

Prescribing...

Hot Topics September & October 2020

- ✚ For acute sore throat where an antibiotic is appropriate, penicillin can be given twice daily to children or adults.
- ✚ Draft guidance from NICE on Chronic Primary Pain advises against prescribing drugs other than antidepressants.
- ✚ As is well known there is no evidence to support the use of Vitamin D to treat or to prevent COVID-19.
- ✚ When prescribing colchicine avoid using the term "4 hourly".
- ✚ Potassium permanganate tablets require clear instructions to patients not to swallow them.

1. NICE NG84 on antimicrobial prescribing in acute sore throat

This recommends either twice or four times daily dosing of penicillin. In a systematic review, twice daily dosing of phenoxymethylpenicillin was found to be as effective as 3 or 4 times daily dosing in adults and children with GABHS-positive sore throat. The rationale behind multiple daily doses of an antibiotic is to keep levels at or above the minimum inhibitory concentration. The NICE committee discussed that streptococci are highly sensitive to phenoxymethylpenicillin and that antibiotic penetration in sore throat tissue is good. Therefore even small concentrations of antibiotic will treat the infection.

Twice daily dosing would support medicines adherence in those people who may struggle to take 4 doses at 6-hourly intervals before food, such as children at school. So, based on evidence and clinical experience, the committee has advised that if phenoxymethylpenicillin was prescribed, twice daily or four times a day dosing could be used, providing the same total daily dose was given.

2. Draft NICE Guidance on Chronic Primary Pain for people aged over 16 years

This was due to be published in early 2020, but was delayed due to the COVID-19 outbreak. The guidance is still in draft, so may change.

Chronic primary pain is now considered a disease in itself. Chronic secondary pain is defined as chronic pain where the pain is a symptom of an underlying condition. Chronic primary pain is characterised by disability or emotional distress and not better accounted for by another diagnosis of chronic pain.

There is strong emphasis on non-pharmacological management of an individual's pain. Exercise, psychological therapy (acceptance and commitment therapy or cognitive behavioural therapy), acupuncture in certain situations are all advised as options.

The most noticeable advice, which was widely reported in the national media, was around drug therapy. The draft guidance advises against prescribing painkillers : paracetamol, ketamine, corticosteroids, antipsychotics, NSAIDs, any opioid, gabapentin, pregabalin, local anaesthetics or benzodiazepines by any route. Many of these drugs are associated with dependence or withdrawal symptoms and colleagues will be aware NICE is developing specific guidance on their use.

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Cannabis-based products remain not recommended for chronic pain. However antidepressants : either duloxetine, fluoxetine, paroxetine, citalopram, sertraline or amitriptyline, are recommended.

The Prescribing and Formulary Panel reviewed the use of pregabalin again and are not recommending it for addition to the Prescribing List.

3. Vitamin D and Covid-19 reminder

At the height of the COVID-19 pandemic in Spring, there was considerable interest in a possible role for Vitamin D. Levels in many patients admitted to ICU were found to be very low, and the question was posed as to whether or not supplementation could prevent or treat COVID-19.

As is well known NICE in its rapid evidence summary concluded that "There is no evidence to support taking vitamin D supplements to specifically prevent or treat COVID-19. However, all people should continue to follow UK Government advice on daily vitamin D supplementation to maintain bone and muscle health during the COVID-19 pandemic".

To protect bone and muscle health, the UK Government advises that everyone needs vitamin D equivalent to an average daily intake of 10 micrograms (400 international units). They advise that all people should consider taking a daily supplement containing 10 micrograms vitamin D during autumn and winter months. They also advise that people whose skin has little to no exposure to sunlight and ethnic minority groups with dark skin, from African, Afro-Caribbean and South Asian backgrounds, should consider taking a vitamin D supplement all year round. This advice would also apply to people whose skin has little to no exposure to sunlight because they are indoors shielding or self-isolating. Therefore, UK Government and now local advice during the coming winter is that everyone should consider taking 10 micrograms of vitamin D a day because they might not be getting enough from sunlight if they're indoors most of the day.

Following appropriate testing and clinical management, people with vitamin D deficiency may also be prescribed higher therapeutic doses of vitamin D. These products are available to buy.

4. Prescribing Colchicine

For acute treatment of gout attacks the "traditional" dose is 500micrograms two to four times daily until symptoms resolve. Please can prescribers avoid using the term "four hourly". This might make perfect sense to healthcare professionals, there are reports that this has been missinterpreted as four tablets every hour.

5. Potassium Permanganate tablets for cutaneous solution

Potassium permanganate tablets are prescribed no more often than four or five times per year on the islands. However, most people associate tablets with swallowing. So please can colleagues prescribing and dispensing them ensure that patients are advised that they are extremely dangerous to swallow.

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