



For immediate release

Patients taking hydrocortisone need longer prescriptions in light of current flu pandemic

GPs need to provide patients taking hydrocortisone with longer repeat prescriptions in light of the current flu pandemic, advises the Society for Endocrinology, the UK professional body representing clinicians who treat hormone-related conditions. It is also essential that all steroid-dependent patients keep a two month emergency reserve supply of medication at home at all times in case they become ill. Any disruption to the medication supply will have life threatening consequences for these patients. The Society calls on Primary Care Trusts (PCTs) to highlight to clinicians the need to provide steroid dependent patients with longer prescriptions, ideally for a six month supply of medication.

Patients with life-long steroid dependent conditions, such as Addison's disease and pituitary failure, are at particular risk during the flu pandemic because they are unable to regulate their cortisol levels if they contract flu. If patients become infected, they need to double their medication levels. If they do not take enough medication immediately, this leads to life-threatening hypovolaemic shock requiring urgent hospitalisation. Currently many GPs only provide patients with prescriptions for 28 days' worth of medication, meaning patients do not have emergency reserve supplies of hydrocortisone and are at severe risk of this medication running out if they contract flu. The Society for Endocrinology recommends that all patients requiring hydrocortisone should keep a minimum supply of two months' medication in reserve for emergencies.

Department of Health guidance clearly states that prescription length is at the discretion of individual doctors. While the guidance advocates minimising medication wastage, it also states:

"where patients have stable chronic conditions and can manage their stocks of medicine, prescriptions for longer periods may be more suitable, and more convenient for patients".¹

However, this guidance is not currently enforced by many PCTs who routinely advise doctors to provide 28 day prescriptions for all patients to reduce wastage. The Society for Endocrinology calls on all PCTs and GPs to recognise the need to provide patients requiring hydrocortisone with longer repeat prescriptions, ideally for six months' worth of medication. It is ultimately the responsibility of GPs to ensure their patients with an acute steroid dependency do not run out of medication.

Increasing prescription length for patients requiring hydrocortisone would also have additional benefits, including saving the NHS millions of pounds each year in dispensing fees, as well as saving doctors' and pharmacists' time. It would also provide a safeguard for patients against supply disruptions, which may occur due to problems with the transportation infrastructure during the peak of a pandemic.

Professor Peter Trainer, Chair of the Society for Endocrinology Clinical Committee, said:

“For patients requiring hydrocortisone, any interruption to their medication supply could be life threatening. Only providing these patients with a standard 28 day prescription, especially during a flu pandemic, is simply not good enough.

“While Department of Health guidance states prescription length is at the discretion of the individual clinician, many PCTs now limit prescriptions to a 28 day supply of medication to reduce wastage. This policy does not take account of patients' needs and does not represent the best use of resources. The Society for Endocrinology calls on all PCTs and GPs to recognise the need to provide patients requiring hydrocortisone with longer prescriptions and to make sure that patients have a reserve supply of two months' worth of medication for emergencies. It could make the difference between life and death.”

The Society for Endocrinology has produced a patient information sheet to explain to patients with life-long steroid dependent conditions the precautions they need to take. It can be downloaded from: www.endocrinology.org.

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Notes for editors:

The patient information sheet can be viewed at www.endocrinology.org.

The Society for Endocrinology is the major British society representing scientists, clinicians and nurses who work with hormones. We aim to advance education and research in endocrinology for the public benefit and to promote endocrinology and hormone awareness to the wider community. For general information, visit www.endocrinology.org

Please mention the Society for Endocrinology in any story

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¹NATIONAL PRESCRIBING CENTRE'S ADVICE: PRESCRIPTION DURATION AND DRUG WASTAGE

Every pound wasted on unused prescription drugs is a pound lost to direct patient care. The Department of Health is determined to cut down on drug wastage and has already taken a number of initiatives to improve prescribing practice, supported by prescribing advisers and pharmacists in the NHS. For example, there have been encouraging results from several repeat dispensing schemes in which pharmacists have helped to manage repeat medication. Schemes in which patients have the opportunity to discuss their medicines with a pharmacist, who then makes recommendations to their GP, have also been considered.

The Department is determined that best practice from all these schemes will be shared across the NHS. Many prescribers already routinely write prescriptions for one calendar month.

Overall, the more medicine that is prescribed at any one time, the more likely it is that some of it will be wasted, especially where patients are taking many medicines, or are less able to manage their medicine stocks effectively.

However, where patients have stable chronic conditions and can manage their stocks of medicine, prescriptions for longer periods may be more suitable, and more convenient for patients.

Factors to take into account when considering prescription duration include:

- How stable the patient's condition is and how often their clinical management is to be reviewed;
- Risk of side-effects, taking into account the patient's clinical history;
- How likely it is that the patient will take the medication as they are supposed to;
- Safety considerations associated with storing the particular drug in the home;
- Shelf-life of the medicine;
- Relative cost to the NHS of the ingredients, dispensing and prescribing time. (Note: dispensing fees do not come off PCG budgets; changes to the overall volume of dispensing fees may create in-year pressures but are likely to balance out the following year);
- Patient convenience including, where relevant, cost in prescription charges. It is particularly important that the prescriber takes into account the views of patients if a change in their prescription duration, say from three months to one month, is being considered;
- Where practices are considering a change in prescription duration policy, liaising with affected dispensing contractors is also advisable.

In determining how much of a drug to prescribe, prescribers should ensure that, first and foremost, the prescription meets the clinical needs of the patient.

Kevin Guinness, Head of the Pharmacy and Prescribing Branch, Department of Health from **Connect**, the National Prescribing Centre quarterly newsletter, issue 20, **March 2000**