Medicines Safety Bulletin

Issue 11 – June 2024

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.

Pseudoephedrine Safety

Earlier this year the MHRA issued new safety advice for pseudoephedrine (linked here) highlighting the very rare risk of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS).

Advice for healthcare professionals to provide to patients includes:

- if you experience a severe headache that develops very quickly or you suddenly feel sick or are vomiting, confused or experiencing seizures or changes in vison, then stop taking the medicine immediately and seek urgent medical attention.
- do not take pseudoephedrine if you have very high blood pressure (hypertension) or hypertension not controlled by your medicines.
- do not take pseudoephedrine if you have severe acute (sudden) or chronic (long-term) kidney disease or kidney failure.

Local incident involving Pregabalin and Gabapentin confusion

In one of our local hospital rehab units, pregabalin 300mg once daily was prescribed in error as a starting dose for neuropathic pain; the intention had been to initiate gabapentin 300mg once daily. The recommended starting dose for pregabalin is 75mg twice daily and the starting dose for gabapentin is 300mg once daily on day 1, then 300mg twice daily on day 2, followed by 300mg 3 times a day. The following day the patient became drowsy with reduced GCS, acute upper limb weakness and increased oxygen requirement necessitating transfer to the emergency department. Unfortunately, gabapentin was then also commenced at 300mg once daily as per the original plan in the medical notes, in addition to the pregabalin 300mg once daily.

The error was not noted until the patient was transferred back to the base ward, when both prescriptions were stopped appropriately. Please take extra care when initiating either of the gabapentinoids for pain that the correct dose for the medicine is chosen. In primary care both EMIS and SystmOne will trigger an alert if gabapentin and pregabalin are co-prescribed:

Consider bone protection for patients having repeated courses of oral steroids

An article published in the BMJ describes a retrospective analysis conducted in one GP practice between 2018-2023 of 131 patients who had a significant steroid burden (600-4000mg prednisolone annually); the study found that only 12.5% of these patients had had an osteoporotic risk assessment despite their prolonged and significant steroid use: Prednisolone in COPD: the overlooked harm

North Yorkshire and York osteoporosis guidelines to assist with identifying patients at risk may be found here.

Under-recognised risk of harm from Propranolol

A recent coroner's report has highlighted the dangers of propranolol in overdose. Joshua Delaney: Prevention of future deaths report . Propranolol overdose has previously been the subject of a PrescQIPP pack which contains useful background information, patient information leaflets and clinical searches to identify patients at higher risk (log in required): PrescQIPP Hot Topics – Potential under-recognised risk of harm from the use of propranolol 2.0.

The PrescQIPP pack covers a Healthcare Safety Investigation Board (HSIB) report calling for greater awareness of specific groups of patients who may be at an increased risk of using propranolol for self-harm because they have co-existing migraine, depression, or anxiety. The report contains the findings of an investigation into a different case of fatal overdose with propranolol and citalopram.

Reminder to check before administration of live vaccines to patients on immunosuppressant medication

Live vaccines should not be administered to individuals on immunosuppressive therapy including:

- Those who are receiving, or have received in the past 6 months, immunosuppressive chemotherapy or radiotherapy for malignant disease or non-malignant disorders
- Those who are receiving, or have received in the past 6 months, immunosuppressive therapy for a solid organ transplant (with exceptions, depending upon the type of transplant and immune status of the patient)
- Those who are receiving or have received in the past 12 months immunosuppressive biological therapy (e.g. anti-TNF therapy such as alemtuzumab, ofatumumab and rituximab) unless otherwise directed by a specialist
- Those who are receiving or have received in the past 3 months immunosuppressive therapy including:
  - Adults and children on high-dose corticosteroids (>40mg prednisolone per day or 2mg/kg/day in children under 20kg) for more than 1 week
  - Adults and children on lower dose corticosteroids (>20mg prednisolone per day or 1mg/kg/day in children under 20kg) for more than 14 days
  - Adults on non-biological oral immune modulating drugs e.g. methotrexate >25mg per week, azathioprine >3.0mg/kg/day or 6-mercaptopurine >1.5mg/kg/day
  - For children on non-biological oral immune modulating drugs (except those on low doses) specialist advice should be sought prior to vaccination

Further information can be found in the Green Book here. Live vaccines currently available in the UK include:

- Live influenza vaccine (Fluenz Tetra)
- Measles, Mumps and Rubella vaccine (Priorix, MMRVaxPro)
- Rotavirus vaccine (Rotarix)
- Shingles vaccine (Zostavax)
- BCG vaccine
- Oral typhoid vaccine (Ty21a)
- Varicella vaccine (Varilrix, Varilvax)
- Yellow Fever vaccine

This bulletin has been produced by the North Yorkshire and York Medicines Management Team 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 mailbox: hnyicb-ny.rxline@nhs.net

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