Think Medicines!

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

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Safety

Corticosteroids, Finasteride and Rivastigmine Patch prescribing

Minimising the Risks of Medication Errors with Rivastigmine Patches

Medication errors and inappropriate use of rivastigmine transdermal patches continue to be reported nationally. During a two year period, 246 incidents were reported to the UK National Reporting and Learning system (NRLS), of which 40 resulted in low-moderate patient harm. There is also a case report published in 2012 of a death in Sweden attributed to rivastigmine overdose following a medication error with the patch.

In Cambridgeshire and Peterborough rivastigmine (oral or transdermal) is recommended for prescribing with shared-care.

Advice for healthcare professionals on how to minimise errors when prescribing rivastigmine patches:

- Ensure correct product choice; do not confuse with rotigotine.
- Ensure correct strength is selected.
- Use the prescription instruction '*Apply ONE patch every TWENTY-FOUR hours. Remove and discard old patch before applying a new patch to a different location*'.
- For patients receiving care, ensure the MAR chart gives clear application instructions and is suitably endorsed by care staff.
- Where treatment is interrupted for more than 3 days, re-titration is recommended.

Counsel patient/carer to:

- Carefully follow the instructions in the patient information leaflet and application diary.
- Ensure only one patch is applied at a time.
- Change patch every 24 hours.
- Consult a healthcare professional if changing a patch is forgotten or treatment is inadvertently stopped for any reason.

For further information see Specialist Pharmacy Service Q&A March 2017.

Finasteride: Rare reports of depression and suicidal thoughts

The MHRA have received reports of depression and suicidal thoughts in men taking finasteride tablets (1mg and 5mg tablets) including men with no previous history of depression.

Advise patients to inform a healthcare professional immediately if they are taking finasteride and develop symptoms of depression.

Finasteride use is contraindicated in women.

(Finasteride 1mg tablets are indicated for the treatment of male pattern hair loss (androgenetic alopecia) and are available only on a private prescription.)

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Cobicistat, ritonavir and co-administration with a corticosteroid: risk of systemic corticosteroid adverse effects

Ritonavir and its structural analogue cobicistat, being inhibitors of the CYP3A subfamily, are boosting agents that prolong the action of some antiretroviral medicines.

Advice for healthcare professionals:

- All clinicians who may prescribe or administer steroids to patients with HIV should be aware that concomitant use of a corticosteroid metabolised by cytochrome P450 3A (CYP3A) (including budesonide, ciclesonide, deflazacort, dexamethasone, fludrocortisone, fluticasone, hydrocortisone, methylprednisolone, mometasone, prednisolone, and triamcinolone) and a HIV-treatment-boosting agent may increase the risk of systemic corticosteroid-related adverse effects MHRA drug safety update
- Although these reactions are rarely reported, there is potential for this interaction to occur even with non-systemically administered steroid formulations, including intranasal, inhaled, and intra-articular routes
- Co-administration of a HIV-treatment-boosting agent with a CYP3A-metabolised corticosteroid is not recommended unless the potential benefit to the patient outweighs the risk, in which case patients should be monitored for systemic corticosteroid-related reactions
- If coadministration is necessary, use of beclomethasone should be considered where possible—particularly for long-term use. Beclomethasone is less dependent on CYP3A metabolism and, although the risk of an interaction leading to adverse corticosteroid effects may not be completely removed, it may be lower. The manufacturer of beclomethasone recommends caution.

Prescribers should be aware that patients may or may not have shared information about their HIV treatment. Whenever possible HIV treatment should be added to the list of hospital prescribed medication.

Corticosteroids: Rare risk of Central Serious Chorioretinopathy with local as well as systemic administration

Central serious chorioretinopathy (CSCR) is characterised by the accumulation of subretinal fluid at the posterior pole of the fundus, ultimately causing retinal detachment. CSCR typically affects one eye only and can cause vision to be blurry and distorted, with objects often appearing smaller and distorted in the affected eye. Patients may also have difficulty with bright lights and contrast sensitivity.

Although the exact mechanism that leads someone to develop CSCR is unknown, several possible risk factors have been described, including use of systemic corticosteroids, pregnancy, and Cushing's syndrome. These risks are thought to be associated with the effect of cortisol on the eye.

CSCR has recently also been described after local administration of corticosteroids via inhaled and intranasal, epidural, intra-articular, topical dermal, and periocular routes. It is a **rare** side effect that may occur with any formulations. Ref: MHRA drug safety update Volume 11 Issue 1 August 2017.

Although blurred vision is a symptom of CSCR, it is also an established side effect of steroid treatment. Additionally other causes may include glaucoma and cataracts.

Advice for healthcare professionals:

- Advise patients to report any blurred vision or other visual disturbances during corticosteroid treatment.
- If a patient who has received treatment with a corticosteroid, presents with visual symptoms, consider referral to an ophthalmologist for evaluation of possible causes.
- Report suspected adverse reactions to the MHRA on a Yellow Card.

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