Medicines Safety Bulletin

Issue 7 – March 2023

North Yorkshire and York
Humber and North Yorkshire Health and Care Partnership

NHS
Humber and North Yorkshire
Integrated Care Board (ICB)

Welcome to the latest edition of our Medicines Safety Bulletin; a newsletter produced by your local 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.

Special caution required with TEVA Risperidone oral solution 1mg/1ml

Regionally there has been an error reported where nursing staff have misread the 'oral syringe' supplied with this product and administered an overdose (10 times the dose) causing harm to the patient.

The device provided with the bottle is not a standard oral syringe and it has been suggested that, as the graduations are on the barrel rather than the outer syringe casing, the dose reads 'backwards' to the purple oral syringes carers or nursing staff are more accustomed to using.

We ask that all patients and care staff who might be taking or administering this medicine are counselled to read the accompanying leaflet and ensure that they fully understand the directions for using the oral syringe supplied:

Take care when linking a 'Problem' with a medicine on repeat templates

A recent incident in our area highlighted that the 'problem' linked to a repeat template on a patient's SCR can influence decision making in secondary care.

In this case the patient had been prescribed a PPI for bleeding oesophageal ulcers, but their repeat template had been linked to 'hiatus hernia'. During a subsequent admission to hospital secondary care colleagues felt it reasonable to stop the PPI and the patient went on to suffer a GI bleed.

Opportunities to review these include in conjunction with the patient, during an annual medication review, or when new patients register with the practice and have their 'new patient' GP consultation.

Reminder of cardiovascular risk with COX 2 inhibitors, diclofenac and high dose ibuprofen

COX-2 selective inhibitors, along with diclofenac (150 mg daily) and high dose ibuprofen (2.4 g daily) are associated with an increased risk of thrombotic events (e.g., myocardial infarction and stroke). For people with ischaemic heart disease, cerebrovascular disease, or peripheral arterial disease, ibuprofen (up to 1200 mg per day) or naproxen (up to 1000 mg per day), should be the first-line options.

COX-2 inhibitors, diclofenac, and high-dose ibuprofen are contraindicated in this cohort. For further information please see: https://bnf.nice.org.uk/treatment-summaries/non-steroidal-anti-inflammatory-drugs/ and https://cks.nice.org.uk/topics/nsaids-prescribing-issues/

Revised SPC: Phenergan (promethazine) - all presentations

The Phenergan SPC has been recently updated to warn that phenothiazine derivatives, of which promethazine is one, may potentiate QT prolongation, increasing the risk of serious ventricular arrhythmias. See: Revised SPC: Phenergan (promethazine)

Prolongation of the QT interval can lead to a life-threatening ventricular arrhythmia known as torsades de pointes which can result in sudden cardiac death. Over the last few years there have been warnings relating to drug-induced QT prolongation for several other commonly used drugs including citalopram, ondansetron and quinine. There are also a number of drug interactions which can increase the risk of this adverse effect occurring.

SPS has published a Medicines Q&A describing the issues to be considered when assessing the risk of drug-induced QT prolongation in individual patients.

The BNF states that promethazine is 'less suitable' for prescribing for sedation and so we would not advise this to be used simply as an alternative to benzodiazepines or Z drugs: Promethazine hydrochloride | Drugs | BNF | NICE

Metformin and reduced vitamin B12 levels: new monitoring advice for patients at risk

Vitamin B12 deficiency is now considered to be a common side effect in patients on metformin treatment, especially in those receiving a higher dose or longer treatment duration and in those with existing risk factors. See p.2 of the MHRA Drug Safety Update Volume 15 Issue 11 June 2022 for details.

We ask that clinical teams take the following steps:

- To test B12 in patients on metformin with symptoms suggestive of deficiency
- Consider doing annual B12 screening for patients on metformin, particularly in those with risk factors for deficiency: older people, people with gastrointestinal disorders, those with genetic predisposition to deficiency (e.g. with intrinsic factor deficiency), patients who follow a vegan or vegetarian diet low in B12 (e.g. low in milk, cheese, yoghurt or eggs) and in those on other medications that may contribute to deficiency (e.g. PPIs)
- Ask the patient at every annual review about signs of neuropathy and signs of B12 deficiency (new symptoms of extreme tiredness, a sore and red tongue, depression, irritability, cognitive impairment, pins and needles, or pale or yellow skin)

DO NOT stop metformin therapy unless there are other clinical grounds to do - follow current guidance on the correction of B12: NICE CKS – Anaemia B12 and folate deficiency

Complementary Medicines – really useful resources

SPS has put together a number of resources in one place (available here) which are really useful in supporting you to answer questions (your own or a patient's/carer's) on complementary medicines.

If you cannot find the information you need in the resources listed, or your clinical scenario is complex, primary care health professionals can seek further advice from the SPS Medicines Advice Service

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:
hnyicb-ny.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 March 2023 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.