

- ✚ Iron deficiency anaemia is common in people who have had bariatric surgery, but oral treatment for eight weeks should always be prescribed before referral for IV iron.
- ✚ A recent Swedish study has again highlighted the risk of fall injuries in older people on some prescribed medicines.
- ✚ Under local legislation it is an offence for motorists on the islands to drive if unfit through alcohol or drugs.
- ✚ When prescribing antibiotics for children please take care to avoid over-dosing or under-dosing.

### 1. Iron deficiency anaemia post-bariatric surgery<sup>1</sup>

Iron deficiency anaemia is a common problem post-bariatric surgery. This may be dietary in origin, with oral diet and iron supplements being insufficient to meet the needs of the patient. Sources of blood loss, both related and unrelated to bariatric surgery should also be considered, investigated and excluded. For patients who have iron deficiency anaemia, an 8 week course of oral iron (325 mg ferrous sulphate bd or any other OTC iron supplement if this is not tolerated) is recommended<sup>1</sup>. For those patients who are unable to tolerate or are non-compliant with oral iron or whose levels did not respond, referral for intravenous iron infusions should be considered<sup>1</sup>. Following this, full blood count and ferritin stores should continue to be monitored to ensure ferritin stores remain within the reference range<sup>1</sup>.

### 2. Swedish Falls Study<sup>2</sup>

A Swedish population-based, matched, nested case-controlled study has considered the risk of falls associated with commonly prescribed medicines<sup>2</sup>. A national population register was used to identify people aged 65 years or older (n=6,981,010) who sustained a fall injury requiring hospitalisation in the period between 1 March 2006 and 31 December 2009. Controls that had not been hospitalised for a fall injury were matched to cases by gender, date of birth and area of residence (4 matched controls per case). In total, 64,399 cases and 257,596 controls were identified (321,995 people in total). Ages ranged from 65 to over 90 years; 40% of patients were aged 86 years or older. The ratio of females to males was approximately 2:1. Other baseline characteristics were very similar, except there were more married males and widowed females and more males with higher education. Records from the national drug register were reviewed to identify prescribed and dispensed drugs from 20 'common medications' (by therapeutic sub-group) during the 30 days prior hospital

admission (excluding the day of hospital admission). Confounding factors were identified and adjustments were also made for these and other factors.

Central nervous system or CNS drugs all showed a statistically significant increased risk of falls. The association was greatest with opioids (odds ratio [OR] 2.30 in males 95% confidence interval [CI] 2.09 to 2.53 and 2.00 in females 95% CI 1.87 to 2.12), antidepressants (OR 2.26 in males 95% CI 1.95 to 2.62 and 1.76 in females 95% CI 1.61 to 1.93), hypnotics and sedatives (OR 1.76 in males 95% CI 1.61 to 1.93 and 1.21 in females 95% CI 1.14 to 1.29) and other analgesics and antipyretics (OR 1.74 in males 95% CI, 1.57 to 1.94 and 1.22 in females 95% CI, 1.14 to 1.30). The results of this large high quality study highlight the importance of minimising use of CNS drugs in older people. It is also extremely important to agree or at the very least discuss an exit strategy before prescribing these drugs for middle-aged people.

### 3. Drug Driving

The UK has recently strengthened the law on driving while taking over a certain limit of prescribed drugs. Guernsey authorities have decided to adopt "a wait and see for now" approach<sup>3</sup>. However under local legislation, The Drug Driving - Unfit through drink or drugs - Section 1 of the Road Traffic Drink Drive Guernsey Law 1989 (amended '03, '06, '08), it is an offence to drive while under the influence of alcohol or drugs.

A driver under suspicion of being under the influence of either alcohol or drugs would be breathalysed at the roadside. He or she would be taken to the Police Station for a second test for a detailed reading. If the Police were still unsure whether the suspect was under the influence of drugs they would call a doctor who would carry out a series of tests. The evidence from the doctor will be the basis for deciding to proceed and prosecute for a drug offence. A urine test may also be conducted to any controlled drugs in the suspect's system<sup>3</sup>.

### 4. Antibiotics for children

When prescribing antibiotics for children, please double check that the dose is appropriate for the child's age<sup>4</sup>. The same principles apply when selecting a dose for an adult patient. An inadequate dose for a serious infection may result in treatment failure and may increase the likelihood of antibiotic resistance in our community. It is important to avoid an excessive dose to reduce the risk of adverse effects.

#### References

1. British Obesity and Metabolic Surgery Society Guidelines, October 2014
2. Kuschel M, Laflamme L, Moller J (2014). The risk of fall injury in relation to commonly prescribed medications among older people- a Swedish case-control study. *European Journal of Public Health*, 1-5
3. Personal Correspondence Mrs. Andrea Nightingale, Drug and Alcohol Strategy Co-ordinator, States of Guernsey
4. BNF Number 69

Written by: **Geraldine O'Riordan, Prescribing Advisor Tel: 01481-732460**