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MeReC Publications

Prescribing comparators now available for QIPP topics

A set of 13 prescribing comparators have been published to support the QIPP (Quality, Innovation, Productivity and Prevention) medicine use and procurement workstream.

Prescribing managers should use these comparators to review local prescribing trends, assess whether any variation observed is appropriate and monitor progress on the QIPP therapeutic topics.

Further information

The comparators cover 10 of the 15 therapeutic areas included in the latest update of the NPC Publication – Key Therapeutic Topics 2010/11 (February 2011) and should be read in conjunction with that document. The aim of the comparators is to support organisations and prescribers to review the suitability of current prescribing, revise prescribing where appropriate, and monitor implementation of any changes. **They are not intended to be used as targets or performance tables but rather to highlight variation and support local discussion and decisions regarding QIPP**. Further information is available in the NHS Information Centre document, QIPP Prescribing Comparators: Description and Specification.

In addition, a set of charts and data tables have been produced using ePACT.net and show national comparisons at PCT level. Local comparisons can be made using the NHS Business Services Authority Prescription Services Prescribing Toolkit.

More information on QIPP can be found on the Department of Health and NPC websites.

NICE reviews its guidance on drug treatment of Alzheimer's disease

A NICE review and re-appraisal of donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease has resulted in a change in the guidance. This is published in technology appraisal TA217.[1]

Specifically:

- **the three acetylcholinesterase (AChE) inhibitors* (donepezil, galantamine and rivastigmine) are now recommended as options for managing mild as well as moderate Alzheimer's disease, and**
- **memantine is now recommended as an option for managing moderate Alzheimer's disease for people who are intolerant to or have a contraindication to AChE inhibitors, and as an option for managing severe Alzheimer's disease.**

Further information

NICE technology appraisal TA217 sets out specific criteria for managing the various severities of Alzheimer's disease with donepezil, galantamine, rivastigmine, or memantine. It also mentions that people with mild to moderate dementia should be offered the opportunity to participate in a structured group cognitive stimulation programme irrespective of drug treatment for cognitive symptoms. When assessing the severity of Alzheimer's disease and the need for treatment, the guidance recommends that healthcare professionals should not rely solely on cognition scores in circumstances in which it would be inappropriate to do so. Further details can be found in the MeReC Rapid Review No. 2809 and TA217 quick reference guidance.

The NICE/SCIE dementia guidance CG42 (March 2011) has been amended to incorporate the updated NICE technology appraisal TA217. All other aspects of the management of dementia are unchanged. NICE quality standards for dementia are also now available.

More information on Alzheimer's disease can be found in the NPC e-learning materials on dementia.

* If prescribing an AChE inhibitor, treatment should normally be started with the drug with the **lowest acquisition cost** (taking into account required daily dose and the price per dose once shared care has started). However, an alternative AChE inhibitor could be prescribed if it is considered appropriate when taking into account adverse event profiles, expectations about adherence, medical comorbidity, possibility of drug interactions and dosing profiles.

Reference

1. NICE. Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease. Technology Appraisal 217. March 2011

All information was correct at the time of publication (June 2011)

Olmesartan reduces disease-oriented outcomes but may have potential cardiovascular safety concerns

The ROADMAP trial[1] found olmesartan delayed the onset of microalbuminuria in patients with type 2 diabetes and normoalbuminuria. Although this disease-oriented outcome might suggest a potential benefit from olmesartan, of greater concern is that more patients taking olmesartan compared with placebo had fatal cardiovascular events — 15 patients (0.7%) vs. 3 patients (0.1%) (P=0.01).

Action

This trial provides a possible signal of an increased risk of fatal cardiovascular (CV) events in people with type 2 diabetes taking the angiotensin-2 receptor antagonist (A2RA), olmesartan, particularly if they have pre-existing coronary heart disease (CHD). However, due to the inherent limitations of the data, this cannot be regarded as definitive. We expect that regulatory authorities in the UK/Europe will also be examining these data.

In the meantime, this safety concern adds weight to the argument that ACE inhibitors, not A2RAs, are the first-line choice when a renin-angiotensin system (RAS) drug is indicated. ACE inhibitors have a more robust evidence base than A2RAs for all indications in terms of evidence for efficacy, safety and most patient-centred factors. The major benefit of A2RAs over ACE inhibitors is a slightly lower rate of cough (with an NNH of around 30). Hence, A2RAs are an alternative where a RAS drug is indicated, but an ACE inhibitor has to be discontinued because of an intolerable ACE inhibitor-induced cough.

Further information

RAS drugs are one of the key therapeutic topics outlined in the NPC's Quality, Innovation, Productivity and Prevention (QIPP) document for review and, where appropriate, revision to ensure prescribing is in line with NICE guidance. A set of 13 prescribing comparators, including one relating to RAS drugs, have recently been developed to support QIPP implementation, and data from the NHS Business Services Authority are now available on these.

A more detailed discussion of this study is available in MeReC Rapid Review No. 2701. More related information can be found in the NPC e-learning materials on type 2 diabetes and national support materials for renin angiotensin system drugs.

References

1. Haller H, et al. Olmesartan for the delay or prevention of microalbuminuria in type 2 diabetes. N Engl J Med 2011;364:907–17

More data on tiotropium compared with salmeterol in reducing exacerbations in COPD

The POET-COPD[1] randomised controlled trial found that tiotropium reduced the risk of moderate or severe exacerbations, compared with salmeterol, in people with moderate to very severe COPD (FEV1 70% predicted or less) with a history of exacerbations. Because of uncertainties over the use of inhaled corticosteroids (ICS) in this study, applicability of these findings to people with severe or very severe disease in the context of NICE guidance is not straightforward.

Action

NICE guidance on COPD advises that people who experience exacerbations or persistent breathlessness despite use of a short-acting bronchodilator should be offered either a long-acting muscarinic antagonist (LAMA) or a long-acting beta agonist (LABA). If the option of a LABA is chosen in people with severe to very severe COPD (FEV_1 <50% predicted) it should be offered with an ICS. The only LAMA currently licensed is tiotropium.

However, NICE does not give preference to either of these options. Given that treatment needs to be selected on an individual-patient basis, health professionals and patients may wish to consider the outcomes of this study along with other factors such as the suitability to the individual of different inhaler devices, individual tolerability to treatment and, where relevant, possible adverse effects of ICS.

What does this study claim?

The primary outcome was the time to the first exacerbation. This was longer in the tiotropium group than in the salmeterol group (hazard ratio [HR], 0.83; 95% confidence interval [CI], 0.77 to 0.90, P<0.001). A similar effect was seen when the type of exacerbation was considered: the HR for moderate exacerbations was 0.86 (95%CI 0.79 to 0.93, P<0.001) and for severe exacerbations it was 0.72 (95%CI 0.61 to 0.85).

Tiotropium significantly reduced the annual rate of exacerbations (0.64 vs. 0.72; rate ratio 0.89, 95%CI, 0.83 to 0.96, P=0.002), compared with salmeterol. When the different types of exacerbation were considered separately, tiotropium was found to have reduced the rates of both moderate exacerbations (0.54 vs. 0.59, rate ratio 0.93, 95%CI 0.86 to 1.00, P=0.048) and severe exacerbations (0.09 vs. 0.13; rate ratio, 0.73; 95%CI, 0.66 to 0.82; P<0.001). The number needed to treat (NNT)

to prevent at least one exacerbation of either type over one year was 24. The NNT to prevent at least one moderate exacerbation was 36 over one year, and the NNT to prevent at least one severe exacerbation was 48 over one year.

So what?

Interpretation of the study in the context of NICE guidance is complicated by the fact that patients were allowed to continue treatment with ICS during the study. Tiotropium plus ICS is not a regimen recommended within NICE guidance (because no evidence was found which met the guidance inclusion criteria). The ideal subgroup analyses to allow interpretation in the context of NICE guidance would have included tiotropium versus salmeterol (with no ICS use in either group) in people with FEV_1 50% predicted or greater, and tiotropium versus salmeterol plus ICS in people with FEV1 less than 50% predicted. These analyses were not available.

More information on the study is available in MeReC Rapid Review No. 3501. Information on managing COPD is available in the NPC e-learning materials on COPD.

Reference

1. Vogelmeier C, et al. Tiotropium versus salmeterol for the prevention of exacerbations of COPD. N Engl J Med 2011;364:1093–103

The National Prescribing Centre (NPC) is responsible for helping the NHS to optimise its use of medicines. NPC is part of the National Institute for Health and Clinical Excellence (NICE), an independent organisation providing national guidance on promoting good health and preventing and treating ill health.

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