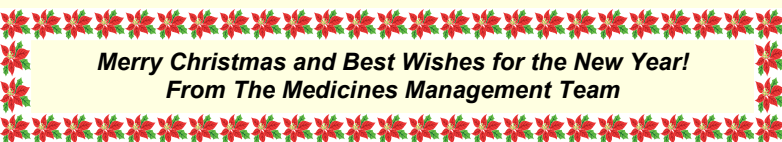
Coadministration of citalopram and escitalopram with medicines that prolong the QT interval is therefore contraindicated. These include:

- Class IA and III antiarrhythmics (eg, amiodarone, dronedarone, quinidine)
- Antipsychotics (e.g. fentiazine derivatives, pimozide, haloperidol)
- Tricyclic antidepressants
- Some antimicrobial agents (e.g. sparfloxacin, moxifloxacin, erythromycin IV, pentamidine, antimalaria treatment - particularly halofantrine)
- Some antihistamines (astemizole, mizolastine)
- Some antiretrovirals (e.g. ritonavir, saquinavir, lopinavir)



Use with drugs that increase escitalopram and citalopram levels

Patients taking concomitant medications known to increase plasma levels of escitalopram and citalopram may require a dose reduction in light of the most recent QT data. Drugs known to increase plasma concentrations of escitalopram and citalopram include some antiretroviral medications, and omeprazole and cimetidine. Details of specific interactions can be found in individual Summaries of Product Characteristics <http://www.medicines.org.uk/emc>



**Merry Christmas and Best Wishes for the New Year!
From The Medicines Management Team**

Fostair® special precautions for storage



Compared with other inhalers available, Fostair® has some unique special precautions for storage. These can be found in both the Summary of Product Characteristics (SPC) and the Patient Information Leaflet (PIL).

The main special precautions for storage include:

- **Prior to dispensing:** Fostair® should be stored in a refrigerator between 2-8°C (for a maximum of 15 months).
- **After dispensing:** Fostair® should not be stored above 25°C. The patient should be informed not to use their inhaler 5 months after receiving it from the pharmacy.

The product SPC states “the pharmacy ensures that there is a period of at least 5 months between the date of dispensing and the expiry date printed on the pack”. It is also important the expiry date label on the outer packaging is completed during the dispensing process.



Unfortunately patients will often dispose of both the outer carton and PIL once the inhaler is in use and may forget their inhaler should be disposed of after 5 months. This highlights the importance of ensuring the patient is aware of the expiry date.

**MHRA Drug Safety Update
November /December 2011**



- **Citalopram and escitalopram:** see article above
- **Dabigatran (Pradaxa ▼):** risk of serious haemorrhage - need for renal function testing. Renal function should be assessed in all patients before starting dabigatran and at least once a year in patients older than 75 years or those with a suspected decline in renal function. Dabigatran is contraindicated in patients with severe renal impairment (creatinine clearance <30 mL/min).

For further information: <http://www.mhra.gov.uk>