

GLP-1 and dual GIP/GLP-1 receptor agonists: safety advice

Potential risk of pulmonary aspiration

A [recent European review](#) showed an association between GLP-1 or dual GIP/GLP-1 receptor agonists and the potential risk of pulmonary aspiration. These medicines are known to slow gastric emptying, which is a recognised side effect of these medicines. Patients taking these medicines who are undergoing surgeries or procedures with general anaesthesia or deep sedation may have residual gastric contents despite preoperative fasting. Remind patients to inform their healthcare teams and anaesthetists if they are on GLP-1 or dual GIP/GLP-1 receptor agonists. Report suspected adverse drug reactions, aspiration and other surgical complications on a [Yellow Card](#). Refer to the [MHRA Drug Safety Update](#) for more information.

GLP-1 agonists and oral contraception

The FRSH have issued [guidance around the use of GLP-1 agonists and the effect on various forms of contraception](#). They advise that:

- Individuals should be advised to use contraception whilst using GLP-1 agonists.
- Individuals using tirzepatide and oral contraception should switch to a non-oral contraceptive method, or add a barrier method of contraception, for four weeks after initiation and for four weeks after each dose increase. (There is no need to add a barrier method of contraception when using semaglutide, dulaglutide, exenatide, lixisenatide or liraglutide).
- Individuals who experience severe diarrhoea or vomiting during use of GLP-1 agonists should follow existing [FSRH recommendations](#).

Drug shortages / supply issues

- Seroxat® (paroxetine) tablets are being [discontinued during 2025](#). Generic versions remain available.
- Desmopressin 10microgram/dose nasal spray is out of stock until early September 2025. Consider prescribing unlicensed imports of 10mcg/dose nasal spray, or equivalent dose of an oral desmopressin product. The switch from nasal to oral product should be overseen by the endocrinology team/specialist. Refer to the [SPS supply tool](#) for latest information (free login needed).

Deprescribing of PPIs

Although the absolute risk of harm to individuals from PPIs is low, their widespread, long-term use can cause adverse effects that contribute to significant negative impacts at a population level.

Many adverse effects of PPI therapy have been identified, for example: Clostridium difficile infection, higher risk of mortality, increased fracture risk, pneumonia, acute interstitial nephritis, chronic kidney disease, hypomagnesaemia, vitamin B12 deficiency, cardiovascular events, subacute cutaneous lupus erythematosus, and gastric cancer.

We would like to highlight a couple of resources available on the Dorset formulary that may be useful for supporting appropriate deprescribing of PPIs as part of medicine reviews:

- The [PPI Medicine Safety Checklist](#) can help to review risk factors, contraindications/cautions, and whether the benefits of treatment with a PPI outweigh the risks of treatment.
- The [deprescribing algorithm for PPIs](#) can assist in decision making for whether to continue treatment with a PPI.

Update to formulary option for leuprorelin

Dorset formulary has been updated to list Staladex® as the most cost-effective choice of leuprorelin product for **prostate cancer** indications. The local acute trusts now have an updated contract which will allow them to provide Staladex® in these patients, hence you may see a change in prescriptions.

General information about Staladex is available via www.Staladex.com. Additionally, the local pharmaceutical representative from Aspire Pharma is very happy to provide training to groups of GP practice/PCN staff who would like to book a session – email training@aspirepharma.com.

NB: Prostag® is still the only licensed leuprorelin product in endometriosis/breast cancer indications.

Learning

- As part of the PQS 2025/26, PCNs will receive 25p per patient to enhance polypharmacy education. Clinicians are being asked to attend Health Innovation Wessex Polypharmacy Action Learning Sets at any time during 2025/26. Dates are released quarterly. Each cohort involves attending 3 morning sessions. Cohort 23 starts on 23rd April and there are a few spaces left – to join this cohort, please email healthinnwest.polypharmacyprogramme@nhs.net. To join the cohort starting on 4th June, register online at: [Polypharmacy Action Learning Set Cohort 24](#).
- Dorset HealthCare are hosting a general prescribing conference on Tuesday 3 June at the Hamworthy Club, Canford Magna. There are only 10 spaces allocated for non-Dorset HealthCare non-medical prescribers working in primary care, first come first served. The cost is £50 per NMP. If you would like to attend, please contact dhc.prescribingadministration@nhs.net.

Quick bites

- The Dorset Formulary is available at: www.dorsetformulary.nhs.uk.
- SPS guidance on suggestions for adults with swallowing difficulties prescribed ‘[gliptins](#)’ or ‘[flozin](#)’ medicines.
- [SPS Guidance on advising people who occasionally miss a scheduled dose of a regular medicine, including information sources and advice for high-risk medicines](#).
- The vaccine brand used for the pre-school booster is changing from Boostrix-IPV® to Repevax®, which should be available to order via ImmForm from Spring 2025. The Repevax® pack does not contain a needle for administration, which should be obtained locally.
- [Pharmacy First service myth busting](#) – aiming to tackle some of the misconceptions around Pharmacy First
- [“Andi Biotic” is a cartoon character](#) created by UK health officials to challenge public misconceptions about antibiotics. Andi Biotic’s [social media message to “keep antibiotics working”](#) is aimed at people aged between 18 and 34 years. According to a UKHSA survey last year, 41% of this age group reported obtaining antibiotics incorrectly – far higher than the 23% in the general population. Resources to support the campaign are [available from the DHSC](#).
- The medicines team is currently undertaking a piece of work to ensure that the records of NMPs linked to GP practices (and able to generate prescriptions for patients of these practices) are correct. All practice managers should have received an email request to review the list of NMPs during March. Many thanks to practices that have already responded. Letting us know about non-medical prescribers working with you is important as it helps us to ensure costs of prescribing are allocated to the correct practice and PCN. If you can’t find an email about this, please get it touch via: hayley.braid@nhsdorset.nhs.uk

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 asksp.nhs@sps.direct. (Staff in Dorset NHS Trusts should seek advice from their pharmacy teams).