

Reminder of potential psychiatric and sexual side effects of finasteride

Finasteride has been associated with depression, suicidal thoughts and sexual dysfunction, and patients have reported that sexual dysfunction (including decreased libido and erectile dysfunction) has persisted even after treatment was stopped. Healthcare professionals are reminded of the [MHRA advice](#):

- before prescribing finasteride, ask patients if they have a history of depression or suicidal ideation
- advise patients to stop finasteride immediately if they develop depression or suicidal thoughts and to contact their doctor as soon as possible
- monitor patients for psychiatric and sexual side effects, and report suspected adverse drug reactions associated with finasteride via the Yellow Card scheme

A patient card will be introduced in all finasteride packs, which will highlight the risk of sexual side effects and psychiatric side effects reported with finasteride to increase awareness among patients and prescribers.

Drug shortages / supply issues

- **Cefalexin suspensions are out of stock until July 2024.** Cefalexin 250mg and 500mg capsules and 500mg tablets remain available and can support increased demand. Alternative liquid antibiotics are also available.
- **Asacol® 400mg MR gastro-resistant tablets have been discontinued** – consider prescribing Octasa® 400mg MR tablets. Octasa® MR is a generic version of Asacol® MR and the two are bioequivalent. Refer to the SPS [guidance on this discontinuation](#) and further guidance on [switching between mesalazine oral tablet preparations](#) which takes into account different release characteristics of products.
- **Daktacort 2%/1% (miconazole & hydrocortisone) cream has been discontinued** – stocks are expected to be exhausted by May 2024. Consider prescribing another formulary cream containing an antifungal and hydrocortisone, i.e. Canestan HC® or Timodine® - with consideration of the licensed indications for these preparations. For more information refer to the [SPS website](#).
- **Intermittent shortages of Creon® 25,000** are having an impact on supplies of other dosages and brands of pancreatic enzyme replacement therapy (PERT). In response to this situation, a group of specialist pancreatic cancer dietitians and cystic fibrosis dietitians have developed [health professional guidance](#) which provides advice what to do if a patient is running low or cannot get PERT.

#HelpYourNHS – prescribing over the counter medicines campaign

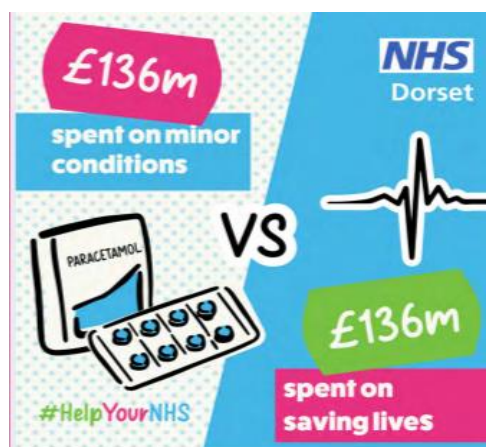
NHS Dorset has updated a [statement on prescribing of over the counter medicines](#) and will be launching a campaign after public consultation to support prescribers with patient conversations.

The campaign site will be active shortly
nhsdorset.nhs.uk/helpyournhs

We spent £5m on prescribing over-the counter medicines in Dorset last year, more than £1m more than neighbouring counties.

The campaign materials will include media campaign materials and physical leaflets and posters to support those discussions with a clear emphasis that NHS Dorset are requesting prescribers to undertake this work which has been endorsed by NHS England.

To get involved a digital information pack will be available to practices, PCNs and Trusts next week and link to the website above.



Configuring non-medical prescribers on GP SystemOne

The regional team at the NHS BSA have recently highlighted to us, that there are some prescribers in the Dorset area, that are issuing the incorrect type of prescription in EPS, which are problematic for the NHS BSA to process. The crux of the issue is an incorrect SystemOne set up for the prescribers concerned.

In GP practices where this is currently happening, we have contacted the practice or IT manager directly. However, it is worth noting, for all practices that when configuring a SystemOne account for non-medical prescribers, please ensure that the "Using PPA ID" field is **left blank** as it is only applicable to GP prescribers. Instead, the "National ID" box should be populated with the NMP's professional body registration code (e.g. NMC, GPhC, HCPC code). Any queries about this, please send to Hayley.braid@nhsdorset.nhs.uk.

Quick bites

- The Dorset Formulary is available at: www.dorsetformulary.nhs.uk.
- Different staff groups have different permissions with respect to medicines supply and administration and it is important to ensure legislation is followed. SPS have [helpful guidance setting out the different permissions by each type of healthcare role](#).
- The Department of Health and Social Care (DHSC) has announced the [NHS prescription charges uplift in England](#) from Wednesday 1 May 2024. A prescription will cost £9.90 for each medicine or appliance dispensed, an increase of 25 pence. The 3-month PPC will cost £32.05 and the 12-month PPC will cost £114.50.

Learning

- The [Royal Pharmaceutical Society \(RPS\) Patient safety professional standards](#) have recently been updated. The standards set out clear expectations and outcomes for pharmacy professionals to demonstrate good professional practice when dealing with patient safety incidents.
- SPS webinar – '[Navigating difficult conversations with confidence](#)', to be held Wednesday 5 June, 12:30 - 14:00 explores the psychology behind difficult conversations. Pharmacist and pharmacy technician specialist speakers help with applying skills to your own area of practice.
- Health Innovation Wessex (previously Wessex AHSN) regularly run Polypharmacy Masterclasses, covering several different topics including heart failure, anticholinergic burden, and NSAID use. There are [recordings](#) available for past masterclass events and also upcoming masterclass events on the [Events page](#) of the Health Innovation Website. Upcoming events include topics such as opioids for chronic non-cancer pain and antidepressants in older people.

REGIONAL MEDICINES INFORMATION SERVICE

If you work in primary care (including community pharmacy), specialist medicines advice can be obtained from SPS via **0300 7708564** or email asksps.nhs@sps.direct. (Staff in Dorset NHS Trusts should seek advice from their pharmacy teams).

This newsletter is for healthcare professionals. It represents what is known at the time of writing so information may be subsequently superseded.