

Joint Formulary News

January 2011

Effective Prescribing in the Plymouth
Health Community

Chapter 6—Endocrine System review

The review of this Chapter has been completed. Thank you to everyone who made comment and helped us with this review, in particular Paddy English and Paul Hancock. The main areas of change are in sections 6.1 Drugs for diabetes and 6.6 Drugs affecting bone metabolism.

Three new appendices have been added which we hope will be helpful:

- [Quick Guide – Care Pathway for Blood Glucose Lowering Therapy in Type 2 Diabetes](#)
- [Algorithm for Primary and Secondary Prevention and Treatment of Osteoporosis in Men and Women](#)
- [Management of glucocorticoid-induced osteoporosis in men and women](#)

The guidance has also been amended and updated regarding **exenatide** and **liraglutide**.



Although these remain as 'yellow drugs' in the formulary, it was decided that it is appropriate for GPs to initiate treatment provided the guidance in the formulary is followed. Any GP not happy to initiate treatment can still refer patients to the Diabetic Clinic.

The reviewed chapter can be found at: www.plymouthformulary.nhs.uk

Website v Book—Opinions wanted



Our formulary website has now been live for 12 months and consequently any formulary books still on your desks are now very out of date. We need to find out if a book edition of the formulary is required, in addition to the website. The information that we have now been able to put onto the website is much more than we could ever include in a book, so we need to know what would be required.

- Do you access the website? Are you still using the book? If you are not using the website what is preventing you?
- What sort of information do you regularly look up in the formulary?
- Are there any sections of the formulary that would be useful as 'stand-alone' booklets?
- Would just a list of drugs, referring to the website for further information be any use?

Please do give us your opinions, comments and suggestions. We only have a formulary as excellent as it is because of the comments and suggestions from the people that use it, so please do take some time to consider what is needed.

Please send your comments to carol.webb@plymouth.nhs.uk or to the address below.

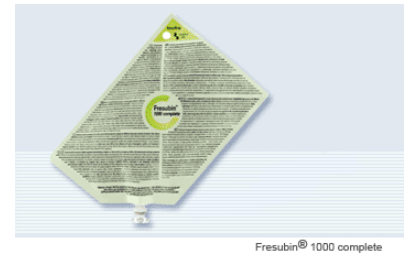


Recent updates to the Plymouth Area Joint Formulary

Fondaparinux —Hospital only	for use in Acute Coronary Syndrome
Renvela [®] (sevelamer carbonate)	Sevelamer is already on the formulary as the hydrochloride salt, (Renagel [®]). The carbonate has better gastrointestinal tolerance and is also available as a 2.4g sachet in addition to the 800mg tablets. Both products have been shown to have equal efficacy.

Change in Contract for Enteral Feeds

The contract for the supply of all enteral feeds was recently awarded to Fresenius Kabi by the Peninsula Purchasing and Supply Alliance. This means that all patients on home enteral tube feeds who receive a service currently provided by Abbott "Hospital to Home Service" will transition over to Fresenius Kabi's service "HomeCare". The Home Enteral Tube Feeding Service led by dietitians will be liaising closely with both



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patient's enteral tube feeding requirements and enteral feeding regimens in the usual way. If you have any queries please don't hesitate to contact The Home Enteral Feeding Team Dietitians on 314925.

Please remember to follow the NICE guidelines when prescribing oral nutrition supplements and conduct a MUST assessment when malnutrition is suspected. For more information please consult the PAJF <http://www.plymouthformulary.nhs.uk/94-Oral-nutrition/>

Paracetamol—low body weight adult patients

There has been a recent article published in the BMJ (BMJ 2010; 341:c6764) <http://www.bmj.com/content/341/bmj.c6764.full> relating to the accidental overdose of paracetamol to two patients with a low body weight; 30kg (BMI 12) and 44kg (BMI 17) receiving the standard 4g/day of paracetamol. Paracetamol has a narrow therapeutic index, and severe hepatocellular necrosis may follow the oral ingestion of a single high dose. Both of the patients described in the article were underweight and had additional factors that made them at increased risk of hepatotoxicity. One patient weighed 30kg and his daily dose of 4g was therefore 133mg/kg. The daily dose received by the second patient was 91mg/kg. Doses of this magnitude repeated daily in individuals with inadequate metabolic capacity may lead to liver injury, which in severe cases may result in acute liver failure.



There has been a similar case locally last year when a young underweight female's death was in part attributed to paracetamol induced damage to the liver. She had been prescribed 3g daily regularly, but had received a prn dose because her pain was not controlled.

The daily dose of paracetamol should not exceed 60mg/kg when prescribed for adults weighing <50kg. The maximum daily dose should be reduced to 3g for adult patients with hepatocellular insufficiency, chronic alcoholism, chronic malnutrition, or dehydration.

New Shared Care Guidance

Two new Shared Care Guidance have been added to the Formulary.

- [Shared Care Information on the prescribing of hydroxycarbamide](#)
- [Shared care information on the prescribing of somostatin analogues \(octreotide or lanreotide\) for the treatment of acromegaly in adults](#)

