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Tablet Press

The prescribing newsletter for GPs, nurses and pharmacy teams
NHS Northamptonshire ICB

July 2026

- **Managing peripheral oedema caused by calcium channel blockers**
  Specialist Pharmacy Services (SPS) have fully reviewed and updated their advice on calcium channel blocker (CCB)-induced peripheral oedema. This concise advice includes clinical features, factors affecting incidence, and management options such as addition of an ACE inhibitor or ARB and switching CCB class.

- **Deprescribing medications for older people: practical guidance for primary care**
  The Journal of Prescribing Practice have produced some practical guidance on deprescribing in older adults. Evidence-based tools, such as STOPP/START, STOPPFrail, Medstopper are reviewed alongside national guidance; practical examples of deprescribing in common therapeutic areas are given e.g. antihypertensives, opioids, hypnotics.

- **Kidney disease in people with diabetes: a guide for primary care clinicians**
  The Journal of Prescribing Practice have produced an overview of diabetic kidney disease in the context of primary care, covering pathophysiology & risk factors, screening & diagnosis, management (including blood pressure control), monitoring & follow up and the role of primary care practitioners.

- **Managing fire risk with emollients and other skin products**
  Specialist Pharmacy Services (SPS) have produced some guidance outlining fire risk from use of emollient creams, including how they increase risk, how healthcare equipment increases risk, risk with non-emollient topical treatments and which patients are at increased risk. Risk reduction advice and a practice example is also given.

- **Medicine Supply Notices for Propafenone 150mg tablets and Disopyramide 100mg capsules and 250mg modified-release tablets**
  Please see attached a Medicine Supply Notice (MSN) for Propafenone 150mg tablets and one for Disopyramide 100mg capsules and 250mg modified-release tablets.
  Both of these MSNs advise that cardiology/specialist advice should be sought on whether patients can be switched to an alternative treatment for patients. The cardiology departments at UHN have recommended that advice on switching patients to an alternative treatment is ascertained via “Advice and Guidance”. It is estimated that the following number of patients are on these preparations:
  - Propafenone (Arythmol®) 150mg tablets – 13 patients
  - Disopyramide (Rythmodan®) 100mg capsules – 7 patients
  - Disopyramide (Rythmodan Retard®) 250mg modified-release tablets – 4 patients

  Since the MSN advises that the Disopyramide preparations will be in out of stock from late June 2026 and the Propfenone is already out of stock it is recommended that practices identify any patients asap so that their care can be managed e.g. Propafenone 150mg tablets are only out of stock until late July 2026 so patients, or their pharmacy, may have sufficient supply to last until the resupply date.

- **Nefopam for chronic pain relief.**
  Prescribing of nefopam in Northamptonshire is very high when compared to most other ICBs. It is understood that local clinicians consider nefopam as a suitable alternative to NSAIDs and codeine. A Specialist Pharmacy Service summary of nefopam highlights that evidence to support its use is limited and it appears no more potent than non-steroidal anti-inflammatory drugs (NSAIDs),but is commonly associated with adverse drug reactions and is toxic in overdose. It is for these reasons that nefopam is not included in the NICE guidance for chronic pain. As such It should only be considered when alternatives are contraindicated or ineffective, or used as add-on therapy when pain is inadequately controlled. Prescribers should carefully consider whether the potential benefits outweigh the risks of adverse effects in individual patients. Treatment should be reviewed regularly and stopped if benefits are not seen in the short term.