NSAID use by MI Patients seems to increase risk of death or recurrent MI.

This study consisted of patients aged over 30 admitted to all Danish hospitals with a diagnosis of MI between January 1997 and December 2006. Data on NSAID use post MI was obtained and the incidence rates of death and re-infarction were calculated for the individual NSAID and split into time periods from 1 week to 14 weeks.

83,677 patients were included in the study; of which 42.3% (35,405) had received at least one prescription for NSAID during follow-up.

During the study period there were 35,257 outcome events, and NSAID use was associated with an increased risk of death/recurrent MI.

When individual drugs were analysed, diclofenac was associated with the highest risk and the increase in risk was persisting throughout treatment. Ibuprofen was associated with an increase in risk when continued over 7 days, whereas celecoxib was associated with an increase in risk when continued beyond 14-30 days. Naproxen was the only NSAID without statistically significant increase in risk at all time points.

The authors concluded that even in short term use most NSAIDS were associated with an increased risk of death and recurrent MI in patients with a previous MI. Diclofenac was associated with the greatest increase in risk, and only naproxen did not appear to increase risk at all. They also point out that the risk of gastro-intestinal bleeding should also be considered, as this worsens the prognosis of patients with a history of MI. Overall they advise that neither short term nor long term treatment with NSAIDS should be considered in patients that have had an MI.

Circulation published on-line 9th May 2011

Which Diltiazem preparation do I prescribe?

The BNF #61 March 2011 states “To avoid confusion between different formulations of diltiazem, prescribers should specify the brand to be dispensed.

Rotherham FT use only two brands of diltiazem.

If diltiazem is prescribed as a once daily preparation the Slozem brand is always supplied.

If diltiazem is prescribed as a twice daily preparation the Tildiem brand is always supplied.

We would encourage practices to adopt this practice and always prescribe diltiazem by brand and to prescribe Slozem for all once daily regimens and Tildiem for all twice daily regimens.

HELP has arrived in Rotherham

The incidence of Heart Failure continues to increase and is a major cause of emergency admissions.

Educating patients to self manage and monitor their condition and recognise the early signs of fluid retention can result in earlier intervention and prevent a hospital admission.

Rotherham has therefore launched the Heart failure Education and Learning Programme. This is a one day education programme facilitated by heart failure specialist nurses, medicine management pharmacists, dietitians, and physiotherapists. The programme has received a very positive response from the patients to date. The ‘HELP’ course is interactive, collaborative and patient centred. All patients will be given an individualised management plan at the end of the course.

Patients can be referred into the course using HELP referral forms or by phoning 01709 423257

Cases of Malaria among UK travellers rise by 30%

In 2010 the Health Protection Agency reported a 30% increase in the number of people in the UK infected with malaria. (1,761 cases) and a sharp rise in cases due to Plasmodium falciparum, which is the agent most likely to cause death. In 2010 40% of cases were in people that had visited family or friends in Nigeria or Ghana with 11% of patients resulting from visits to India. In the majority of cases 85% prophylaxis had not been taken. The HPA notes that travellers visiting friends or relatives are at particular risk due to them not seeking advice, or not believing themselves to be at risk.
**Key Facts**

**Intermittent mild symptoms**
- Oral antihistamines either regular or PRN

**Intermittent moderate to severe symptoms**
- Oral antihistamines either regular or PRN +/- Intranasal Corticosteroid.
- Intranasal Corticosteroids will also relieve ocular symptoms.

**Persistent moderate to severe symptoms**
- Intranasal Corticosteroids are the treatment of choice. They take time to work and ideally should be used for one to two weeks before exposure to allergens and should be used regularly.
- An antihistamine should be added if itching and sneezing are troublesome.

**Oral Antihistamines**
- **Loratadine** and **Cetirizine** are recommended as first line agents as they are considered to be non-sedating and have a well established proven safety profile.
- **Desloratadine** and **Levocetirizine** have not demonstrated superior efficacy compared to Loratadine and Cetirizine, and are more expensive.

**Intranasal corticosteroids**
- **Beclometasone** is the treatment of choice as there is no definitive evidence to confirm that any particular corticosteroid has greater efficacy than another.

**Intraocular agents**
- **Sodium cromoglicate** may be useful in a minority of patients if ocular symptoms remain troublesome despite using an antihistamine and/or a corticosteroid.
- An antihistamine eye drop may be useful if a rapid resolution of ocular symptoms is required.

**Discontinuation of Pulmicort® (budesonide) CFC-free inhaler 100 & 200mcg**
AstraZeneca has taken the decision to discontinue the production of Pulmicort CFC-free 100 & 200mcg inhalers with immediate effect, citing “complex manufacturing issues related to technical aspects of the device” as the reason. Patients should continue to use Pulmicort CFC-free 100 & 200mcg inhalers until their current supply is finished. At that time patients should be changed to an appropriate alternative inhaled corticosteroid treatment for their specific medical condition. Choice of alternative should be based on the patients specific medical condition, and ability to use the alternative device.

<table>
<thead>
<tr>
<th>Alternative Budesonide inhaler Devices</th>
<th>Available Strengths</th>
<th>Licensed Indication</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budesonide Easyhaler</strong> (breath-actuated dry powder device)</td>
<td>100mcg, 200mcg, 400mcg</td>
<td>prophylaxis of asthma</td>
<td>Adult and Child over 12 years, 100–800mcg BD. Child 6–12 years, 100–400mcg BD.</td>
</tr>
<tr>
<td><strong>Pulmicort Turbohaler</strong> (breath-actuated dry powder device)</td>
<td>100mcg, 200mcg, 400mcg</td>
<td>prophylaxis of asthma</td>
<td>Adult and Child over 12 years, 100–800mcg BD. Child 5–12 years 200–400 mcg BD.</td>
</tr>
<tr>
<td><strong>Budelin Novolizer</strong> (breath-actuated dry powder device)</td>
<td>200mcg</td>
<td>prophylaxis of asthma</td>
<td>Adult and Child over 12 years, 200–800mcg BD. Child 6–12 years 200–400 mcg BD.</td>
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