



Pharmacy Advice For Pouch Patients

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Aims of the session

- Pharmacokinetic
 - ▣ What is this?
 - ▣ Why is this important for pouch patients?
 - ▣ Why do use different routes of administration?
- Classification of medications
 - ▣ Prescription only medications
 - Prescription costs
 - ▣ Over the counter medications
- Medication in pregnancy and breastfeeding
- Where to find information



Pharmacokinetic



Pharmacokinetic

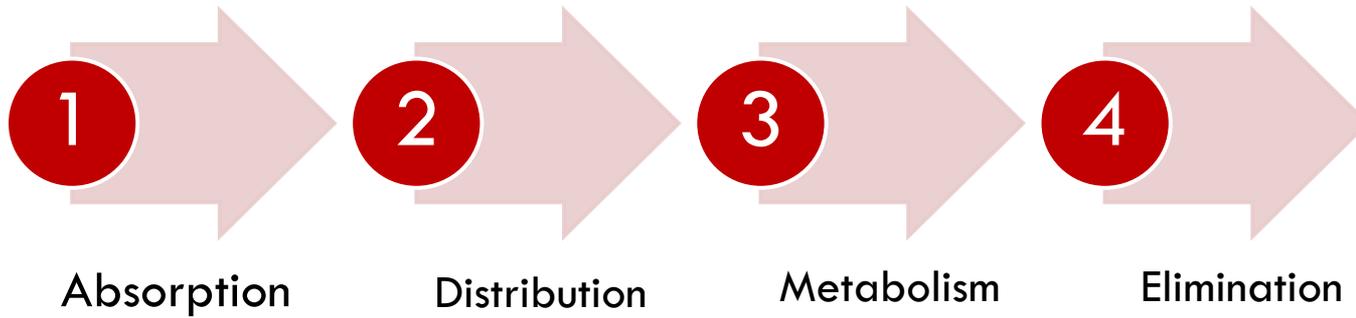
What is this?

‘The movement of medication within the body’

- All medication are designed to target certain cell and receptors within the body
- Sufficient amounts of an active form of the medication must reach the site of action to elicit a pharmacological response
- Some drugs target receptors in the GI tract

Pharmacokinetics

ADME





Pharmacokinetic

Why is this important for pouch patients?

The most common route of medication administration is the oral route: Tablets, Capsules and Liquids

A = Absorption from the GI tract

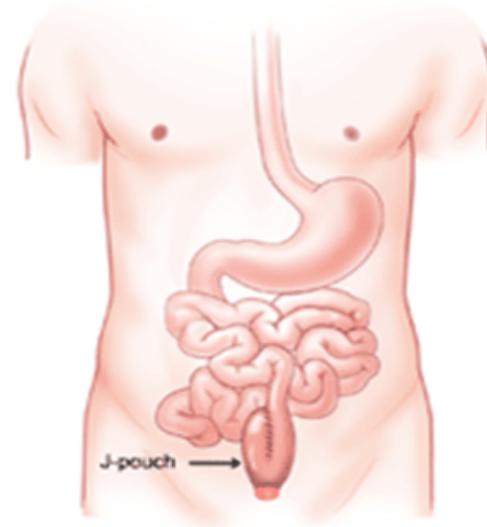
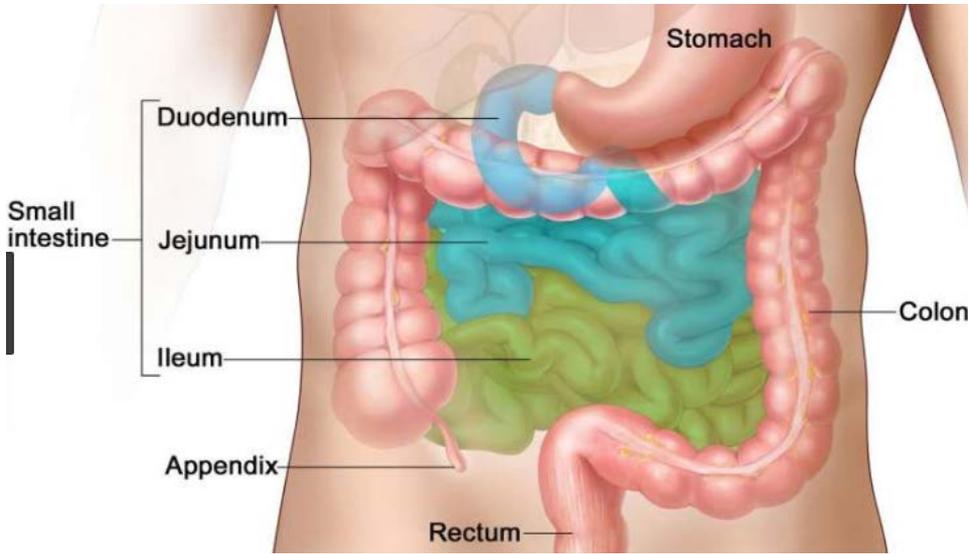
The majority of medications are absorbed from the jejunum

Oral Bioavailability

- ▣ The amount of medication that reaches the systemic circulation
- ▣ Based on healthy individuals

Pharmacokinetic

Why is this important for pouch patients?



A = Absorption

- ✓ The amount of medication that reaches the systemic circulation
- ✓ Oral Bioavailability
- ✓ Sufficient amounts of an active form of the medication reach the site of action to elicit a pharmacological response

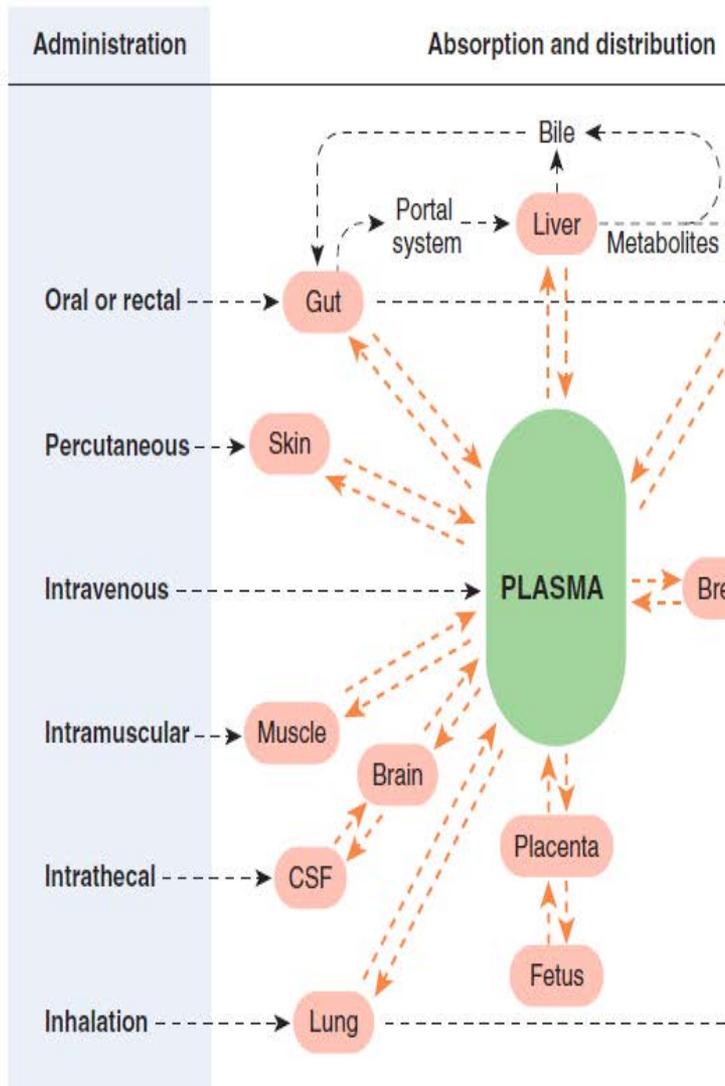
Caution- preparations designed to release medication in the colon

Important to explain your GI anatomy to anyone prescribing you medication



Research needed

The Main Routes of Drug Administration





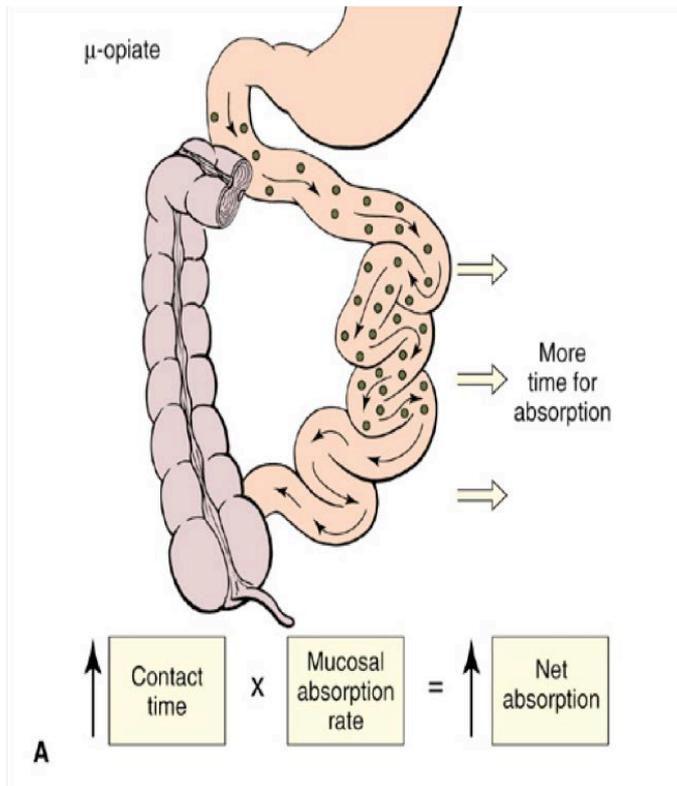
Classification of Medications



Prescription Only Medications (POMs)

Can only be prescribed by a healthcare professional with the relevant qualifications

Loperamide and Codeine: How do they work?



Acts on gut receptors

To reduce bowel movement

Allowing more contact time

So increasing absorption

Resulting in:

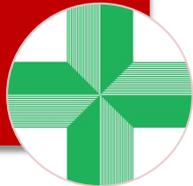
Reduces bowel frequency & quantity

Loperamide & Codeine



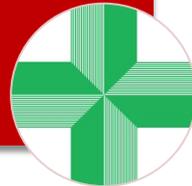
- Doses: Up to 16mg four times a day
- More favorable than codeine (no sedation)
- Very little absorption- GI action
- Capsules – tablets – liquid – melts

Loperamide



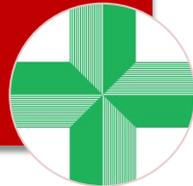
- Doses: 30-60mg four times a day
- Exceeding maximum doses not recommended
- Pain relief
- Combination with paracetamol

Codeine



- Better outcomes when used together

Combination





Loperamide and Codeine: how to take

□ How to take

- ▣ 30minutes to 1 hour before meals
- ▣ Allows drugs to work before eating

□ Side effects

- ▣ Balance with higher doses
- ▣ Loperamide: abdominal pain, bloating, nausea, flatulence
- ▣ Codeine: drowsiness, headaches, low blood pressure, nausea & vomiting

Loperamide- 8 in 24hrs label- not for you 😊



Vitamin B12 Cyanocobalamin

A = Absorption from the end of the ileum

So need to give via an intramuscular injection

1mg every 1-3 months from GP or hospital

Vitamin D

A = Absorption form the jejunum

Oral: Colecalciferol 800-1000 units once a day

intramuscular injection: Ergocalciferol 300 000 units 1-3 months from GP or hospital

Levels to monitor absorption of the drug

Pouchitis

J. P. Segal et al.

1st line

Ciprofloxacin
Metronidazole
2 weeks

2nd line

Tinidazole
Rifaximin
4 weeks

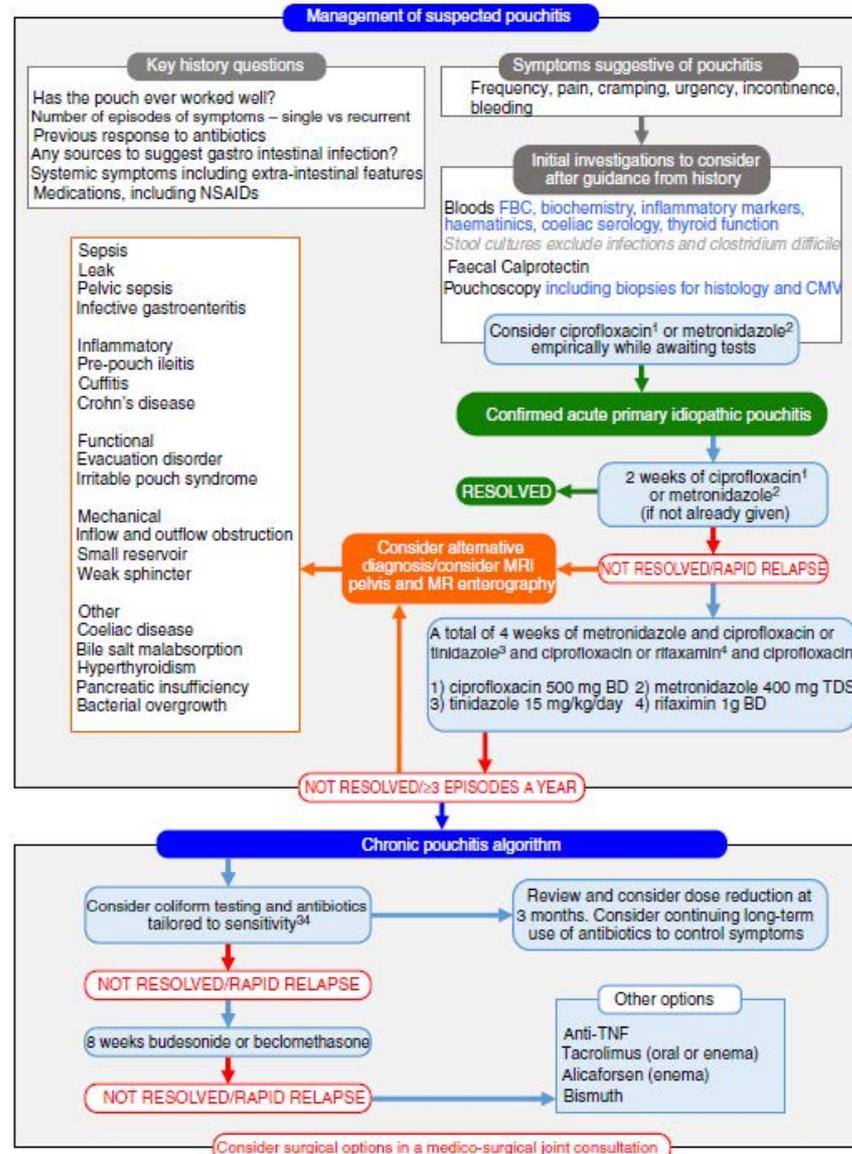


Figure 4 | Management algorithm for suspected pouchitis.



How to take

- Take regularly
- Take at the same time each day
- Ensure the timing fits in with your lifestyle
- Don't miss doses – even if you are feeling better
- Finish your course

- To avoid antimicrobial resistance and relapse
- Which could lead to treatment escalation



Ciprofloxacin

Driving: May impair performance of skilled tasks (e.g. driving); effects enhanced by alcohol

Absorption of ciprofloxacin reduced by oral antacids, calcium, iron, zinc salts, dairy products
(give at least 2 hours before or 4 hours after ciprofloxacin)

Metronidazole

Avoid alcohol during course and for 5 days after stopping

Tinidazole

Same family of medication as metronidazole

Possible interaction with alcohol

Rifaximin

Action in the GI tract very little absorption

Probiotics: VSL#3®

- No longer available on prescription via the GP
 - ▣ Can buy from Pharmacies and Health food stores

Powder:

containing 8 strains of live, freeze-dried, lactic acid bacteria

Contains traces of soya, gluten, and lactose





Research needed



Other POMs used

- Amitriptyline
- Ispaghula husk
- Steroids
- Nitrofurantoin and Colistin
- Mesalazine
- Glyceryl trinitrate and Diltiazem
- Paracetamol
- Buscopan
- Dioralyte and St Mark's electrolyte mix
- Colestyramin and colesevelam

Prescription charges

<http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Prescriptioncosts.aspx>

1st April 2019

£9 per item

The same item e.g. drug, strength and formulation

Local and hospital pharmacies

Who is exempt?

have a specified medical condition and
have a valid medical exemption
certificate (MedEx)



Medical exemptions

NOTE Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3. Penalty charges may be applied if you make a wrongful claim for free prescriptions. If you're not sure about getting free prescriptions, pay and ask for an NHS receipt FP57. You can't get one later. The FP57 tells you about getting a refund.

Part 1 The patient doesn't have to pay because he/she:

A is under 16 years of age

B is 16, 17 or 18 and in full-time education

C is 60 years of age or over

D has a valid maternity exemption certificate

E has a valid medical exemption certificate

F has a valid prescription prepayment certificate

G has a valid War Pension exemption certificate

L is named on a current HC2 charges certificate

X was prescribed free-of-charge contraceptives

H *gets Income Support (IS)

K *gets income based Jobseeker's Allowance (JSA (IB))

M *is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate

S *has a partner who gets Pension Credit guarantee credit (PCGC)

*Name: _____ Date of Birth: _____ NI No: _____

*Print the name of the person (either you or your partner) who gets IS, JSA (IB), PCGC or Tax Credit.

Declaration
I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the Prescription Pricing Authority, the NHS Counter Fraud and Security Management Service, the Department for Work and Pensions and Local Authorities.

Now sign and fill in Part 3

Part 2 I have paid £ _____ Now sign and fill in Part 3

Part 3 Cross one box: I am the patient patient's representative

Sign here c/s _____ Date / /

Print name and address _____

- **Permanent fistula (colostomy, ileostomy, laryngostomy) which requires continuous appliances**
- Diabetes insipidus
- Diabetes mellitus
- Hypoparathyroidism
- Myasthenia gravis
- Myoedema (hypothyroidism)
- Epilepsy requiring continuous therapy
- Continuing physical disability which means person cannot go out without help. (Temporary disabilities are not included if they last several months)
- Cancer (recently included)

What about other chronic conditions requiring regular medications?

Prepayment cards

Prescription Prepayment Certificates (PPC)



- ✓ 3 months: £29.10 (saves £ if you require 4 items or more in 3 months)
- ✓ 12 months: £104.00 (saves £ if you require 12 or more items per year)
- Available from community pharmacies, GP surgeries, online and by phone
- 12 month PPC - 10 monthly direct debit instalment payments



Over the counter medication (OTC)

No prescription needed

Pharmacy only (P)

Must be sold under the supervision of a pharmacist

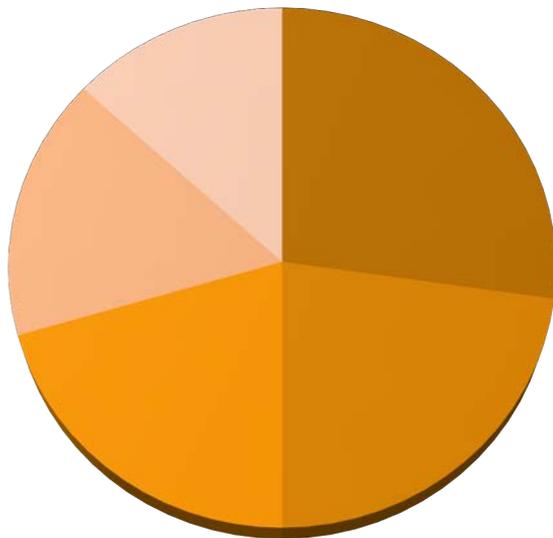
General Sales List (GSL)

No pharmacist supervision needed

Indication of use and pack size tend to be restricted

Over the counter medication (OTC) sales 2016

OTC Sales 2016



- Pain
- Coughs & colds
- Skin
- Vitamins
- GI

Over The Counter (OTC) medication

Pain Relief – 6m

- Topical
- Oral

Coughs, colds and sore throats – 5m

- Liquids
- Decongestants

Skin - 4.5m

- Infections
- Dry skin conditions

Vitamins, minerals and antitiredness - 3.6m

- Iron levels
- Absorption

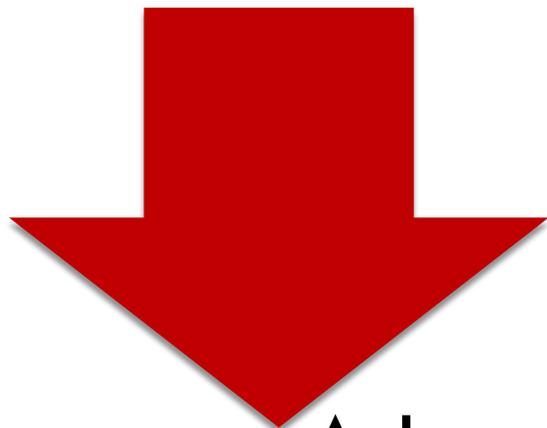
Gastrointestinal – 2.9m

- Indigestion remedies
- Laxatives
- Diarrhoea treatments



Can cause ulceration in the pouch with potential bleeding

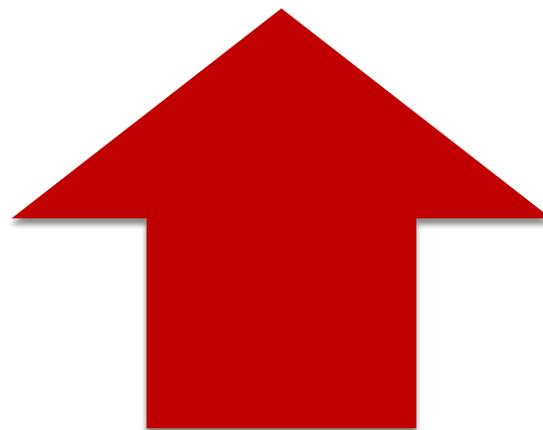
Pregnancy and Breastfeeding



Risk

Ask your medical team

Benefits



Safety data: Pregnancy and Breastfeeding

- No clinical trials (ethical issues)
- Animal data
 - ▣ Sometimes hard to apply to human models
 - ▣ Many factors to be taken into consideration
- Use general and basic pharmacology principals
- Look at your condition and prognosis
- Help you make the right choice





Where to find information

- Patient Information Leaflets (PILs)
 - ▣ Found inside the medicine box
- Doctors, Nurses and Pharmacists
- On line – NHS sites
- Charities

Thank you for listening

