

18<sup>th</sup> Annual Conference of the  
British HIV Association (BHIVA)



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THE SEXUAL HEALTH  
NETWORK  
GREATER MANCHESTER

**Prescribing of non-HIV related  
medications – a move back to primary  
care**

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## Background & Methods

- In 2008 the Greater Manchester Sexual Health Network (GMSHN) HIV Group issued a statement advising all HIV care providers in the area that from 1st January 2009 primary care prescribing by HIV physicians should cease. A list of permitted medications was also issued with this statement
- The lead HIV consultant and pharmacist were contacted at the 8 HIV care centres (A-H) across Greater Manchester. They were asked to provide data on all medications prescribed outside the guidelines of the 2008 statement during 2010 (1 year after the changes were implemented)

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### Medicines for hospital prescriptions for HIV+ve patients

On 1 January 2009 all clinics providing HIV care for HIV+ve patients will stop prescribing primary care medication. This is because it is not clinically safe to continue to do so and it is essential that all patients, regardless of their diagnosis, are treated equitably and receive primary care medication through a GP.

Drugs that will continue to be prescribed by GU and HIV clinics include:

- All zidovudine
- Immunosuppressants (zalcitabine, Didanosine, Stavudine, Zalcitabine etc) plus other drugs for opportunistic infection treatment (cotrimoxazole, HAART therapy etc.)
- Antifungals
- Antibiotics
- Antiretrovirals
- Anti-emetics and anti-diarrhoeals (e.g. Metoclopramide, Loperamide)
- Other drugs used for target prevention (including withdrawal) on hospital outpatient clinics or in PIDs if medicines are received out of hours
- Contraception as usual

Clinical colleagues should continue to encourage patients to register with a GP and to disclose their status to their GP. This will enable GPs and GU consultants to share information about patients' care.

Prepared by the Primary Care Working Group of Greater Manchester Sexual Health Network  
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Review 09/04/2010  
Prepared by: R017193100  
[www.sexualhealthnetwork.co.uk](http://www.sexualhealthnetwork.co.uk)



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## Results

- All 8 centres submitted data, however, only 4 centres gave results for the entirety of 2010 (2 with and 2 without quarterly breakdowns), the other 4 centres submitted data for the last quarter of 2010 alone

	No. of Prescriptions per 100 patients									
	2010				September-December 2010					
	A	B	C	D	C	D	E	F	G	H
<b>Topical</b>	0	2.8	14.2	2.1	6.1	0.3	11.0	0.5	0.1	0
<b>Antibiotics</b>	0	2.2	2.0	0.3	0.7	0	17.8	0	0	0
<b>Cardiac</b>	0	0.6	2.7	0	0	0	0.9	0	1.4	0
<b>Analgesia</b>	0	0.6	1.4	0	0	0	3.6	0.2	0.5	0
<b>Sleeping Tab</b>	10	0	1.4	0.9	1.4	0	0.9	0	0	0
<b>Antihistamines</b>	0	0	2	0.6	1.4	0	1.8	0.2	0.2	0
<b>Antidepressants</b>	0	0	0.7	0	0.7	0	2	0	2.7	0
<b>Bone</b>	0	0	1.4	0	0	0	0.3	0.1	0.4	0
<b>Other</b>	0	1.3	2	2	0	0.9	5.6	2	2.3	0.9

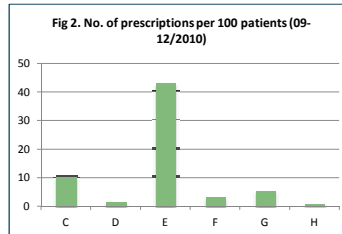
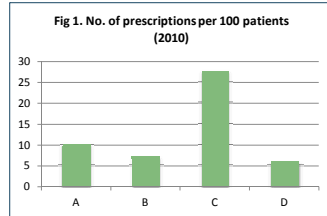


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## Results & Discussion



- The results varied between centres with many appearing to have implemented the change well. The remainder still need to take further action to tighten up prescribing.
- There were a number of drugs and creams that were allocated to the HIV budget when they would have been more appropriate for the GU budget.
- Several prescriptions deemed 'outside of guidelines' may have been acceptable depending upon the indication for use e.g. zopiclone use when starting efavirenz
- Overall this was a very informative review. The results have been fed back to all HIV prescribers in the region via the GMSHN HIV group with suggestions for improvement. We plan to perform the review again next year.



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Thank you  
Any Questions?



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