

Prescribing and Medicines Optimisation Guidance

Issue: 45

Date: 5th May 2021

1. MHRA Drug safety alert: Polyethylene glycol (PEG) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration. 27 April 2021 ([Link](#))

There have been reports of a possible potential harmful interaction between polyethylene glycol (PEG) laxatives such as macrogol 3350, Movicol, CosmoCol and Laxido and starch-based thickeners when they are mixed. Starch based thickeners include Multi-thick, Nuttilis Powder, Resource Thickenup, Thick & Easy, Thicken Aid, Thixo-D Original. Combining the two compounds can counteract the thickening action and result in a thin watery liquid. Patients with dysphagia are potentially at greater risk of aspiration from the thinner liquid.

This safety alert advises to avoid directly mixing together PEG laxatives and starch-based thickeners. This is particularly important in patients with dysphagia, who are considered to be at risk of aspiration such as elderly people and people with disabilities that affect swallowing.

Local advice for prescribing thickeners is available and recommends that Gum-based thickeners are preferred over starch based thickeners unless specifically requested by the SLT or patient. ([Link](#))

Further detailed information can also be found on the SPS website. ([Link](#))

2. NICE guidance: Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain. 7 April 2021. ([Link](#))

This new NICE guideline covers assessing all chronic pain (chronic primary pain, chronic secondary pain, or both) and managing chronic primary pain in people aged 16 years and over. Chronic primary pain is pain with no clear underlying cause, or pain (or its impact) that is out of proportion to any observable injury or disease.

It emphasises the importance of a thorough person-centred assessment, seeking to understand how the pain affects the person's life and how life affects the pain. It highlights the need to discuss self-management at all stages of care and the development of a care and support plan. The guideline recommends non-pharmacological treatments for chronic primary pain and only recommends

antidepressants under pharmacological options for chronic primary pain. Other medications (listed below) are not recommended due to lack of evidence of benefit and evidence of harm.

The guidelines specifically state the following medicines should not be initiated to manage chronic primary pain in people aged 16 years and over:

- antiepileptic drugs including gabapentinoids, unless gabapentinoids are offered as part of a clinical trial for complex regional pain syndrome
- antipsychotic drugs
- benzodiazepines
- corticosteroid trigger point injections
- ketamine
- local anaesthetics (topical or intravenous), unless as part of a clinical trial for complex regional pain syndrome (see the recommendation for research on pharmacological interventions)
- local anaesthetic/corticosteroid combination trigger point injections
- non-steroidal anti-inflammatory drugs
- opioids
- paracetamol.

3. NICE guidance: Atrial fibrillation: diagnosis and management. (NG196) 27 April 2021. ([Link](#))

This guideline covers diagnosing and managing atrial fibrillation (AF) in adults. It includes guidance on providing the best care and treatment for people with atrial fibrillation, including assessing and managing risks of stroke and bleeding. Some of the key recommendations regarding anticoagulation for stroke prevention in atrial fibrillation (SPAF) are:

- For people with an increased risk of bleeding, the benefit of anticoagulation may not always outweigh the bleeding risk, and careful monitoring of bleeding risk is important.
- If direct oral anticoagulants (DOACs) are contraindicated, not tolerated or not suitable in people with atrial fibrillation, offer a vitamin K antagonist (e.g. warfarin.)
- For adults with AF who are already taking a vitamin K antagonist and are stable, continue with their current medication and discuss the option of switching treatment at their next routine appointment, taking into account the person's time in therapeutic range.
- Do not offer stroke prevention therapy with anticoagulation to people aged under 65 years with AF and no risk factors other than their sex.
- Do not withhold anticoagulation solely because of a person's age or their risk of falls.
- In people with a diagnosis of AF, do not stop anticoagulation solely because AF is no longer detectable.

- Base decisions to stop anticoagulation on a reassessment of stroke and bleeding risk using CHA2DS2-VASc and ORBIT and a discussion of the person's preferences.
- The guidelines also recommend that amiodarone should not be offered for long-term rate control.

Locally, edoxaban is recommended as the first line DOAC for stroke prevention in atrial fibrillation.

4. Elleste Solo Patches – discontinuation ([Link](#))

Elleste Solo MX® 40 and 80 transdermal patches are being discontinued and remaining supplies are expected to be depleted by October 2021 and July 2021, respectively.

5. Serious Supply Shortage Update –Estradot 75 Patches ([Link](#))

The Department of Health and Social Care (DHSC) have issued a Serious Shortage Protocol (SSP) in response to significant ongoing disruption to the supply of Estradot® 75 microgram patches. This SSP allows community pharmacist to issue patients with either Evorel® 75 microgram patches or EstradermMX® 75 microgram patches against a prescription for Estradot® 75 microgram patches.

6. Pneumococcal polysaccharide vaccine: change to the supply route from June 2021 ([Link](#))

In line with other national immunisation programmes, PHE will supply this vaccine for the routine immunisation programme and immunisation of those with underlying medical conditions from 1 June 2021, rather than providers locally procuring the vaccine. Please read the link above for further details.

**Prepared by Anita Bhardwaj, Sue Wakelin and Dr Emma Harris
On behalf of the Hampshire, Southampton and IoW CCG Medicines Optimisation Team**

Previous bulletins can be found at:

<https://gp-portal.westhampshireccg.nhs.uk/medicines/covid-19-medicines-information/covid-19-medicines-optimisation-bulletins/>

For COVID-19 vaccine related updates, please refer to the regular NHSE&I Primary Care Bulletins. Please click on this link to subscribe ([Link](#))