



- **Tailored regimens for combined hormonal contraceptives (CHC)**

In its 2019 guideline, the Faculty of Sexual and Reproductive Health (FSRH) supported the use of “tailored regimens,” highlighting that there is no health benefit from the seven day hormone-free interval and that a shorter interval or fewer intervals may increase contraceptive efficacy. There is a recent useful BMJ article [link](#) which highlights what prescribers need to know. Note - Using tailored CHC regimens is currently outside the manufacturer’s licence so women should be advised accordingly.
- **Vaccination of individuals with underlying medical conditions**

The ‘Green Book’ advice on vaccination for individuals with underlying medical conditions has been updated. Included is a practical schedule for immunising individuals with asplenia, splenic dysfunction or complement disorders and advice on additional vaccination recommended for other vulnerable groups [link](#) . The importance of ensuring patients with underlying medical e.g. asplenia and splenic dysfunction was highlighted in a recent Tablet Press Extra after becoming aware of the death of a young asplenic patient from pneumococcal septicaemia in Nottinghamshire. A follow up audit in their GP practices found a significant number of patients with splenic dysfunction had not received vaccinations as recommended and that most GP practices did not have suitable systems for following up patients.
- **Antihypertensive drug treatment: does bedtime administration improve cardiovascular risk reduction?**

As reported in January’s edition of Tablet Press a large Spanish study found that taking antihypertensive medication as a single dose at bedtime compared with taking them in the morning reduced the risk of cardiovascular events by around 50% over a median follow-up period of 6.3 years. NICE have now done a “Medicines evidence commentary” on this study which concludes that despite its limitations i.e. patient centred adverse events were poorly reported, there may be a potential health gain in switching to a regimen of taking a total daily dose of antihypertensive medication at bedtime. It advises it seems reasonable to do, but prescribers should be cautious if considering this in older people, in those at risk of falls and in those in whom such a change may reduce concordance with medication (for example, those taking antihypertensives which may not be suitable for bedtime administration such as diuretics). [link](#)
- **Patients get same-day appointments with community pharmacists**

A report on the introduction of the community pharmacist consultation service (CPCS) in October 2019, indicates that in the first 10 weeks more than 100,000 patients have had appointments with pharmacists, which has relieved some pressure on GPs and A&E departments.
- **Delivering NICE’s vision for the future**

Over the last 20 years NICE have established themselves as a world leader in guidance development. They are keen to maintain their reputation for rigour and excellence while reviewing how they produce, present and use guidance in a digital age. They have produced a video about they intend to achieve this through NICE Connect [link](#)
- **Drug Safety Update - Nexplanon (etonogestrel) contraceptive implants: new insertion site to reduce rare risk of neurovascular injury and implant migration**

This Alert provides updated guidance for how to correctly insert the implant, including an amended diagram, in order to prevent neurovascular injury and migration of the contraceptive implant from the insertion site and in rare cases into the pulmonary artery [link](#) .