



➤ **NPAG Position Statement on Vitamin and mineral supplements post bariatric surgery.**

Northamptonshire Prescribing Advisory Group (NPAG) does **not** support the prescribing of multivitamins and minerals post bariatric surgery for supplementation, insufficiency or maintenance. It is recommended that patients purchase an over-the-counter multivitamin and minerals supplement and take the appropriate dose depending on the type of surgery they have undergone. This position statement does not apply if indicated for vitamin/mineral deficiency

➤ **Treatment of Pyelonephritis**

Prescribers are reminded that when treating patients for UTI who also have symptoms of pyelonephritis (eg kidney pain, rigors, temperature above 37.9°C, new/different myalgia, nausea or vomiting) the PHE diagnostic flowchart should be followed [link](#) and prescribing should be in accordance with NICE/PHE guidance for pyelonephritis [link](#). Nitrofurantoin, pivmecillinam and fosfomycin should not be used as they do not achieve adequate levels in renal tissue.

➤ **Safe prescribing of Methotrexate**

An open prescribing report on Methotrexate has shown that Northamptonshire is a high user of Methotrexate 10mg tablets. The MHRA recommends that patients should **not** be co-prescribed 10mg and 2.5mg tablets to reduce the risk of inadvertent overdose. The policy of both NGH and KGH is to issue 2.5mg tablets only. In rare circumstances where patients are likely to remain on a dose which is a multiple of 10mg tablets, then 10mg tablets **only** may be prescribed. If this is the case the consultant team will liaise directly with the GP to explain the circumstances. **Patients should never be prescribed both 10mg and 2.5mg tablets concurrently.** If patients are being prescribed 10mg tablets please liaise with the patient and their consultant team aiming to switch to 2.5mg tablets only.

- Patients on both 2.5mg and 10mg tablets should be changed to 2.5mg
- Patients on 10mg tablets only should be changed to 2.5mg, unless there is a significant reason not to do this e.g. consultant advice

➤ **Sayana press**

Sayana® Press is recommended as a treatment option when initiating a long-acting reversible progestogen-only injectable for contraceptive purposes in females (use in adolescent females subject to clinical discretion). Sayana® Press is the only parenteral progestogen-only contraception currently available on the UK market which is licensed to be administered subcutaneously (SC) and can be self-injected by the patient after the initial dose and suitable training.

➤ **Prescribing Cascade: Calcium channel blockers and diuretics**

A prescribing cascade occurs when an adverse drug event occurs that is misinterpreted as a new medical condition resulting in the initiation of another drug to treat it. Prescribing cascades are recognised as an important contributor to problematic polypharmacy. A recent JAMA article has highlighted a common prescribing cascade where older people who have recently been prescribed a calcium channel blocker (CCB) were subsequently given a loop diuretic, which may have been unnecessary. The authors recommend that if a patient on a CCB develops peripheral oedema, even if it occurs weeks to months after the start of CCB treatment, clinicians should consider whether the CCB is still necessary, whether it could be discontinued or the dosage could be reduced, or whether the patient can be switched to another therapy. Non-pharmacologic strategies to address peripheral oedema should also be considered.