



➤ **ADHD drugs following private consultations**

All ADHD drugs are classified as Amber – Specialist Initiated in Northamptonshire ie they are subject to shared care. This means that any required baseline tests and initiation and titration of prescriptions should be done by the specialist service recommending them. When patients are stable, prescribing may be transferred to primary care in line with agreed shared care protocols. **We currently only have agreed shared care with NHFT. If patients are seen by private providers, prescribing should remain with this provider.** This also applies to patients who see private providers via Right to Choose. We do not have any shared care protocols with Right to Choose providers and they should retain prescribing although this is ultimately charged back to the ICB.

➤ **New research finds smokers who choose to quit on New Year's Day could save a whole day of their life by 8 January**

This headline figure assumes they smoked 10 cigarettes a day and is based on research from UCL commissioned by DHSC. Every cigarette steals on average ~20 minutes of life from smokers, equating to ~7 hours of life lost when smoking a pack of 20 cigarettes.

➤ **Pancreatic Enzyme, Replacement Therapies (PERTs) overview**

The Specialist Pharmacy Service (SPS) have produced an overview to support [prescribing and ordering of available pancreatic enzyme replacement therapies](#), with links to National Patient Safety Alerts, individual supply entry posts for affected products and advice on switching between available products.

➤ **Fluoroquinolones: what do GPs need to know?**

There have been several recent patient safety alerts about the risks associated with fluoroquinolones (ciprofloxacin, ofloxacin, levofloxacin, delafloxacin, moxifloxacin). However, prescribing in Northamptonshire has increased on the most recent ePACT data. This article in the British Journal of General Practice begins with a case vignette followed by a review of the adverse effects of concern, risk factors, whether topical fluoroquinolones are affected by the MHRA alert, what else a GP should consider, and finishes with how to manage the case in hand.

➤ **Vitamin D overdose**

Prescribers are reminded that when treating vitamin D deficiency (Serum 25 – (OH) D < 25 nmol/L) the normal loading dose of colecalciferol is delivered over a period of 6 to 12 weeks, until a maximum of 300,000 units has been reached. At this point, the prescription for treatment of deficiency should be stopped. Vitamin D levels should be checked 6 months after starting treatment for deficiency. There have been reports of potential overdosing of colecalciferol in children taking concentrated solutions (2,000units/ml) intended to be administered as drops. Prescribers should ensure that patients understand how to obtain the correct dose at the correct dosing interval when using high strength preparations of vitamin D. Vitamin D guidelines can be found on the Primary Care Portal [Vitamin d guidelines](#)

➤ **Prescqiip Impact Tool**

The Prescqiip Impact tool and associated bulletins provide practical suggestions for clinicians to optimise medicines use and practical advice about how to safely discontinue medicines where appropriate and the issues to consider. A data visualisation allows practices to identify opportunities for deprescribing.