

## NEWSLETTER

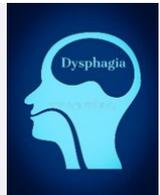


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## Swallowing Difficulties and Thickening Agents

In Northern Ireland, Swallow Aware (<http://pha.site/Dysphagia>) is supporting collective activity to provide solutions to regional dysphagia priorities and create a regional groundswell of awareness of the life changing impact of swallowing difficulties. A key priority is Dysphagia Friendly Meds: to raise awareness and support medication management guidelines.



Questions regarding the use of thickening agents with medications commonly arise. In response to this, three new UKMi medicine Q&As have been published on the [Specialist Pharmacy \(SPS\) website](#):

- 1) **Thickening agents: what to consider when choosing a product?**
- 2) **How can people who need thickened fluids take medicines?**
- 3) **Thickening agents and thickened fluids: do they interact with medicines?**

These resources aim to support health professionals in the safer use of thickening agents and thickening agents with medicines in people with dysphagia.

The NI Formulary links to these Q&As in the [Swallowing Difficulties & Thickening Agents section](#) of the website, in addition to HSC Guideline - Advice for Health Professionals: Choosing medication for patients unable to take solid oral dosage forms.

#### ACTION:

- Have a look at the resources available on the NI Formulary website to assist in prescribing decisions in people requiring thickened foods and fluids.

## Lipid Management and Ezetimibe

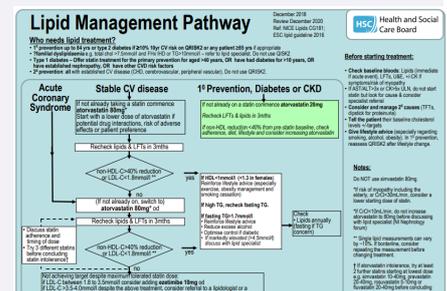
Over 42,000 prescriptions were issued for ezetimibe in the period from January to June 2020. Whilst ezetimibe continues to have its place in the management of hypercholesterolaemia, prescribers are reminded of the following points:

- Ezetimibe monotherapy is only recommended as an option for patients who would otherwise be initiated on statin therapy but who are unable to do so because of contraindications to initial statin therapy, or because of intolerance of statin therapy, e.g. tried at least 3 different statins.
- Ezetimibe in addition to statin therapy for primary prevention should only be used under guidance from secondary care (for example in patients with familial hypercholesterolaemia) and only if lipids are not adequately controlled despite the maximally tolerated statin dose.
- Ezetimibe in addition to statin therapy may be considered for secondary prevention when lipids are not adequately controlled despite the maximally tolerated statin dose. Every effort should be made to reach lipid goals by statin monotherapy before considering ezetimibe.

#### ACTION:

- Review the [Northern Ireland Lipid Management Pathway](#) and consider appropriateness when initiating new ezetimibe therapy for patients.
- Review patients on existing therapy for the continued appropriateness of ezetimibe prescribing.

More information can be found in the [Lipid modification section](#) of the NI Formulary.



# Gabapentinoids Not Recommended for Low Back pain / Sciatica

NICE have updated their guideline on *Low back pain and sciatica in over 16s: assessment and management*. This update includes several recommendations on the pharmacological management of sciatica and low back pain including:

- not using gabapentinoids or antiepileptics for low back pain
- not using gabapentinoids, other antiepileptics, oral corticosteroids or benzodiazepines for managing sciatica
- not using opioids in chronic sciatica.<sup>1</sup>



Gabapentinoids (pregabalin and gabapentin) are licensed for neuropathic pain in adults, but are commonly used off-label for other pain disorders such as low back pain, sciatica, and migraine.

Studies have shown that pregabalin and gabapentin can be an effective treatment for some people with neuropathic pain such as post-herpetic neuralgia and diabetic peripheral neuropathy. However, they have not been shown to be effective for low back pain, sciatica, spinal stenosis, or episodic migraine.<sup>2</sup>

Indeed, there is evidence that gabapentinoids can cause considerable harm: pregabalin and gabapentin were reclassified as Class C drugs in the UK in April 2019 following an increase in the number of deaths caused by gabapentinoid misuse and addiction. Furthermore, when used in combination with opioids there is an increased risk of respiratory depression — see [July](#) newsletter.

NICE have concluded that gabapentinoids can do more harm than good for people with low back pain and sciatica and therefore state specifically in their updated guideline: “**Do not offer gabapentinoids, other antiepileptics, oral corticosteroids or benzodiazepines for managing sciatica as there is no overall evidence of benefit and there is evidence of harm**” and “**Do not offer gabapentinoids or antiepileptics for managing low back pain.**”

The full NICE guideline can be found [here](#).

## **ACTION:**

- Do not prescribe gabapentinoids for the management of low back pain or sciatica for new patients.
- If a person is already taking a gabapentinoid, explain the risks of continuing these medicines. Any decision to stop a gabapentinoid should be made in agreement with the person. Those who wish to reduce/stop should be advised to reduce their dose gradually to avoid problems associated with withdrawal.

(Refs — [NICE guidance NG59<sup>1</sup>](#); [BMJ 2020;369:m1315 doi: 10.1136/bmj.m1315](#) (Published 28 April 2020)<sup>2</sup>)

## Every Report Counts and [#MedSafetyWeek](#) (Nov 2 – 8th)

The MHRA is expecting to receive their one millionth adverse drug reaction report to the Yellow Card scheme during the launch of the annual global [#MedSafetyWeek](#), which highlights the value of the Yellow Card scheme to the nation's health and the importance of reporting suspected side effects from medicines. Healthcare professionals are encouraged to report side effects online at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or using the Yellow Card app.

## MANAGED ENTRY DECISIONS

Lixisenatide + insulin glargine (Suliqua<sup>®</sup>)  
Andexanet alfa (Ondexxya<sup>®</sup>)  
Avelumab (Bavencio<sup>®</sup>)  
Treasulfan (Trecondi<sup>®</sup>)

Polatuzumab (Polivy<sup>®</sup>)  
Entrectinib (Rozlytrek<sup>®</sup>)  
Vedolizumab (Entyvio<sup>®</sup>) x 2 decisions  
Hydroxycarbamide (Xromi<sup>®</sup>)  
Pembrolizumab (Keytruda<sup>®</sup>)

For full details see [Managed Entry section](#) of NI Formulary website.

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy

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