



Managing medicines and fasting in Ramadan

Fasting in the month of Ramadan is obligatory for all adult Muslims. Many patients will be fasting or will want to fast in Ramadan. This year it will commence on 11th March 2024.

What is a fast?

The fast lasts between dawn and sunset. It is compulsory for all healthy adult Muslims (who are otherwise not exempt) on reaching puberty; it is a total fast, with complete abstinence from both food and drink.

Who is exempt from fasting?

Those with chronic illness in need of regular medication
The frail and elderly
Those who are travelling
Women during menstruation or who are bleeding post-partum
If it is felt that fasting would have an adverse effect on their health
Pregnant or breastfeeding women
Children below the age of puberty

Despite being in the above categories, some prefer not to miss these fasts in view of the spiritual benefits during this time.

How does the fast become void/ broken? *

When drink, food or medication reaches the throat, stomach, intestines, or a cavity that has a path, immediately or via another cavity, to any of these three and settles therein the fast is broken. This includes:

- Eating or drinking intentionally
- Oral and nasal medication including inhalers, nebulisers, nasogastric intubation and bronchoalveolar lavage
- Smoking
- Rectal suppository
- Food/medication administered via gastrostomy or jejunostomy

**There may be differences of opinion amongst the different schools of jurisprudence. Therefore, some will refer to scholars of their choosing for their specific cases.*

Managing medication

Caring for patients who celebrate the month of Ramadan represents a unique undertaking for health care professionals. Individuals who take medicines for chronic conditions may need to adjust medication regimens so they can be taken between the evening meal of *Iftar* (after sunset) and the morning meal of *Suhoor* (before dawn).

For short-term conditions requiring treatment, such as antibiotics for infections or nonsteroidal anti-inflammatory drugs for pain, medications with once or twice daily dosing would be more appropriate.

For medications taken multiple times during the day, recommended strategies include changing administration times, choosing long-acting formulations (e.g. sustained or slow release) or changing dosing regimens to once or twice daily. Information regarding fasting in Ramadan with health conditions can be found in the [Ramadhan compendium](#) which has been produced by the British Islamic Medical Association (BIMA).

This article in [BMJ](#) on advising patients with existing conditions about fasting during Ramadan also includes a useful shared decision making [summary infographic](#).

Contents

Page 1

- Managing medicines and fasting in Ramadhan
- NICE updates
- Medicines optimisation group updates

Page 2

- eMAR (electronic Medicines Administration Record)
- COVID Medicines Delivery Unit (CMDU) - update
- FDB OptimiseRx feedback survey
- Supply issues
- Savings opportunities – Ganfort®

Page 3

- Pharmacy First

Page 4

- Mirena® 52mg IUD: extension of licence
- MHRA updates
- Fluoroquinolone antibiotics

MOTea - Clinical management in Ramadan

06 March 2024 13:00-14:00

Supporting the best use of medicines and helping people stay healthy during Ramadan.

Dr Salman Waqar, President of the British Islamic Medical Association, local GP, Thames Valley Cancer Alliance Clinical Lead for Cancer Inequalities and local Medical Examiner.

If you have not received an invite for this session please e mail the team on frimleyicb.prescribing@nhs.net

NICE updates

COVID-19 rapid guideline: managing COVID-19 guideline

COVID-19 rapid guideline: managing the long-term effects of COVID-19 [guideline](#)

Suspected sepsis: recognition, diagnosis and early management [guideline](#)

NICE
National Institute for
Health and Care Excellence

Medicines optimisation group updates

- [Quantity of adrenaline autoinjectors on prescription](#) - position statement updated.
- [Prescribing guidance for patients travelling abroad](#) -position statement updated.
- Hydrogen Peroxide 1% cream (Cystacide TM) for localised non bullous impetigo as recommended by [SCAN guidelines](#) has been added to the Frimley Formulary as **GREEN**.
- Betamethasone sodium phosphate ear/eye/ nose drops 0.1% have been designated as the 1st line option for nasal polyps (**GREEN**).

eMAR (electronic Medicines Administration Record)

Many care homes have, or are in the process of, changing from printed paper Medicines Administration Record (MAR) charts to an electronic version. It is important to ensure the eMAR system being considered is:

- appropriate for the care home
- meets national guidelines
- reflected in the Care Home Medicines Policy
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In addition to IT capability, IG considerations, fitness for purpose, and back-up systems, the eMAR system needs to be available to:

- trained and competent care home staff
- visiting health care staff such as GPs, CAMHs, District Nurses

It is also important to address how administration of medication by visiting HCPs will be recorded. The arrangements for agency/locum staff to use the system (if regular staff are not available) should also be considered.

The eMAR system should have a clear process for:

- any mid-cycle changes to medication
- prescriptions for acute medicines such as antibiotics
- changes to medications following hospital discharges

The management of OTC, Homely Remedies and purchased self-care products and how the eMAR system incorporates these products should also be considered. [CQC](#) details several points to be considered for a potential eMAR supplier.

Action:

Contact the MOCH team for help and support with eMAR changes in your care homes at frimleyicb.moch@nhs.net

COVID Medicines Delivery Unit (CMDU) - update

Eligible patients who test positive are to self-refer into this service. Most eligible patients will have been informed of this change by letter in June 2023. However any cohorts added after this date will have missed this communication. Patients eligible due to high risk, are as defined by the [Independent Advisory Group](#).

GP clinicians **do not need** to prescribe or dispense nMABs or antivirals and **do not need** to make a referral to the service. Patients in the high-risk subgroups are to be advised to self-refer by calling 03000 24 0000 for assessment. East Berkshire Primary Care OOH service are responsible for assessing patients and prescribing treatments.

Designated Community Pharmacies will now be responsible for dispensing and delivering prescribed treatment. Details of the participating pharmacies can be found [here](#)

Self-referral by patients is the preferred route of access however the nmab.ebpc@nhs.net email remains active should there be need to refer patients via this route. If doing so please remember to include current contact details for the patient .



FDB OptimiseRx feedback survey

Please complete a short survey via the link below to tell us about your experience with FDB OptimiseRx. This is your opportunity to help shape future changes and service improvements. The survey is open until the end of March and should take less than 10 minutes . <https://www.surveymonkey.com/r/FDBOptimiseRxusersurvey2024>

The company that makes the OptimiseRx software (FDB) would also like to speak directly to any prescribers and practice users who are willing to discuss their experiences with the system. All information will be used to ensure OptimiseRx continues to deliver value to NHS organisations and to improve the experience of end-users. If you would be willing to have a discussion with a representative from FDB please email clare.carter3@nhs.net.

Supply issues

Discontinuation of mizolastine 10mg modified-release tablets.

This non-sedating antihistamine is being discontinued on 26th April 2024. As mild to moderate hayfever is a minor condition suitable for self-care, please use as an opportunity to switch to OTC supply, if appropriate. Read the local prescribing policy for OTC medicines [here](#).

Shortage of oxcarbazepine 150mg tablets.

Prescribers should not initiate new patients on oxcarbazepine 150mg tablets until the shortage has been resolved. Where patients have insufficient supplies to last until the re-supply date (29th March 2024), clinicians should: consider prescribing generic oxcarbazepine 300mg tablets (Morningside), halved to provide a 150mg dose (off-label), particularly in those patients on a twice daily dose where the other half is taken the same day, ensuring they are counselled on how to halve a tablet, and how to use a tablet cutter. Only prescribe Trileptal 150mg tablets if the option to halve a tablet is not appropriate, as there are insufficient supplies to support the full demand.

Shortage of Formoterol (Oxis 6 Turbohaler) 6micrograms/dose dry powder inhaler.

Expected resupply date 15th March 2024

The following products remain available:

- Symbicort Turbohaler 100/6 or 200/6 inhalation powder
- Oxis 12 Turbohaler
- Salmeterol 25micrograms/dose and 50micrograms/dose inhalers.

The Specialist Pharmacy Service's [Medicines Supply Tool](#) provides further information about medicine supply issues (access to this resource requires registration).

Savings opportunities – Ganfort® (bimatoprost/timolol) eye drops – thank you!

Ganfort® eye drops have recently come off patent and cheaper generic equivalents are now available. A 3ml bottle of Ganfort® eye drops costs £14.16, the generic bimatoprost/timolol equivalent costs £3.86.

We have an OptimiseRx message which prompts prescribers to consider swapping from branded Ganfort® eye drops to the generic equivalent. Thanks to prescribers accepting this message, it is estimated that we have saved over £1,500 across Frimley ICB in the last 3 months. The acceptance rate for this message is 10.5% so there is room for more efficiencies to be made. If all prescriptions for Ganfort® eye drops had been written generically we would have saved over £20,000 across Frimley ICB in the last 3 months.

NHS Pharmacy First *Clinical Pathway consultations* referral criteria

Full treatment pathways can be found [here](#)

Who can be referred to pharmacy:	Main symptoms to trigger referral to pharmacy:	When to book in to see one of our clinicians (excluded from pharmacy referrals):
Uncomplicated urinary tract infection		
Women aged 16-64	Burning pain when passing urine, needing to pass urine in the night, Urine cloudy to the naked eye (patient to report, no need for urine sample)	Pregnant individuals, urinary catheter, recurrent UTI (2 episodes in last 6 months, or 3 episodes in last 12 months), fevers, vomiting, kidney pains
Shingles		
Adults 18+	A tingling or painful feeling in an area of skin, a rash will usually appear a few days later, red dots on a pink/red background which develop into blisters. The rash appears on 1 side of the body only. A headache and fever may develop.	Shingles rash affecting eye area, patient who says they are immune-compromised, pregnant individuals
Acute otitis media		
For children aged 1 to 17 years	Earache, or in younger children holding/tugging ear and non-specific symptoms such as fever, crying, poor feeding, runny nose, cough	Recurrent acute otitis media (3 or more episodes in 6 months or four or more episodes in 12 months), pregnant individuals aged under 16 years
Acute sore throat		
For adults and children aged 5 years and over	Sore throat with/without fever or pus/swollen tonsils, can be in absence of cough/runny nose	Pregnant individuals aged under 16 years
Acute sinusitis		
For adults and children aged 12 years and over	Nasal blockage (obstruction/congestion) or Nasal discharge with ONE or more of: Facial pain/pressure (or headache) or Reduction (or loss) of the sense of smell (in adults) OR Cough during the day or at night (in children)	Immunosuppressed individuals, chronic sinusitis (sinusitis that causes symptoms that last for more than 12 weeks), pregnant individuals aged under 16 years
Infected insect bites		
For adults and children aged 1 year and over	Redness, pain, swelling of insect bite which is getting worse, with skin hot to touch. Maybe discharge at site of the bite.	Pregnant individuals aged under 16 years
Impetigo		
Non-bullous impetigo, for adults and children aged 1 year and over	Impetigo starts with red sores or blisters, but the redness may be harder to see in brown and black skin. The sores or blisters quickly burst and leave crusty, golden-brown patches which can be itchy.	Bullous impetigo (boils), recurrent impetigo (defined as 2 or more episodes in the same year), pregnant individuals aged under 16 years

NHS Pharmacy First *minor ailments (formerly known as CPCS)* referral criteria

This service is only for patients aged over 1 year of age

Condition	What conditions are SUITABLE for referral to community pharmacists?			Do NOT refer in these circumstances	
Bites/stings	Bee sting Wasp sting	Stings with minor redness	Stings with minor swelling	Drowsy Fast heart rate	Severe swellings or cramps
Colds	Cold sores Coughs	Flu-like symptoms	Sore throat	Lasted +3 weeks Shortness of breath	Chest pain Unable to swallow
Congestion	Blocked or runny nose	Constant need to clear throat	Excess mucus Hay fever	Shortness of breath	Facial swelling
Ear	Earache	Ear wax Blocked ear	Hearing problems	Something may be in the ear canal	Deafness Vertigo
Eye	Conjunctivitis Red or irritable eye	Sticky eye Eyelid problems	Dry/sore tired eyes Watery/runny eyes	Severe pain Pain on 1 side only	Light sensitivity Reduced vision
Gastric/bowel	Constipation Diarrhoea	Heartburn Indigestion	Haemorrhoids Nausea/vomiting	Severe/on-going Lasted 6+ weeks	Patient +55 years Blood/weight loss
General	Hay fever	Sleep difficulties	Tiredness	Severe/on-going	
Gynae/thrush	Cystitis Vaginal discharge	Vaginal itch or soreness		Diabetic/pregnant Under 16 /over 60 Unexplained bleeding	Had thrush 2x in last 6 months OTC treatment not worked
Pain	Acute pain Ankle or foot pain Headache Hip pain or swelling Knee or leg pain	Lower back pain Lower limb pain Migraine Shoulder pain	Sprains and strains Thigh or buttock pain Wrist, <u>hand</u> or finger pain	Condition described as severe or urgent Conditions have been ongoing for +3 weeks	Chest pain/ pain radiating to the shoulder Pharmacy treatment not worked Sudden onset
Skin	Acne, spots and pimples Athlete's foot Blisters on foot Dermatitis/dry skin Hair loss	Hay fever Oral thrush Rash – allergy Ringworm/threadworm	Scabies Skin dressings Skin rash Warts/verrucae Wound problems	Condition described as severe or urgent Conditions have been ongoing for 3+ weeks	Pharmacy treatment not worked Diabetes related?
Mouth/throat	Cold sore blisters Flu-like symptoms Oral thrush	Hoarseness Mouth ulcers Teething	Sore throat Sore mouth Toothache	Lasted 10+ days Swollen, painful gums Sores inside mouth	Unable to swallow Patient has poor immune system Voice change
Swelling	Ankle or foot swelling Lower limb swelling	Thigh or buttock swelling Toe pain or swelling	Wrist, hand or finger swelling	Condition described as severe or urgent Condition ongoing for +3 weeks	Discolouration to skin Pharmacy treatment not worked Recent travel abroad

Mirena® 52mg IUD: extension of licence for contraception to 8 years

Mirena® 52mg LNG-IUD (levonorgestrel releasing intrauterine device) is now licensed for 8 years for contraception. This extension does not apply to the management of heavy menstrual bleeding or for endometrial protection as part of HRT.

Points to note

- Users of the Mirena 52mg LNG-IUD can be advised that the device can be used as contraception for 8 years. This also applies to individuals who already have the device in-situ.
- There is no change to the license of the other available LNG-IUDs

The Faculty of Sexual & Reproductive Healthcare has produced a useful guide which may be downloaded from their [website](#).

MHRA updates

Omega-3-acid ethyl ester medicines: dose-dependent increased risk of atrial fibrillation in patients with established cardiovascular diseases or cardiovascular risk factors.

Systematic reviews and meta-analyses of randomised controlled trials have highlighted a dose-dependent increased risk of atrial fibrillation in patients with established cardiovascular diseases or cardiovascular risk factors treated with omega-3-acid ethyl ester medicines compared to placebo.

Please see full alert for background and advice for HCPs and patients/ carers [here](#).

Valproate: new safety and educational materials to support regulatory measures in men and women under 55 years of age

New materials have been introduced for men and women and healthcare professionals to reduce the harms from valproate, including the significant risk of serious harm to the baby if taken during pregnancy and the risk of impaired fertility in males.

Please see the full document [here](#)

In addition numerous updates have been made to the manufacturer's summary of product characteristics for valproate products. These are summarised [here](#)

SCAN and MHRA Drug Safety Update: Fluoroquinolone antibiotics update

Fluoroquinolones must now only be prescribed when other commonly recommended antibiotics are inappropriate :

- ⇒ there is resistance to other first-line antibiotics recommended for the infection.
- ⇒ other first-line antibiotics are contraindicated in an individual patient.
- ⇒ other first-line antibiotics have caused side effects in the patient requiring treatment to be stopped.
- ⇒ treatment with other first-line antibiotics has failed.
- ⇒ Updated MHRA [PIL](#) – use to consent patients before starting therapy & ALWAYS supply with any prescription supplied to a pt.

Although prescribing of ciprofloxacin should be avoided as above, in situations where required and appropriate, access the PIL via the AccuRx message and by clicking the “view reference information” button.

Selected drug - Ciprofloxacin 250mg tablets

Ensure patients prescribed fluoroquinolones are provided with an MHRA Patient Information Leaflet.

Source View reference information

Refer to reference information for a link to the appropriate patient information leaflet.

[View the triggered rule for this patient](#)

Ciprofloxacin is only recommended first-line for a limited number of infections due to risk of antimicrobial resistance and serious side effects.

Source View reference information