

Medicines

Optimisation news headlines

May 2018

Important information regarding thickening agents

Historically liquids have been assessed as naturally thick or as being at one of three stages following addition of a thickening agent. Subsequently patients have been assessed as requiring stage one to three thickening agents. This has now been changed to four levels that will be known as IDDSI (International Dysphagia Diet Standardisation Initiative) Levels.

All manufacturers of thickening agents need to be compliant with the new descriptors by April 2019 and will be changing their scoops sizes and instructions accordingly. However, this move has not been standardised and they will be moving to the new measures at different times throughout the year with both old and new packs in circulation at the same time.

Nutlis Clear is the first product to change and is the one most used by our local hospital Trusts. The new tin will be available in some community pharmacies from mid-May 2018. New tins will have a red sticker on the lid, a smaller new green scoop in the tin, and the new IDDSI directions for use on the label. Please note there has not been any change to the product itself, just the scoop size and the number of scoops to be used.

NUTLIS CLEAR - NEW SCOOP AND MIXING INSTRUCTIONS

UK National Descriptors			IDDSI Framework	
Previous Stages per 200ml	Old purple scoop Number of scoops 		New Levels per 200ml	New green scoop Number of scoops 
Naturally thick	0		Level 1 (slightly thick)	1 (1.25g)
Stage 1 (syrup)	1 (3g)		Level 2 (mildly thick)	2 (2.5g)
Stage 2 (custard)	2 (6g)		Level 3 (moderately thick)	3 (3.75g)
Stage 3 (pudding)	3 (9g)		Level 4 (extremely thick)	7 (8.75g)

The drink may appear slightly thicker or thinner than previously and particular vigilance is required for patients moving from stage 2 to level 3 as their fluids are likely to be considerably less thick than previously and in some individuals this may pose a risk.

If there is any doubt about the amount of thickener to be used, patients should be advised to continue with their old scoop and instructions until advice can be obtained from the relevant Speech and Language Team.

Follow the [resources link](#), for access to posters and letters for both care homes and patients on the West Hampshire CCG website.



Prescribe by brand name

Although generic prescribing is generally advocated, there are an increasing number of occasions when it is important to prescribe by the brand name. A couple of examples where generic prescribing has caused problems recently are listed below:

- **Enoxaparin**

Available as the original Clexane, but also now marketed as two different biosimilar products; Inhixa and Becat. Biosimilar products are **not interchangeable** either with the original product or with each other, so it is important that these products are prescribed by their brand name. If treatment has been started in secondary care, patients should continue on the same product wherever possible. Further information is on the [CCG website](#).

- **Methotrexate injection**

There are now a number of different brands of pre-filled syringes or pens on the market containing methotrexate for subcutaneous injection. However there are differences between them in both the device and the injection volume.

The local [shared care guideline](#) specifies **Metobject Pen** and patients will have been trained in use of this particular device. It comes as a 50mg in 1ml formulation and is available in the injection strengths /volumes listed below:

7.5 mg in 0.15 ml	10 mg in 0.20 ml
12.5 mg in 0.25 ml	15 mg in 0.30 ml
17.5 mg in 0.35 ml	20 mg in 0.40ml
22.5 mg in 0.45ml	25 mg in 0.50 ml
27.5 mg in 0.55 ml	30 mg in 0.60 ml

Vitamin D

We have had a few questions recently about appropriate measurement and supply of vitamin D. [NICE](#) recommend that health professionals should only tests vitamin D levels in the following circumstances:

1. The person has symptoms of deficiency
2. The person is considered to be at particularly high risk of deficiency (for example, they have very low exposure to sunlight)
3. There is a clinical reason to do so (for example, they have osteomalacia or have had a fall).

The Department of Health recommends that people who do not have a clinical deficiency of vitamin D may consider purchasing a supplement. More information is available through [NHS Choices](#).

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