**Medicines**



**Optimisation news headlines**

**March 2019**

**FreeStyle Libre flash glucose monitoring system – DVLA regulations for driving**

According to DVLA guidelines, people with type 1diabetes and those with type 2 diabetes on insulin should check their blood glucose levels within two hours of starting to drive and every two hours thereafter

Interstitial glucose monitoring systems such as the FreeStyle Libre® may now be used for monitoring glucose at times relevant to driving group 1 vehicles (cars and motorcycles). Users of these systems must also carry a standard finger prick meter for driving purposes, as there are times when confirmatory blood glucose levels are required:

* When glucose level is 4.0mmol/L or below
* When symptoms of hypoglycaemia are being experienced
* When glucose monitoring system gives a reading not consistent with the symptoms experienced.

The use of interstitial glucose monitoring systems in group 2 (bus and lorry) driving and licensing is not permitted. Group 2 drivers who use these devices must continue to monitor finger prick blood glucose levels with the defined regularity.

For more information on blood glucose monitoring and DVLA requirements see <https://www.gov.uk/guidance/diabetes-mellitus-assessing-fitness-to-drive>

**Probiotics**

In 2018, following a public consultation, NHS England published [guidance](https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf) on conditions for which over the counter (OTC) items should not be routinely prescribed in primary care. It listed 35 minor health conditions where either the condition is self-limiting, self-care may be more appropriate or the products generally used are of limited clinical effectiveness. Probiotics (e.g. VSL#3®) are in the latter group.

Previously certain probiotics were listed in the ACBS section of the Drug Tariff for the maintenance of antibiotic induced remission of ileoanal pouchitis in adults. However this listing has now been removed and prescribing is not recommended for any indication. There is currently insufficient clinical evidence to support prescribing of probiotics within the NHS and routine prescribing of such products should be avoided in primary care.

**Fluoroquinolones**

The MHRA have repeated their warnings about the possibility of irreversible side effects with fluoroquinolones. Full prescribing recommendations can be found through the [link](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/787952/March-2019-PDF-final.pdf).

A [patient advice sheet](https://assets.publishing.service.gov.uk/media/5c9364c6e5274a48edb9a9fa/FQ-patient-sheet-final.pdf) has also been produced to inform patients of the potential side effects and what to do should they occur.

**Antibiotic guidance for treatment of uncomplicated UTIs**

Following publication of [NICE guidance](https://cks.nice.org.uk/urinary-tract-infection-lower-women#!management) on antimicrobial prescribing in urinary tract infection some questions have been raised about the preferred treatment for uncomplicated UTI. NICE and the local South Central Antimicrobial Network (SCAN) guidance are in agreement that first line treatment should be with either nitrofurantoin or trimethoprim:

* Nitrofurantoin 100mg m/r twice a day

(providing eGFR is greater than 45mL/min)

* Trimethoprim 200mg twice day.

Trimethoprim is suitable for people who have a low risk of resistance. A high risk of resistance is most likely if trimethoprim has been prescribed to the person in the previous three months or for older people in residential facilities.

A three day course should be prescribed for women and a seven day course for men.

Choice of second line treatment for women should be:

* nitrofurantoin (if trimethoprim was used first line)
* or pivmecillinam (400mg stat then 200mg three times for three days)
* or fosfomycin (the contents of a 3g sachet as a single dose)

Ideally second line treatment should only be started on receipt of positive sensitivity results.

The main difference in SCAN guidance is the addition of amoxicillin as a second line option where indicated by positive sensitivity results. Local epidemiology has indicated that it is an effective treatment when prescribed at a dose 500mg three times a day for three days.

NICE has taken a more cautious approach where second line treatment for men is concerned. Early consideration of alternative diagnoses, such as acute pyelonephritis or acute prostatitis is advised and further treatment for UTI should always be based on sensitivity results.

**Bath and shower emollients**

[BATHE](https://www.bmj.com/content/361/bmj.k1332) was a randomised controlled trial, carried out through centres in Southampton, Bristol and Cardiff, to determine the clinical effectiveness and cost effectiveness of including emollient bath additives in the management of eczema in children. As mentioned in a previous newsletter, the study did not show any evidence of clinical benefit for including emollient bath additives in the standard management of childhood eczema. In terms of safety, there are potential harms from using bath emollients such as skin irritation and greasier bath surfaces that can increase the risk of slips and accidents. There is also a concern that if bath emollients are used in place of leave-on emollients people will be receiving substandard therapy.

Based on the results of the BATHE study, bath and shower preparations have been included in the national consultation on [products of low clinical effectiveness](https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-precscribed-in-pc-ccg-guidance.pdf) which closed on 28th February. We still await the final outcome, but the provisional recommendation is that they should no longer be prescribed in primary care. Leave-on emollients can be prescribed in place of soap where appropriate for the treatment of chronic eczema or dermatitis. Practices will be supported to implement the recommendations from this consultation.

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