

Medicines Safety Bulletin

Issue 3 – October 2021

Welcome to the latest edition of our Medicines Safety Bulletin; a newsletter produced by your local CCG Medication Safety Group. Our aim is to highlight to you medication incidents that have occurred both locally and nationally to promote and support safer practice.

ADHD drugs not under Shared Care

Earlier this year it was brought to our attention that there were some children who were no longer under secondary care review for their methylphenidate treatment. It appears that when York & Scarborough NHSFT ceased providing a service for children with behavioural issues in 2019, parents/guardians were notified of the change of service, but some families failed to respond to the request to allow the Trust to share information with the new provider. These children were consequently not transferred into the new service. Although the initial prescribing was done under a shared care agreement, no specialist was monitoring the prescribing for ongoing clinical need.

We are now widening the search across the North Yorkshire and York geography and to the other medicines which may be prescribe for ADHD.

Actions:

- Check that patients aged 18 years and under prescribed methylphenidate, dexamphetamine, lisdexamfetamine, guanfacine or atomoxetine are currently under shared care with a secondary care provider
- If no SCG is currently in place and the child or young person was not transferred to TEWV, please can a referral be done to ensure future prescribing is done under a SCG
- Please inform Julie Parker: julieparker5@nhs.net of any cases (anonymised please, no patient ID) not transferred and NOT currently under a SCG that you have had to re-refer (we will pass on the numbers to our commissioning and children's teams)

Tobacco smoking, smoking cessation, and its effect on psychotropic medication

TEWV Trust have issued guidance for prescribers regarding patients prescribed psychotropic medication who smoke but wish to stop smoking. A number of psychotropic drugs, plus some used for physical health conditions, can be affected by changes in smoking status; the most significantly affected are clozapine and olanzapine. Please see **TEWV Medication Safety Series: 25** (attached to the same email) for further information. Information for patients on the impact of smoking on clozapine and olanzapine are available as factsheets via the TEWV 'choice and medication' website: <https://www.choiceandmedication.org/tees-esk-and-wear-valleys/printable-leaflets/handy-fact-sheet/>

Specialist Pharmacy Service (SPS) drug monitoring guidance – updated 2021

The SPS drug monitoring guidance provides helpful advice on the monitoring required for a list of medications at different stages of prescribing e.g., before starting, after dose changes, or ongoing monitoring once stable. It can be accessed here: <https://www.sps.nhs.uk/home/guidance/drug-monitoring/>

Thickener and medicines interactions update

Update to the information issued in the March 21 Safety Bulletin <https://northyorkshireccg.nhs.uk/wp-content/uploads/2021/06/NYY-CCG-Meds-Safety-Group-Safety-Bulletin-Issue-1-Mar-21.pdf>

SPS have updated their website and the links provided to the resources on using thickeners with medicines and administering medicines for people with swallowing difficulties given in the March Safety Bulletin no longer function. The advice can now be found using the links here <https://www.sps.nhs.uk/home/guidance/swallowing-difficulties/>

Senna labelling changes

Review of stimulant laxatives:

The MHRA have requested that manufacturers relabel products to clarify that the active substance is sennosides. It was previously common practice that these products were packaged with the generic name senna. This change follows on from a wider [review of stimulant laxatives](#) that the MHRA carried out in 2020 to improve patient safety. Although the name has changed, the products have not.

New names:

The new drug name may be presented in different ways which may cause confusion:

- Sennosides
- Sennosides (as calcium salt)
- Calcium sennosides

A product labelled as 7.5 mg sennosides (as calcium salts) is interchangeable with a product labelled as 7.5 mg senna. Both products are standardised to contain the same amount of the active substance.

Actions for dispensers:

- To avoid confusion for patients, inform them that the drug name on the packaging will change, however the medicine has not changed

Strontium ranelate - cardiovascular risk reminder

The European Medicines Agency (EMA) conducted a review of the risks and benefits of strontium ranelate in 2014. The EMA considered that strontium ranelate should only be used by people without any cardiovascular risk factors and for whom there are no suitable alternative treatments for osteoporosis.

Advice for healthcare professionals:

- Strontium ranelate is now restricted to the treatment of severe osteoporosis in postmenopausal women and adult men at high risk of fracture, who cannot use other osteoporosis treatments
- Treatment should only be started by a physician with experience in the treatment of osteoporosis
- The risk of developing cardiovascular disease should be assessed before starting treatment. Treatment should not be started in people who have or have had:
 - ischaemic heart disease
 - venous thromboembolic events
 - peripheral arterial disease
 - cerebrovascular disease
 - uncontrolled hypertension
- Cardiovascular risk should be monitored every 6–12 months
- Treatment should be stopped if the individual develops any of the above conditions

Action:

- Review all patients prescribed strontium to ensure the EMA requirements are being met

Further information: [EMA statement, 21 February 2014](#)

This bulletin has been produced by the North Yorkshire and York CCGs Medicines Management Teams on behalf of the North Yorkshire and York Medicines Safety Group. If you have any queries or feedback relating to the bulletin we can be contacted using the Rxline mail box: nyccg.rxline@nhs.net

We also welcome any suggestions or ideas you may have for future editions.

The information contained in this bulletin is correct as of Oct. 2021 but as advice and guidelines are subject to change, please ensure that you refer to and adhere to whatever advice and guidelines are currently in place at the time of reading.