

# Medicines

## Optimisation news headlines

September 2018

### \* Important poster \*

The Independent Medicines and Medical Devices Safety (IMMDS) Review is investigating 3 medical interventions where patients have reported problems and suffered serious harm. These are pelvic mesh implants, Primodos and hormonal pregnancy tests, and sodium valproate (Epilim or Depakote).

The Review wants to make sure any individual or family affected by these three interventions is aware of its work and can make contact or provide evidence.

Clinical Commissioning Groups (CCGs) have been asked to distribute a poster to GP practices and community pharmacies, so that it can be displayed prominently for members of the public to see. The poster is available in two forms: [print-sized version](#) or [e-version](#).

Full details of the investigations and contact details for The Review can be found on [their website](#).

### Monitoring, Administration and Prescribing service (MAPs)

Updated guidance on the parameters to be monitored has been produced, the only change being the inclusion of amiodarone. This will be sent out to practices with the service specification but will also be uploaded to the medicines section of the West Hampshire CCG website under '[Guidance](#)'.

### Antibiotic prescribing in children - Common misconceptions

*Taken from an article by Dr Sanjay Patel, Consultant in Paediatric Infectious Diseases, Southampton Children's Hospital*

### “Parents bringing their child to a GP or Emergency Department with a fever usually expect antibiotics”

**NOT TRUE** - parents do not generally expect antibiotics when they seek a consultation.

Parents seek a consultation because:

- It provides a proper 'health-check' and in their opinion, removes any 'health-threat'
- Parents lack confidence to distinguish self-limiting illnesses from serious ones but believe that clinicians can
  - Essential to reassure the parent that their child does not have a serious infection – discuss in terms of red/amber features.
- They also want advice on what symptoms to look out for and when to seek help.
- That said, if their child has received antibiotics for a previous similar episode, they may believe that antibiotics are required to treat their child.

Take a look at the Healthier Together fever advice sheet for parents <http://www.what0-18.nhs.uk/health-professionals/primary-care-staff/safety-netting-parents/fever-children-less-5-years-age/>



**“If a parent expects antibiotics, it is because they think that their child has a bacterial infection”**

**NOT TRUE** – parents often feel that antibiotics are required to treat ‘severe’ infections rather than to treat bacterial infections:

- parents often believe that features suggesting a severe infection include high fever, prolonged duration of symptoms and degree of impact on the child (affecting sleep or school)
- Parents perception of susceptibility also plays a role in their expectation for antibiotics (younger, underlying health issues)
- Clinicians often fixate on distinguishing whether the infection is bacterial or viral, resulting in this becoming the focus of the consultation in terms of justifying why antibiotics are not required
  - Clinically very challenging to distinguish bacterial and viral infections
  - The natural history of most bacterial infections is unchanged whether antibiotics are prescribed or not, in terms of severity and duration of symptoms
  - Focusing on whether antibiotics are required or not often results in the parents’ concerns not being adequately addressed. Then they are more likely to seek another opinion elsewhere.

**“Withholding antibiotics simply makes parents re-present later or present elsewhere”**

- **NOT TRUE** – not prescribing does not increase the rate of representations. Parents are extremely reassured when a shared decision-making approach is used to discuss their child’s illness, even when antibiotics are subsequently not prescribed. If anything, parents are less likely to represent during that illness and are often empowered to self-manage future illnesses if their concerns are effectively addressed during the consultation.

**“If antibiotics are not prescribed, parents are more likely to complain”**

**NOT TRUE** – adopting a shared decision-making approach with the parents when managing a child with an infection results in extremely high levels of satisfaction, even when antibiotics are not prescribed.

**“Young children are more susceptible to suppurative complications following a respiratory tract infection than older children”**

**NOT TRUE** – young children have far lower rates of suppurative complications than older children, even when antibiotics are not prescribed:

- Rate of mastoiditis following otitis media (age 0-4 years versus 5-15 years):  
1.33 versus 2.39 per 10,000
- Rate of quinsy after tonsillitis (age 0-4 years versus 5-15 years):  
1.59 versus 5.99 per 10,000

**“Children with infected eczema require antibiotic treatment”**

**NOT TRUE** – Children with skin and soft tissue infections (SSTI) make up an increasing proportion of patients started on antibiotics. There is evidence to suggest that oral and topical antibiotics have no effect (and potentially a harmful effect), on subjective eczema severity in children with clinically infected eczema in the community.

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