



Northern Lincolnshire
Area Prescribing Committee

>>>>>> August 2013

Introduction

In the continuing quest for the best possible healthcare in Northern Lincolnshire, the APC have added more potentially lifesaving treatments to the Medicine Formulary. This Formulary is the basis for the majority of hospital initiated treatments and a guide for effective prescribing by GPs and their excellent healthcare teams.

A first in class medicine for type 2 diabetes has been accepted for use in our region. This demonstrates the advanced, forward thinking nature of clinicians in Northern Lincolnshire. Type 2 diabetes is a condition that is prevalent throughout the UK and parts of our region have a higher than average incidence. Due to this, it is important that clinicians make every advancement possible and patients take the correct course of action.

Diabetes

Diabetes affects almost 3 million people in the UK and it is estimated that circa 850,000 people have diabetes that has not been diagnosed. Therefore it is very important to understand the symptoms of diabetes and see your doctor when appropriate. There are two types of diabetes. These are known as type 1 and type 2 diabetes. Type 1 is where the patient is considered insulin dependent. This was previously termed insulin dependent diabetes. Type 1 diabetics tend to have the condition from an early age and genetic predisposition plays an influential part in most cases. In this condition, the pancreas produces no significant amount of insulin (in many cases no insulin is produced at all). This means that patients will usually have to use insulin throughout their life. Good diet is also recommended to control blood glucose levels and prevent further conditions from arising.

Type 2 diabetes is slightly different in terms of the causes. Type 2 tends to occur later in a patient's life and is when the pancreas no longer produces levels of insulin that have the required impact to control glucose levels. The majority of adult diabetics in the UK have type 2 diabetes. If the condition is diagnosed early, a few simple dietary and lifestyle changes can have the required effect to ensure the patient lives a healthy life with no major deterioration of the condition. However, due to several reasons including genetic predisposition, diet, lifestyle and activity levels, medicines including metformin, gliclazide and certain insulin products may need to be used. This is especially the case when dietary control does not produce a clinically effective response. Your doctor will be able to discuss medical options,

including the potential use of the new sodium-glucose linked transporter 2 inhibitor that has just become available to Northern Lincolnshire patients. This medicine will tend to be used later in the medicinal pathway and although there may be huge advantages, will not be suitable for all patients and there can be some side effects.

What are the Symptoms of Diabetes?

There are several symptoms that diabetes can cause. These include, but are not limited to, feeling thirsty on a regular occasion, urinating frequently (especially at night - many untreated diabetics need to go to the toilet more often in the early hours), feeling lethargic, changes in weight and decreased muscle mass. If you have or develop any of these symptoms, speak to your GP or other diabetic specialist. Many symptoms are mild and this means that diabetes is often not diagnosed for a long period. The sooner diabetes is diagnosed and effective measures taken, the better the chances are of the condition being stabilised. Early diagnosis and condition stability can lead to a better overall prognosis that may never require the need for additional medicinal intervention.

Further information relating to type 2 diabetes can be found here:

http://www.nhs.uk/Conditions/Diabetes-type2/Pages/Introduction.aspx

New Patient Treatments

Mirabegron 25mg and 50mg tablets have been added to Formulary Chapter 7.4.2. This is a medicine for urinary frequency, urgency and urge incontinence. This will only be used third line in patients unable to tolerate oxybutynin and tolterodine or those patients on interacting medicines such as acetylcholinesterase inhibiting medicines e.g. rivastigmine.

Linaclotide 290microgram capsules have been added to Chapter 1.6.7. These are for IBS-C only and must be initiated by a Colorectal Consultant. Primary care may continue prescribing, but patients will usually require a secondary care review at 3 months. The patient must have used a laxative and antispasmodic in combination at BNF standard dose for a reasonable duration before linaclotide can be considered.

Klean-Prep has had an amendment in Chapter 1.6.5. This is already Formulary but the use has been extended to paediatrics as well as patients sensitive to citrus flavourings.

Eltrombopag 25mg and 50mg tablets have been added to Chapter 9.1.4. This is for idiopathic thrombocytopenic purpura and should be used as per NICE TA293.

0.125% Levobupivacaine has been added to Chapter 15.2. This is an intra-articular and peri-articular injection for analgesia in patients undergoing lower-limb joint replacement surgery (hip and knee joints). This will be used for orthopaedic procedures in the majority of cases.

Dapagliflozin 5mg and 10mg tablets have been added to Chapter 6.1.2.3. This is for use in combination with metformin in type 2 diabetic patients as per NICE TA288. Further discussions will be held as to the exact place in the pathway for this and other impending medicines in the same class.

Thank you for reading this Newsletter. If you have any comments, please do not hesitate to contact the Area Prescribing Committee. Contact details are given on our website.

The Northern Lincolnshire Area Prescribing Committee is collaboration between:







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