



- **Prescribing of vitamin B12 and folic acid for patients on metformin**

It has been highlighted that some patients who are taking metformin are also being prescribed Vitamin B12 and folic acid. Whilst metformin can reduce the absorption of vitamin B12 and serum folate levels in some patients, this is rarely clinically significant and can usually be addressed by modifications in diet. Therefore it is not necessary for patients on metformin to be prescribed prophylactic treatment with either Vitamin B12 or folic acid. Patients with macrocytic anaemia +/- peripheral neuropathy should be treated as per BNF guidance

- **Emollients guidance**

This document [Northants Emollient Guidelines](#) has been produced in order to provide guidance on the first line products for mild, moderate and severe dryness. The guidance highlights that bath additives are NOT recommended (due to lack of evidence) unless optimum topical therapy has first been tried. A "patient information leaflet" has also been produced [link](#).

- **NICE Sore Throat Guidance**

NICE has produced a one page visual summary of their most recent guidance for antimicrobial prescribing in acute sinusitis [link](#). If FeverPAIN score is 0 or 1 antibiotic prescribing is NOT recommended. If the score is 2 or 3 consider no antibiotic or a back up prescription. If FeverPAIN score is 4 or 5 consider immediate antibiotic or back up prescription. If an antibiotic prescription is indicated first line is phenoxymethylpenicillin 500mg qds if severe for 5-10 days or 1g bd if less severe. In penicillin allergy clarithromycin 250-500mg bd for 5 days is first line.

- **Bisphosphonates and Renal Impairment**

The licenses of alendronic acid and risedronate sodium cover their use in patients with eGFR >35ml/min and >30ml/min respectively. Whilst anecdotal evidence of use does exist below this level of eGFR, bisphosphonates should not be routinely prescribed for these patients. Patients with deteriorating eGFR should be reviewed and advice sought from a nephrologist.

- **Recording "non-practice" medications (e.g. secondary care) on GP clinical systems**

One of the recommendations following a patient receiving an overdose of methotrexate was that all "non-practice" medications should be recorded on GP clinical systems. As such GPs are reminded of the importance of recording "non-practice" medicines in the prescribing record, but in such a way that prevents a script being inadvertently issued. This is to ensure that information on medications supplied through secondary care or via home care is available when making clinical decisions, and so that alerts on medicines interactions are triggered. Recording non-practice medicines correctly also ensures that the record is visible to those using the Summary Care Record. Guidance on recording "non-practice" medication on each of the clinical systems is available on Pathfinder at <http://nww.pathfinder-rf.northants.nhs.uk/media/3540452/guidance-on-recording-non-practice-medication-november-2016.pdf>

- **Valproate in girls and women of childbearing potential**

There has been further advice from the EMA that:

Valproate is now contraindicated in girls and women of childbearing potential unless the terms of a special pregnancy prevention programme are followed.

As before, valproate treatment should never be started unless alternative treatments are not suitable, including in young girls below the age of puberty.

In **pregnancy**, valproate is contraindicated and an alternative treatment should be decided on, with appropriate specialist consultation, for women planning pregnancy; however, there may be a small number of women with epilepsy for whom there is no suitable alternative treatment to valproate and who should be appropriately supported and counselled.

http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2018/03/news_detail_002929.jsp&mid=WC0b01ac058004d5c1

This edition is also available on PathfinderRF via the following link

<http://nww.pathfinder-rf.northants.nhs.uk/nene>

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