Drug Safety Update for December 2014 contains new advice for healthcare professionals when using ivabradine (Procoran®) in the treatment of symptomatic angina. This medication has been linked with bradycardia, atrial fibrillation and other cardiovascular risks and the following new recommendations have been made.

- Only start ivabradine if the resting heart rate is at least 70 beats per minute
- Do not prescribe ivabradine with other medicines that cause bradycardia, such as verapamil, diltiazem or strong CYP3A4 inhibitors
- Monitor patients regularly for atrial fibrillation. If atrial fibrillation occurs, carefully reconsider whether the benefits of continuing ivabradine treatment outweigh the risks
- Consider stopping ivabradine if there is no or only limited symptom improvement after 3 months

This section also reminds clinicians of the risk of psychiatric disorders with isotretinoin (Roaccutane®) which is used in severe acne resistant to systemic antibacterials and topical therapy. Clinicians are reminded that this medicine should only be prescribed under specialist supervision (it is a hospital only drug in the Cornwall Joint Formulary) and that patients and their family should be warned that the treatment might cause psychiatric disorders such as depression, anxiety, and in rare cases suicidal thoughts. Reporting of such symptoms should be encouraged and appropriate action taken if they arise; simply stopping isotretinoin may not be enough to alleviate symptoms.


POTASSIUM PERMANGANATE AND ACCIDENTAL INGESTION

NHS England has issued a Patient Safety Alert warning of the risk of death or serious harm from accidental ingestion of potassium permanganate preparations. Analysis of the National Reporting and Learning System has identified 43 incidents in the past three and a half years where potassium permanganate tablets have been ingested orally by patients. Although none of these incidents were reported as causing severe harm or death, any later effect on the patient was not always clearly described. The Alert notes that although packaging clearly states potassium permanganate should not be swallowed, it is very unusual for a topical preparation to come in a tablet form, and therefore some staff, patients and carers may accidentally treat it as an oral preparation.

There were 44 GP scrips for potassium permanganate tablets (Permitabs) 400mg in the Sept14 quarter for NHS Kernow. Though infrequently used, do doctors, nurses and pharmacy communicate clearly to patients that these tablets are not for oral consumption?


DEPRESCRIBING

A paper in BMJ Open attempts to synthesise qualitative studies that explore prescribers’ perceived barriers and enablers to minimising potentially inappropriate medications (PIMs) chronically prescribed in adults.

Twenty-one studies were included; most explored primary care physicians’ perspectives on managing older, community-based adults. Barriers and enablers to minimising PIMs emerged within four analytical themes: problem awareness; inertia secondary to lower perceived value proposition for ceasing versus continuing PIMs; self-efficacy in regard to personal ability to alter prescribing; and feasibility of altering prescribing in routine care environments given external constraints. The first three themes are intrinsic to the prescriber (eg, beliefs, attitudes, knowledge, skills, behaviour) and the fourth is extrinsic (eg, patient, work setting, health system and cultural factors). The authors note that prescribers are making decisions in the face of immense clinical and health system complexity. The fog of polypharmacy clouds a prescriber’s capacity and confidence to identify PIMs which, to be overcome, requires complete and accurate clinical information and decision support. Appropriate deprescribing needs to be regarded as equally important and achievable as appropriate initiation of new medications.

They conclude that a multitude of highly interdependent factors shape prescribers’ behaviour towards continuing or discontinuing PIMs. A full understanding of prescriber barriers and enablers to
changing prescribing behaviour is critical to the development of targeted interventions aimed at deprescribing PIMs and reducing the risk of iatrogenic harm.

http://bmjopen.bmj.com/content/4/12/e006544.full.pdf+html

### NICE GUIDANCE


**NICE TA 327 (Dec’14) - Dabigatran: deep vein thrombosis and/or pulmonary embolism** - recommends this treatment as a possible treatment for adults with deep vein thrombosis or pulmonary embolism. [https://www.nice.org.uk/guidance/ta327](https://www.nice.org.uk/guidance/ta327)

### ASTHMA AND EFFECT OF INHALED STEROIDS ON GROWTH

A Cochrane review found that, in children and young people with persistent asthma, during the first year of treatment, low-to-moderate doses of inhaled corticosteroids were associated with a statistically significant reduction in linear growth velocity (mean difference −0.48 cm/year) and a lower increase in height from baseline (mean difference −0.61 cm) compared with placebo or non-steroidal asthma drugs. The difference appeared less pronounced in subsequent years. A second Cochrane review found that, compared with lower doses, linear growth velocity was reduced by 0.20 cm when higher doses of inhaled corticosteroids were used in children aged less than 12 years with persistent asthma. These findings support the recommendations in the current British guideline on the management of asthma to use the lowest dose of inhaled corticosteroid that maintains disease control in children with asthma, and to monitor height and weight annually.


### OPIOIDS IN RENAL IMPAIRMENT

UKMI have recently published a useful document titled ‘Which opioids can be used in renal impairment?’ This includes useful dosing tables and can be found at the link below. In summary:

- Dihydrocodeine and pethidine should be avoided in RI
- Codeine should be used cautiously in mild to moderate RI and avoided in severe RI, although it is used in practice in some renal units
- Tramadol, diamorphine, morphine, hydromorphone, methadone and oxycodone should be used with caution in RI. Patients should be started on low doses and/or with extended intervals. The dose should be slowly titrated upwards depending on response and any observed adverse effects.
- Fentanyl, alfentanil and buprenorphine are the safest opioids for use in RI.

[http://www.evidence.nhs.uk/search?q=%22Which+opioids+can+be+used+in+renal+impairment%22](http://www.evidence.nhs.uk/search?q=%22Which+opioids+can+be+used+in+renal+impairment%22)

### PREGABALIN & GABAPENTIN – ADVICE ON THE RISK OF MISUSE

This document provides information regarding the potential for misuse of pregabalin and gabapentin, and suggestions for a balanced, rational use of these medications. It is noted the majority of patients will use these medicines appropriately but that in some cases they can lead to dependence and may be misused or diverted. It is suggested that less harmful, alternative drugs can often be first-line treatments for the indicated conditions for which pregabalin and gabapentin are now used, and may be tried preferentially in higher risk settings or in patients who may be more likely to be harmed by the drugs.


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