NHS
West Hampshire
Clinical Commissioning Group

Medicines Optimisation news headlines

January 2015

1. Potassium permanganate

A Patient Safety Alert has been issued by NHS England concerning the risk of death or serious harm from accidental ingestion of potassium permanganate preparations. NHS England has been informed of an incident where a patient died after ingesting potassium permanganate. Whilst this death remains under investigation, analysis of the National Reporting and Learning System (NRLS) has identified 43 incidents in the past three and a half years where potassium permanganate tablets have been ingested orally by patients.

The tablet presentation has increased safety and ease of use when handling the substance, but there is the potential for it to be misleading if the nature of the product is not clearly communicated.

The risk of error appears to increase when the term 'potassium permanganate tablets' is used rather than a term such as 'potassium permanganate soak'. The risk of accidental ingestion also increased where receptacles that implied oral ingestion were used, such as plastic cups or jugs.

The following are among the recommendations:

- Consider if immediate action needs to be taken locally, and ensure that an action plan is underway if required, to reduce the risk of further incidents occurring.
- Circulate this alert to all relevant medical, nursing, pharmacy and other staff to raise awareness of the potential problem.

2. Ivabradine

The MHRA has issued new advice for healthcare professionals when using ivabradine to treat the symptoms of chronic angina:

- Only start ivabradine if the resting heart rate is at least 70 beats per minute
- Do not prescribe ivabradine with other medicines that cause bradycardia, such as verapamil, diltiazem, or strong CYP3A4 inhibitors
- Monitor patients regularly for atrial fibrillation. If atrial fibrillation occurs, carefully reconsider whether the benefits of continuing ivabradine treatment outweigh the risks
- Consider stopping ivabradine if there is no or only limited symptom improvement after 3 months

This is based on results of the SIGNIFY clinical trial which included a pre-specified subgroup analysis of 12,049 participants who had symptomatic angina. In this subgroup, there was a small but significant increase in the combined risk of cardiovascular death or non-fatal heart attack with ivabradine compared with placebo.

The risk of bradycardia and atrial fibrillation was also increased in participants taking ivabradine compared with placebo.

Participants in the study were given higher doses of ivabradine than currently recommended in clinical practice. However, this did not fully explain the findings.

3. New Drug Levels and Driving Regulations

A new offence of driving with certain drugs above a specified limit is due to come into force on 2 March 2015. The drugs affected broadly fall into two groups, the first group consisting of commonly abused agents for which low limits have been set. The second group consists of mainly licensed medicines that have a significant liability to be abused, and for which the specified limits have been set at a higher level. The higher limits are generally above the normal therapeutic range so most patients are unlikely to be driving with a concentration of a specified drug in their body above the specified limit. However, those on particularly high doses could test above the limit. This second group currently includes benzodiazepines, methadone and morphine.

Full guidance can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/325275/healthcare-profs-drug-driving.pdf. The document provides assistance with the advice that could be required by patients when issuing any of these medications. Well worth a read.

4. Diclofenac POM to P

From 15th January 2015 oral diclofenac containing products must not be sold to anyone without a prescription. This is to enable full assessment of an individual's cardiac risk before commencing treatment. All unsold packs of P labelled diclofenac tablets have been recalled.

Topical formulations containing diclofenac will continue to be available as over the counter preparations from a pharmacy.

5. Amoxicillin dose changes

A reminder that the recommended oral doses of amoxicillin for children have been updated to take account of changes made to the amoxicillin product information across Europe, and to address concerns that children may have been receiving inadequate doses. For most age groups the new dose is higher than previously accepted and may be higher than doses quoted in the Summary of Product Characteristics (depending on the preparation). For full dosing details see amoxicillin in the BNF for children.

6. GSK Dermatology Products

A number of GSK items are currently unavailable or in short supply. In the main this affects dermatology products. A web page has been set up where people can check the latest information on availability: http://hcp.gsk.co.uk/supply.html
In summary, supplies will gradually start to improve from February and the majority of products should be freely available by June 2015.

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