



Prescribing and Medicines Optimisation Guidance

Issue: 74

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1. Dry eye guidelines

The updated local Dry Eye Syndrome guidelines are now available on the GP portal [LINK](#)

These are approved for use within the Basingstoke, Winchester, Southampton and Portsmouth and South East Hampshire areas. For the Isle of Wight please follow this link: [Isle of Wight Formulary \(iowformulary.nhs.uk\)](http://iowformulary.nhs.uk)

2. Southern Health guidelines

The following mental health guidelines are now available on the Southern Health external website [LINK](#)

- CP 110 – Depression management guideline
- CP 111 – Antipsychotics guideline
- CP 113 – Shared care guideline for prescribing lithium
- CP 114 – Clozapine guideline
- CP 136 – Guidelines for treatment of primary insomnia
- CP 249 – Physical health monitoring for psychotropic medication
- CP 250 – Psychotropic medications during pregnancy and breastfeeding
- CP 58 – Cholinesterase Inhibitors and memantine guideline
- CP 91 – Anxiety treatment guideline
- CP 92 – Bipolar guideline

3. Oral anticoagulation (OAC) for non-valvular atrial fibrillation (NVAf) following NHSE direct-acting oral anticoagulant (DOAC) commissioning recommendations [LINK](#)

This guidance has been produced by the Primary Care Cardiovascular Society and published on their website (July 2022). It has been endorsed by the main professional bodies and helps support the PCN DES IIF (see below CVD-06) for the use of edoxaban in NVAf.

[CVD-06: Number of patients who are currently prescribed edoxaban, as a percentage of patients on the QOF Atrial Fibrillation register and with a CHA₂DS₂-VASc score of 2 or more (1 or more for patients that are not female) and who are currently prescribed a DOAC]

The guidance covers:

- Initiating OAC for NVAF (including ongoing monitoring requirements)
- Switching from warfarin to a DOAC
- Switching from another DOAC to edoxaban
- DOAC prescribing for NVAF
- Counselling checklist for DOACs

For stroke prevention in AF, please take the opportunity to Make Every Contact Count. Please **DETECT**, **PROTECT** and **PERFECT**.

1. **Detect** AF by conducting pulse palpation in high-risk individuals (one quarter of patients in our stroke units are patients with AF who were not anticoagulated prior to admission)
2. **Protect** by initiating (and stopping) OAC appropriately
3. **Perfect** the treatment regime by keeping on top of the monitoring and dose adjustments required with changing weight, age and renal function.

N.B. Good communication is essential when switching OACs so that the patient, carer and dispenser are fully engaged with/ informed of the process. Unfortunately, there have been several reports of patients being prescribed both warfarin and a DOAC, or concomitant prescription of two different DOACs.

4. MHRA Drug Safety Update Aug 2022 : Nebulised asthma rescue therapy in children: home use of nebulisers in paediatric asthma should be initiated and managed only by specialists [LINK](#)

Use of a nebuliser purchased independently of medical advice for use in the home to deliver nebulised asthma rescue medications to children can mask a deterioration in the underlying disease and may increase the risk of potentially fatal delays in seeking medical attention if asthma deteriorates.

The MHRA is aware of several fatal cases in children in England, which occurred between 2008 and 2022, in which clinically unsupervised use of a nebuliser was a potential contributory factor in the child's death from asthma.

If home use of a nebuliser for the acute treatment of asthma in children under 18 years of age is considered necessary, this should be initiated and managed by an appropriate specialist, such as a respiratory specialist paediatrician . This is consistent with current clinical guidance.

Community pharmacists are asked to advise people seeking to purchase a nebuliser for this purpose that such home use of nebulisers is not recommended without specialist clinical management

5. MHRA Drug safety update July 2022: Topiramate in pregnancy [LINK](#)

The MHRA have initiated a new safety review into topiramate as a result of an observational study reporting an increased risk of neurodevelopmental disabilities in children whose mothers took topiramate during pregnancy. Topiramate is known to be associated with an

increased risk of congenital malformations and effects on fetal growth if used during pregnancy. Continue to counsel patients who can become pregnant on the known and emerging risks of topiramate for an unborn baby and on the need to use effective contraception throughout use. Of the antiepileptic medicines reviewed for use in pregnancy, lamotrigine and levetiracetam continue to be considered the safer for the baby since they were not associated with an increased risk of birth defects (see advice following comprehensive safety review of antiepileptic drugs in pregnancy – [LINK](#))

Reminder of current advice for topiramate:

- do not prescribe topiramate during pregnancy for migraine prophylaxis
- ensure any patients of childbearing potential know to use highly effective contraception throughout treatment with topiramate
- counsel patients on the importance of avoiding pregnancy during topiramate use due to these emerging data and the established increased risks of major congenital malformations and fetal growth restriction in babies exposed to topiramate in-utero
- topiramate may reduce the effectiveness of steroidal contraceptives, including oral contraceptives, therefore consider alternative or concomitant methods (see section on advice on contraceptive interactions in the article)
- for migraine prophylaxis, topiramate can be withdrawn in pregnancy by an appropriate prescriber but alternative treatments should be considered
- for epilepsy, urgently refer anyone on topiramate who is planning a pregnancy or who is pregnant for specialist advice on their antiepileptic treatment

6. NICE guidelines : Type 1 Diabetes in adults: Diagnosis and management [LINK](#)

Recently amended recommendations on blood pressure targets to make them consistent with NICE's recommendations on blood pressure control in chronic kidney disease and hypertension guidelines.

7. NICE guidelines: Urinary tract infection in under 16s: diagnosis and management (NG224) [LINK](#)

New recommendations made on diagnosis for babies, children and young people and a recommendation added on collecting urine before receiving antibiotics.

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