

Prescribing and Medicines Optimisation Guidance

Issue: 61

Date: 15th December 2021

1. NICE: Heart valve disease presenting in adults: investigation and management – guidance (NG208) ([Link](#))

This new NICE guideline covers investigation and management of heart valve disease in adults. It aims to improve quality of life and survival through timely diagnosis and appropriate intervention. It includes guidance on surgical interventions and pharmacological management. This guideline updates and replaces the recommendations on valve surgery and percutaneous intervention in the NICE guideline on acute heart failure (published October 2014).

2. NICE: Type 2 diabetes in adults: management (NG28) - guidance (update) ([Link](#))

The guidance has been updated to make recommendations on the use of SGLT2 inhibitors in adults with type 2 diabetes and chronic kidney disease who are taking an angiotensin receptor blocker (ARB) or an angiotensin-converting enzyme inhibitor (ACE). Guidance for the management of chronic kidney disease (NG203) has also been updated with these details.

For adults with chronic kidney disease and type 2 diabetes, offer an ARB or an ACE inhibitor (titrated to the highest licensed dose that the person can tolerate) if albumin-to-creatinine ratio (ACR) is 3 mg/mmol or more, as recommended in the NICE guideline on chronic kidney disease.

For adults with type 2 diabetes and chronic kidney disease who are taking an ARB or an ACE inhibitor (titrated to the highest licensed dose that they can tolerate), offer an SGLT2 inhibitor (in addition to the ARB or ACE inhibitor) if:

- ACR is over 30 mg/mmol and
- they meet the criteria in the marketing authorisation (including relevant estimated glomerular filtration rate [eGFR] thresholds).

For adults with type 2 diabetes and chronic kidney disease who are taking an ARB or an ACE inhibitor (titrated to the highest licensed dose that they can tolerate), consider an SGLT2 inhibitor (in addition to the ARB or ACE inhibitor) if:

- ACR is between 3 and 30 mg/mmol and
- they meet the criteria in the marketing authorisation (including relevant eGFR thresholds).

In December 2021, not all SGLT2 inhibitors were licensed for this indication. See NICE's information on prescribing medicines. ([Link](#))

3. NICE: Fever in under 5s: assessment and initial management ([Link](#))

This guideline covers the assessment and early management of fever with no obvious cause in children aged under 5. It aims to improve clinical assessment and help healthcare professionals diagnose serious illness among young children who present with fever in primary and secondary care.

Locally, the Healthier Together website ([Link](#)) provides a wealth of resources and information for parents/carers and healthcare professionals alike. Antibiotics are rarely needed for most common respiratory tract infections in young children and their use contributes to antimicrobial resistance, health-seeking behaviour and associated GP consultation rates. Practices looking to reduce their antibiotic use in young children may wish to avail themselves of an educational outreach meeting facilitated by members of the Medicines Optimisation team to discuss prescribing data and audit antibiotic use ([Contact](#)).

4. NICE: Tobacco: preventing uptake, promoting quitting and treating dependence ([Link](#))

This guideline covers support to stop smoking for everyone aged 12 and over, and help to reduce people's harm from smoking if they are not ready to stop in one go. It also covers ways to prevent children, young people and young adults aged 24 and under from taking up smoking. The guideline brings together and updates all NICE's previous guidelines on using tobacco, including smokeless tobacco. It covers nicotine replacement therapy and e-cigarettes to help people stop smoking or reduce their harm from smoking. It does not cover using tobacco products such as 'heat not burn' tobacco.

5. COVID-19: the green book, chapter 14a – update ([Link](#))

Updated to include more background on variants and clinical trials in younger children, advice on offering boosters to 18 to 39 year olds, advice on boosters for severely immunosuppressed after a third dose, advice on second doses of vaccine for children aged 12 to 15 years and potential flexibility around schedules in under 18s in a changing epidemiological situation..

6. UKHSA: Myocarditis and pericarditis after COVID-19 vaccination: guidance for healthcare professionals ([Link](#))

The UK Health Security Agency (UKHSA), in partnership with the Royal College of General Practitioners (RCGP) and the Royal College of Emergency Medicine (RCEM), has produced this clinical guidance to support the detection and management of clinical cases of myocarditis and pericarditis associated with coronavirus (COVID-19) vaccination.

It is a living document and will be reviewed and updated as further data becomes available.

7. SPS: COVID-19 vaccination and rare side effects including blood clotting ([Link](#))

This resource provides information about rare side effects associated with COVID-19 vaccination focussing on blood clotting, myocarditis and Guillain-Barre syndrome. Incidence and vaccines implicated, and age specific advice as well as management strategies are included.

8. SPS: Using potassium permanganate for skin conditions or wound care ([Link](#))

Potassium permanganate is a chemical product (not a medicine) and is used as a topical preparation for the care of wound or skin conditions in the community and hospital setting. Potassium permanganate is classed as ‘an oxidising agent’ which is thought to confer bactericidal properties. The limited evidence for using it in wound care is reviewed and the article highlights the risk of severe harm associated with wrong use.

An NHS England patient safety alert from 2014 [LINK](#) highlights the risk of death or serious harm from accidental ingestion of potassium permanganate preparations. Despite the alert, serious medication errors continue to be reported via the National Reporting and Learning system (NRLS).

9. NHSE&I: Deployment of COVID-19 treatments for highest risk non-hospitalised patients [LINK](#)

Last week the government announced a policy for providing neutralising monoclonal antibodies (nMABs) or antiviral treatments ([LINK](#)) for the highest risk non-hospitalised patients with COVID-19. Further details are available on what general practice teams need to be aware of, and information useful to community pharmacies who may be asked patient questions. GPs will not need to prescribe or dispense nMABs or antivirals. However, your practice might need to refer highest risk patients to the local COVID Medicine Delivery Unit (CMDU) who can assess eligibility and arrange treatment. You are encouraged to help recruit to the national study.

10. MHRA: Haloperidol (Haldol): reminder of risks when used in elderly patients for the acute treatment of delirium [link](#)

A reminder to healthcare professionals that elderly patients are at an increased risk of adverse neurological and cardiac effects when being treated with haloperidol for delirium. The lowest possible dose of haloperidol should be used for the shortest possible time, and cardiac and extrapyramidal adverse effects should be closely monitored.

11. UKHSA: Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza [link](#)

This guidance has recently been updated. It includes information on definitions, treatment of suspected or confirmed influenza, post-exposure prophylaxis and use of antivirals in pregnancy, breastfeeding, hepatic or renal dysfunction. Prescribing of antivirals in England under General Medical Services contracts is limited to periods when: 'the Department of Health and Social Care (DHSC) has notified general medical practitioners that the influenza virus is circulating in the community.' This notification is issued by the Chief Medical Officer (CMO) for England or a deputy CMO.

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Previous bulletins can be found at: <https://gp-portal.westhampshireccg.nhs.uk/medicines/covid-19-medicines-information/covid-19-medicines-optimisation-bulletins/>