NHS
West Hampshire
Clinical Commissioning Group

Medicines Optimisation news headlines

November 2014

1. When should an antiplatelet be prescribed in conjunction with an anticoagulant for patients with atrial fibrillation (AF)?

A number of people have requested guidance on what to prescribe for AF patients with concurrent cardiovascular disease. Simon Corbett (interventional cardiologist and lead for acute coronary syndrome) at UHS has communicated the following:

1. As a general rule ALL patients with a coronary stent (bare metal or drug-eluting) implanted at any time should remain on indefinite single anti-platelet therapy as there is no evidence that any form of oral anti-coagulation: warfarin or novel oral anti-coagulation (NOAC) reduces stent thrombosis in the short, medium or long term.

2. If the patient is stable and has had ischaemic heart disease (IHD) managed medically without stenting, then there is no need for additional long-term (more than a year post myocardial infarction) anti-platelet therapy in addition to oral anti-coagulation (OAC), at least with warfarin; there is a lack of evidence with NOACs in this regard.

3. The cardiac surgeons at UHS usually suggest dual therapy with OAC plus antiplatelet on discharge from hospital following coronary artery bypass graft (CABG). Further guidance is awaited from the surgeons on expected length of treatment.

4. If a patient runs into bleeding problems at any point then the risks and benefits of stopping anti-platelet therapy or OAC needs to be weighed up in a balanced and individualised fashion. Please discuss such patients with their cardiologist.

Overall the cardiologists would all prefer to be involved in decisions about stopping an antiplatelet if there is any doubt around establishing the best course of action.

This is consistent with the views already put forward by Dr Chris Arden and Dr John Duffy.

2. e-prescribing module

The Royal College of General Practitioner's e-learning platform is hosting a "Prescribing in General Practice" module that looks at the principles informing good prescribing and details the more common reasons for prescribing errors. This is recommended to all doctors, pharmacists, non-medical prescribers and nurses as a useful update. The module is free to access on a trial basis until January 2015, although it is likely that this will be extended to March 2015. Access to the course requires registration with the RCGP e-learning platform by completing a one page form: https://www.rcgp.org.uk/my-rcgp/registration.aspx

3. Memantine solution – and other oral liquid preparations

Always state the dose to be taken in milligrams.

There is no consistent labelling format for liquid medicines as the strength may be expressed in various ways, most commonly as the quantity per 1ml, 5ml or 10ml. This has the potential to cause medicines errors due to the wrong dosage being prescribed. Of particular concern is memantine, which is supplied as a 10mg per ml solution. The normal dose range is 5mg to 20mg. Prescribing the solution in millilitres rather than milligrams, i.e. 5ml to 20ml, can lead to a ten-fold increase on the intended dose. (This has happened).

Please take extra care when prescribing and dispensing all liquid medicines.

4. Agomelatine & liver toxicity

In response to a European Medicines Agency recommendation that further measures should be put in place to minimise the risk of liver toxicity, the MHRA has reiterated the following advice for healthcare professionals who prescribe agomelatine;

- Perform baseline liver function tests in every patient before starting treatment. Do not start treatment if serum transaminases exceed 3 times the upper limit of normal.
- Monitor liver function at 3, 6, 12 and 24 weeks after initiation and regularly thereafter when clinically indicated.
- Stop treatment immediately if serum transaminases exceed 3 times the upper limit of normal or if patients have symptoms or signs of suspected liver injury.
- Explain the importance of regular liver function monitoring and advise patients to stop taking agomelatine and to get medical help immediately if they have any signs or symptoms of liver injury (eg jaundice, dark urine, bruising).

The full safety advice can be found at:
http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON468288

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