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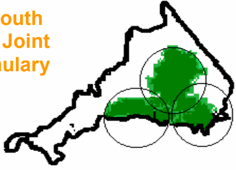

JOINT FORMULARY NEWSLETTER

Antibiotics in Lymphoedema

We have had some correspondence regarding the use of antibiotics in lymphoedema, which was passed on the Derriford Microbiologists. They have given us this statement:
The British Lymphology Society (BLS) have guidelines dealing with the treatment of lymphoedema cellulitis that appear at first glance to contradict local policy where in fact they are compatible. Local policy is to treat cellulitis with flucloxacillin alone. This is in keeping with many national guidelines[1] and allows cover of both common infecting bacteria, methicillin sensitive Staphylococcus aureus and group A streptococcus. Where one is confident that the cause of the skin and soft tissue infection is Group A streptococcus then oral amoxicillin or intravenous benzylpenicillin is reasonable. Cellulitis complicating lymphoedema is usually due to Group A streptococcus and where a prescriber is **confident of the infection aetiology** then penicillin or amoxicillin is a reasonable choice. As the confidence in aetiology may be misplaced the empirical use of flucloxacillin is the locally preferred option for the treatment of lymphoedema associated cellulitis. It should be noted that the BLS advise of ciprofloxacin for infection associated with an animal bite or lick in a penicillin allergic patient should be viewed with caution. As this antibiotic has poor activity against staphylococci and anaerobes this should NOT be used. Instead a combination of levofloxacin and clindamycin is favoured.
Dr James Greig, Consultant Medical Microbiologist on behalf of Derriford Microbiologists.

Metformin MR

Metformin MR has been added to the PAJF for second-line use (blue). **It should only be used where the standard-release tablets have been tried and are not tolerated due to GI problems.** Any new prescription of the MR preparation should be reviewed soon after initiation and discontinued if not tolerated or ineffective. It should be noted that the MR preparation should usually be taken once daily with the evening meal. If control is not achieved using 2g once daily the dose should be changed to 1g twice daily with meals.
It should be noted that the MR tablets are considerably more expensive than standard-release tablets:
Metformin tablets 500mg tds - £1.60 for 28 days treatment
Metformin MR 1.5g od - £6.40 for 28 days treatment
It is anticipated that within Plymouth PCT the prescribing and medicines management team will be auditing the use of Metformin MR within the next year.

VSL#3 for pouchitis

VSL#3, a probiotic food supplement has recently been added to the formulary for use in recurrent pouchitis not responding to antibiotic therapy. It has been added as "yellow" specialist initiated and **must only** be initiated by a consultant gastroenterologist. GPs may then continue treatment if it is successful and required long term. The usual dose is one or two sachets daily dissolved in water.
VSL#3 is not licensed as a medicine and is marketed for use in the dietary management of bowel conditions such as ulcerative Colitis, irritable bowel syndrome and pouchitis. The evidence base for VSL#3 is very weak except for use in pouchitis. All other patients requesting VSL#3 should be advised that it is available to purchase.

Feedback Needed

We are at that time of the year where we are thinking about the printing of the next edition of the Plymouth Area Joint Formulary. We need your feedback on the current format of the book.
Do you have any suggestions for changes to the format that we could make? Are you able to find the information you need?
We can assume what you need, but we don't know unless you tell us.
So, all comments are welcome!
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Effective Prescribing in the Plymouth Health Community

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Remember, for the most up to date Formulary: www.pajf.plymouth.nhs.uk