

Prescribing...

- ✚ In a study of otherwise healthy older people, drugs with anticholinergic activity were found to cause a significant decline in cognitive ability.
- ✚ Fixed dose combinations were found to have little impact on adherence to lipid-lowering treatment in an Australian study.
- ✚ Soluble prednisolone 5mg tablets are extremely expensive and Omacor^R is being recommended for removal from the White List on August 1st 2017.

Anticholinergic burden

The impact of drugs with anticholinergic activity on cognitive function in older people has been widely investigated. A recent systematic review reported significant decline in cognitive ability with increasing anticholinergic load.

A study² published in the Drugs and Therapeutics Bulletin has used various markers of brain function to assess the effects of drugs with anticholinergic activity on cognition, brain atrophy and brain metabolism in cognitively normal older people with a mean age of 73 years, using neuroimaging biomarkers and cognitive function measures.

The study looked at whether cognitive performance, brain glucose hypometabolism, structural brain atrophy and clinical progression to mild cognitive impairment and/or Alzheimer's disease were associated with the use of drugs with medium or high anticholinergic activity compared with a control group who were not taking anticholinergic drugs. The study used data from the Alzheimer's Disease Neuroimaging Initiative (ADNI) and the Indiana Memory and Ageing Study (IMAS).

The use of medication with medium or high anticholinergic effects in this population was associated with:

- Poorer cognition, particularly in immediate memory recall and executive function using validated methods
- Reduced brain glucose metabolism in the hippocampus
- Whole-brain and temporal lobe atrophy and
- Cognitive decline i.e. increased risk of clinical conversion to cognitive impairment

The authors noted that the effect appeared additive as increased burden of anticholinergic drugs was associated with poorer executive function and increased brain atrophy.

This is thought to be one of the first studies to examine structural differences between cognitively normal participants taking medication with medium to high anticholinergic activity

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and cognitively normal participants not taking them. They concluded that the use of such drugs among older people should be discouraged when other treatments are available.

Fixed dose combinations

Fixed dose combination (FDC) products clearly reduce the treatment burden on patients. Australian researchers compared differences in adherence and persistence (the length of time on treatment) in people who added ezetimibe to existing statin therapy¹. There were 3,651 people who initiated on ezetimibe and the statin separately, with 5,740 who initiated the combination as a FDC.

There was no significant difference in adherence between the two groups but persistence rates for initial combination medicines favoured those taking the FDC (49.1% for separate tablets versus 62.4%; hazard ratio 1.81, 95% confidence interval 1.76-1.90). However, when persistence to any two lipid-lowering therapies was considered, the proportion of people continuing dual lipid-lowering therapy at 12 months follow-up was similar in both cohorts.

The results suggest that FDC products may have little impact on adherence or persistence compared with combination lipid-lowering therapy in patients who were experienced at taking statins. There may be cost implications if the combination remains available as a brand for longer than the two individual drugs.

Prescribing tips: Soluble Prednisolone and Omacor

1. Prednisolone 5mg soluble tablets

These are now extremely expensive and prescribers are earnestly requested to make every effort to prescribe non-soluble tablets. Children from the age of about three years can swallow tablets and because the tablets are so small they can be put on a spoonful of soft food to aid swallowing.

Each 5mg soluble tablet costs **£1.91**, compared with **3p** for each non-soluble tablet. So for every **1** patient treated with soluble prednisolone 5mg tablets, we could treat **64** patients with non-soluble tablets. If all of the soluble prednisolone tablets prescribed in the last 12 months had been prescribed as non-soluble, more than £30,000 would have been retained in the Health Fund to treat other patients.

2. Omacor^R

PBAC will be recommending to *E&SS* that **Omacor^R** be removed from the Prescribing List on August 1st 2017. This is a "do not do" i.e. the strongest level of recommendation from NICE and was made in the light of the results of a number of negative trials. The annual spend of £50,000, albeit far lower than in the past, could not be justified. So prescribers are asked to review patients on Omacor^R and to stop it in the coming months.

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References : 1. Pharmacy Journal Clinical Pharmacist, Dec 2016 Vol8 no 12 ISSN 1758-9061, 2. Drugs and Therapeutics Bulletin Vol 54 no 7 July 2016 3. Drug Tariff January 2017 4. EPACK.net