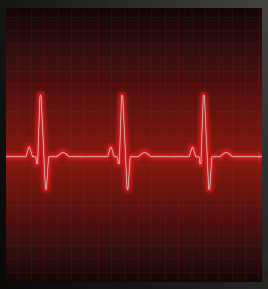
Scottish Pharmacy Review

ISSUE **131** - 2021

COVID-19 AND THE FRONTLINE

THROUGH YOUR EYES



Scottish Pharmacy Awards

ATRIAL FIBRILLATION
Knowledge is power

SCOTTISH PHARMACY AWARDS
Entry is now open

MENTAL WELLBEING
Overcoming pandemic fatigue

COW'S MILK ALLERGY
Symptoms and wider distress

Reach out to the profession's charity

PHARMACIST SUPPORT

As the profession's independent charity, we've always been here to support our pharmacy family, and we continue to be so. We're here to champion the wellbeing of those working and studying in pharmacy. Our support comprises six free and confidential Support Services which are available for pharmacists and their families, former and retired pharmacists, trainees and MPharm students across Great Britain:

Information & Enquiries
If you have a query about anything from the registration assessment to employment and regulation, you'll find a wide range of fact sheets on our website to help guide you. Alternatively, you can contact our Information & Enquiries team via email or telephone.

Addiction Support Programme
The Addiction Support Programme exists to support people experiencing problems with alcohol, drugs, gambling, eating disorders or other types of dependency.

Financial Assistance
We can provide financial assistance towards essential expenditure in times of difficulty.

Addiction Support Programme
We can refer you to specially trained advisers for confidential advice in the areas of benefits and tax credits, debt and employment law.

Wardley Wellbeing Service
The Wardley Wellbeing Service exists to help you and your team to prioritise and manage wellbeing. You can access wellbeing workshops and webinars on topics such as Stress Management and Building Resilience, and there is also an extensive range of free wellbeing and mental health resources on our Wardley Wellbeing Hub (wellbeinghub.pharmacistsupport.org) for you and your pharmacy team.

Counselling and Peer Support
Having been developed and launched in April 2021, our Counselling and Peer Support service is for those seeking a safe, confidential place to talk about professional or emotional issues or worries.

Over the past 18 months, we've listened to feedback from our pharmacy family and the wider sector and have subsequently accelerated and developed our support.

We've been establishing key partnerships with organisations across the sector who share our values and commitment to raise the awareness of pharmacy wellbeing and mental health. Our charity hopes to support a shift in attitude with other organisations so that our pharmacy family feel empowered and encouraged to seek help should they need it.

In 2020 the charity launched its first major wellbeing campaign. ACTNow focused very much on raising awareness of issues impacting pharmacist's wellbeing and on developing tools to help those across our pharmacy family to prioritise their wellbeing.

Through the campaign we encouraged Mpharm students, trainees and pharmacists alike to Allow time for wellbeing, to Consider the needs of others and to Take action. One of our goals was to encourage open conversations around mental health and wellbeing through the sharing of stories, learning and tips. We received a great response to the campaign, with people telling us 'I gained insight into methods that genuinely helped promote wellbeing, especially during this pandemic' and that 'it felt reassuring to have the feeling of being burnt out validated'.

Because we got such a great reaction to the campaign, we were encouraged to develop and launch it again this year, comprising an ACTNow for students in May, an ACTNow for trainees in June, and an ACTNow tailored to pharmacists and pharmacy teams in the autumn. ACTNow aims to help you and your pharmacy team to prioritise and look after your wellbeing. Please do keep an eye on our website, social media feeds, and sign up to our newsletter if you haven't done so already, for updates on the campaign and ways you can get involved.

Our vision is that no one in our pharmacy family will face challenging times without us by their side. And that is true now more than ever.

For further information visit pharmacistsupport.org, email info@pharmacistsupport.org or call 0808 168 2233.

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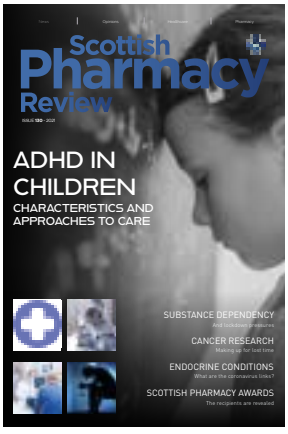

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WELCOME

Sarah Nelson Editor
sarah.nelson@medcom.uk.com

EDITOR'S LETTER

Welcome to the latest edition of Scottish Pharmacy Review!

That feeling of being out of my depth has been as familiar a theme in my life as the whistle of a kettle boiling – *seemingly inevitable.*

This January marked five years since I took up the role as Editor of Scottish Pharmacy Review, and I can so easily flash back to the panic that consumed me during those first few months. I felt like I was trying to wade through an ever-filling pool of uncertainty and self-doubt.

I was desperate to represent this sector that I cherish so much in the best way possible, yet not deriving from a pharmacy background, nor being equipped with any healthcare expertise – unless having a first-aid kit at the back of my kitchen cupboard counts – I simply didn't know how.

Then a couple of weeks in I sat at my desk and dedicated hours to ringing and emailing a plethora of healthcare professionals from throughout Scotland. Although my reasoning was initially to introduce myself and my arrival to the post, these conversations soon took on a whole new meaning. You shared your backgrounds with me; what drives your hard work; and the direction in which you want our healthcare services to go. I was gripped.

As the dialogue continued, my nerves began to evaporate, and I realised that my new job wasn't about practicing and perfecting my own voice – it was about giving you the platform to use yours. To share your ideas and innovations; to promote the causes which are ingrained on your hearts; to share the industry's successes and signpost the dents which need mended.

So as I sit here typing one year on since the pandemic turned the tide on our normal ways of working and living, and showered us in sadness and fear, it's not my experiences that matter – yours do. Aiming to represent your voices and views, in this edition of Scottish Pharmacy Review we asked you to share your stories of how you have persevered through the unknown and adapted to the new normal of COVID-19 (page four).

We also explore how the effects of coronavirus will be seen in the dystonia community for years to come (page 32); tackle the fatigue associated with the post-COVID era (page 28); and delve into the necessary steps for the effective management of dry eye (page seven).

Additionally, the Salivary Gland Cancer UK team depict the risks of missed detection (page 20), and we break down the science behind the onset of a cow's milk allergy (page 16).

That's not all – in this issue we're thrilled to launch this year's Scottish Pharmacy Awards. Turn to page 21 to find out about the categories open for entry and how you can get involved!

Take care.

Pharmacy Students:

Join the PDA for FREE & for every year you are a member, we will donate £1 to the charity that helps Pharmacists

Pharmacist Support
working for pharmacists & their families

Membership of the PDA also gives you:

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- Representation and advice for fitness to practise hearings
- Access to expert legal and professional advice
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| defending your reputation |

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VIEWS FROM THE FRONTLINE

One year on since COVID-19 catapulted the population into a frenzy of panic and horror, representatives from different facets of the sector share their stories of persevering through the unknown.

JOSEPH SMITH

PHARMACY MANAGER, RIGHT MEDICINE PHARMACY, BALINTORE

Practicing in a rural community pharmacy the pandemic presented several challenges to how we managed our day-to-day operations. Very immediately there was an increased demand for our delivery services and an increase in dispensing volume. We were often customers' first port-of-call for information about the coronavirus at a time when the information available was constantly evolving. A reduction in the availability of GP appointments also saw an increase in demand for consultations which placed additional strain on our workload while balancing government guidance on social distancing, mask-wearing and shielding. Throughout all this, there was the need to manage and tackle the feelings of anxiety and uncertainty being experienced by myself, the pharmacy team and our customers.

To cope with these demands our entire model day had to be overhauled. Our dispenser was enrolled in an ACD course and qualified in time to assist with managing the increased dispensing volume. This freed up time for me to be available to our customers for consultations, the outcomes of which ranged from providing advice and treatment, to referral to other healthcare services. I was also involved in signposting customers to community projects, such as food banks and volunteer delivery services. Our delivery service was extended to cover more hours and a wider area and we worked collaboratively with local volunteers who collected on behalf of shielding patients.

I was able to attend training, allowing me to provide a flu vaccination service which saw unprecedented demand due to customers not wishing to travel to the local health centre. One unexpected challenge was keeping our local knitting club supplied with wool! Many of these customers were in the shielding categories and it was left to relatives to select the right shades of wool. After a few disasters I was able to get a laminated colour chart printed and distributed to the knitters which allowed relatives to buy with confidence.

This pandemic helped to strengthen our relationship with the community we serve, establishing new relationships with the community council and a closer working relationship with our local GP practices. Engaging with the community, fundraising for the local foodbank, and working with volunteer organisations, has seen an increase in the uptake of our services and we have had some great success recently with smoking cessation clients. I think the importance of keeping communities and their needs at the heart of pharmacy is something that can't be overstated. The use of telehealth technologies, such as NearMe, and offering our customers new ways of communicating with us through a repeat prescription app, has transformed how we manage the delivery of our services, and I think this is something that will continue to play a role in the future of community pharmacy.

DEBORAH RUSSELL

ADVANCED CLINICAL PHARMACIST – IBD (CLYDE & SOUTH) / RHEUMATOLOGY (CLYDE)

The pandemic was very much a time of uncertainty for the patients I work with – these patients are all immunosuppressed and were therefore included in the high-risk category from the government and required shielding. I worked with both the gastroenterology and rheumatology teams to help where I could in identifying patients for the shielding list and making necessary changes to procedures to get patients their treatments in the most COVID-safe way.

Almost straight away I changed all my clinics to telephone appointments to prevent patients having to come into hospital. The number of patients that I needed to review increased in rheumatology as consultants' outpatient work was paused to concentrate on the high demand of inpatient work. Along with the specialist nurses I helped to ensure that our patients were reviewed as necessary and that treatment continued safely and effectively.

For the patients requiring to attend for day case IV infusions I took over the liaison role with our medical day unit for rheumatology as this was set apart as a 'Green' COVID-free area. This prevented the consultants who were covering COVID wards having to enter the area – and as I only work in outpatient capacity, I was the suitable person to become the designated rheumatology prescriber for the area.

Within the gastroenterology team, I helped facilitate the supply of biologic medication when the homecare companies paused deliveries / homecare training at the very start of the pandemic – ensuring that patients received this vital medication and preventing flares of disease that could lead to hospital admission and likely poor outcomes for this vulnerable patient group.

The majority of my clinics have remained as telephone / virtual appointments which works very well for the most part – the only disadvantage lies within the rheumatology patients as it's not possible to accurately gauge disease activity without physically examining patients' joints. I have, however, utilised my input

to the medical day unit to review patients and examine their joints while they are in receiving their infusions.

My main takeaway from the COVID pandemic is how flexible and resilient our teams have been during this challenging time. Both the Clyde rheumatology and Clyde IBD teams have risen to the challenge without hesitation, and it has made me even more grateful to be part of both teams. Finally, I have been humbled by the positive feedback and thanks from patients for the continuity of their care during the last year.

MELINDA CUTHBERT
ASSOCIATE DIRECTOR OF PHARMACY (ACUTE) AT NHS LOTHIAN

A key responsibility of the NHS pharmacy family across the UK for the pandemic vaccine campaign has been the procurement and supply of quality COVID vaccines in line with Pharmacy Professional Standards to meet the needs of patients and health and social care colleagues.

Health board level tactical and operational planning is complex. The national COVID vaccination programme continues to change day-by-day, including the cohorts to be vaccinated and the order and pace of delivery. This is further complicated by the supply chain that adds significant uncertainty to proactive planning to distribute vaccines to vaccination sites or centres, which has resulted in a significant amount of reactivity for teams to respond to delivering the COVID vaccines to our population.

Regardless of these challenges, the great dedicated and hardworking pharmacy team members involved from acute, primary care and community have risen to the challenge to deliver the health board vaccination programme, which should be celebrated. It will be a long haul for a number of months yet until the vaccination campaign is complete so supporting these team members to have a healthy work-life balance will be the challenge.

LOTHIAN HOSPITAL PHARMACY TEAM

It has been over a year since hospital wards started to fill with COVID-19 patients. In a recent Royal Pharmaceutical Society podcast some of the Lothian Hospital Pharmacy Team provided an insight into how they have been affected, both professionally and personally, by the pandemic.

The critical care pharmacists, the head of pharmacy procurement and distribution and hospital pharmacy management discussed a variety of topics, from tocilizumab to toilet rolls!

The podcast, conducted by Professor Gino Martini, Chief Scientist at the Royal Pharmaceutical Society, was uploaded on 14th April and is available with free access at: Podcast-central, PharmSci Today #26.

LIBBY KENNEDY
PHARMACIST, NEWCASTLETON

The village of Newcastleton is in Scotland, just a few miles from the Scottish / English Border. This rural medical practice serves people from both Scotland and England. It's a dispensing surgery whose small team work closely to provide an excellent service for its patients.

As the pharmacist within the practice, my specialist area of interest is the management of patients with respiratory disease. Pre-COVID I was running regular clinics which included the investigation, diagnosis and management of patients with respiratory symptoms. This allowed me to work closely with patients to formulate management plans, empowering them to optimise their medical treatment. It also gave me the opportunity to really get to know my patients, adapting consultations to ensure that care was person-centred.

The pandemic has led to changes in practice for many healthcare professionals – pharmacists included. In my case I have used available technology, such as NearMe consultations and telephone consultations, to continue providing this service. I have also extended my practice to include triage of patients to support my GP colleagues and management of patients with conditions such as dermatology problems.

I would like to share a case study from my practice which highlights the benefit of remote consulting.

Prior to the pandemic I struggled to really connect with Caroline (not her real name), a mum of two young children who worked full-time, and lived half an hour from the surgery. She had been seen on many occasions at secondary care but struggled to attend regular follow-up appointments, partly because the hospital is a one-hour drive from us. Her poor asthma control led to her having to take high dose oral corticosteroids and excessive salbutamol use to manage her asthma symptoms.

Caroline agreed to regular one-to-one telephone consultations at a time that was convenient to her, and with this tailored support we have managed to significantly reduce her oral maintenance steroid dose with very careful and slow dose reduction. We have optimised regular inhalers and improved inhaler technique (using Asthma UK YouTube videos). She was using at least two salbutamol inhalers every month as well as a nebuliser. She now hardly ever uses her salbutamol inhaler. Caroline states that the best asthma management for her has been the support and encouragement she has received from me and that this has been more worthwhile than the two-hour-round trip to secondary care.

I believe that one of the benefits of working in a small practice is that it allows us to get to know our patients very well, and because of this patients have adapted and the majority have accepted the changes in ways of working.

I have also enjoyed 'attending' numerous webinars and educational meetings. This has also saved me two-hour-round trips.

Moving forward, there are many uncertainties, but I hope that some of those practices which we have adopted continue, as I believe it has made healthcare more accessible to some.

As a prescribing pharmacist, I think that my role has developed, allowing me to provide more holistic care for patients while supporting the medical team and providing more personalised treatment for patients.

NEWS

COVID-19 VACCINATION STATUS SCHEME LAUNCHES

A service that allows people travelling abroad to access their record of vaccination status themselves has launched.

A vaccination status letter can be downloaded from the NHS Inform patient portal or – for those not online – requested in the post via a Freephone COVID Status Helpline.

Only those planning to travel to a country or territory where a record of vaccination status is needed as an entry requirement should download the record or request it.

While there are no countries currently requiring vaccination status to travel, international travel restrictions can change quickly requiring such measures to be in place.

The measures are intended to ease the burden on the NHS by removing the need for people to ask their GP for a status record.

As Scotland's vaccination programme progresses, vaccination status will be replaced by digital COVID Status Certificates, which will include vaccination and testing data to be used for outbound international travel.

Chief Medical Officer Dr Gregor Smith said, 'Given the risk of returning with infection, and especially of introducing new variants of the virus, we continue to be highly cautious about international travel. Everyone should continue to limit their travel abroad and while I understand the need for some people who want to reunite with family, when it comes to holidays, my advice continues to be play it safe and staycation this summer.

'For those that do need it, this new service will provide people with a record of their vaccination status for outbound international travel.

'They should only access their record if they are planning to travel within 21 days and it is a requirement of their destination.'

NEW SAMH MENTAL HEALTH RESEARCH PUBLISHED

New findings published by SAMH are exposing the devastating impact of the pandemic on people with mental health problems, as Scotland marked one year since the first lockdown.

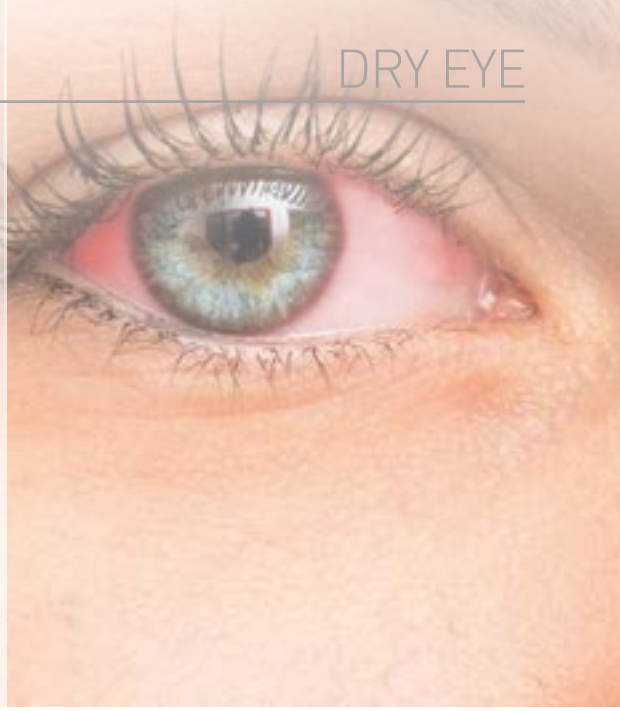
People with mental health problems have seen their wellbeing and access to support deteriorate, due to the significant and continued challenges they've faced throughout the pandemic.

The latest research report by Scotland's mental health charity reveals how people with mental health problems and the services designed to support them have been affected since the country first saw coronavirus restrictions come into force on 23rd March 2020.

The experiences of over 1,000 people with existing mental health problems were gathered through three surveys and a series of 15 in-depth interviews from across Scotland between August-and-December.

Over half (56 per cent) of participants in their final survey in November felt their mental health had worsened recently, compared with the start of the pandemic.

Yet they could not rely on getting the support required – while the majority (64 per cent) of participants tried to speak to their GP about their mental health during the pandemic, one-in-10 (13 per cent) were unsuccessful. And over a quarter (27 per cent) of respondents to the final survey said that their specialist treatment or care had stopped entirely because of the pandemic.



NOT A TEAR IN THE HOUSE

Adj Professor A Jonathan Jackson, Head of Optometry and Co-Chair of NICRN Vision, Belfast Health & Social Care Trust, and Ms Dimple Patel, Consultant Ophthalmic Surgeon, Belfast Health & Social Care Trust, present an exploration of dry eye – addressing why the condition is an increasingly prevalent problem.

The definition of dry eye, as highlighted in the seminal 2017 DEWS11 Dry Eye Workshop Report on the subject, is that it is 'a multifactorial disease of the ocular surface characterized by a loss of homeostasis of the tear film, and accompanied by ocular symptoms, in which tear film instability and hyperosmolarity, ocular surface inflammation and damage, and neurosensory abnormalities play etiological roles.' [1]

The highly experienced and comprehensive list of contributors to DEWS11 reviewed published data on the prevalence, incidence, risk factors, natural history, morbidity and epidemiology of dry eye disease (DED), highlighting variation in global prevalence rates from five to 50 per cent. One consistent finding was that prevalence increases with age, with signs increasing and becoming more significant with each decade lived. Women and those of Asian ethnicity were noted to have a higher prevalence of DED than men and those of other ethnic backgrounds. Farrand et al, reporting on a very large epidemiological study, demonstrated an almost exponential rise in symptoms with age, rising from two per cent in those under the age of 20 to 19 per cent in those 75 years and older.[2] Diagnosis is generally made after reviewing the combination of patient signs and symptoms.

Ocular symptoms whereas predominantly physical (stinging, scratching, burning, lacrimation, stringy discharge) may also be visual (blurred vision, light sensitivity, fluctuating vision). (Figure 1) Experts in the field recommend using structured questionnaires, such as the Ocular Surface Disease Index Questionnaire, to quantify the severity of symptoms and track change.[3]

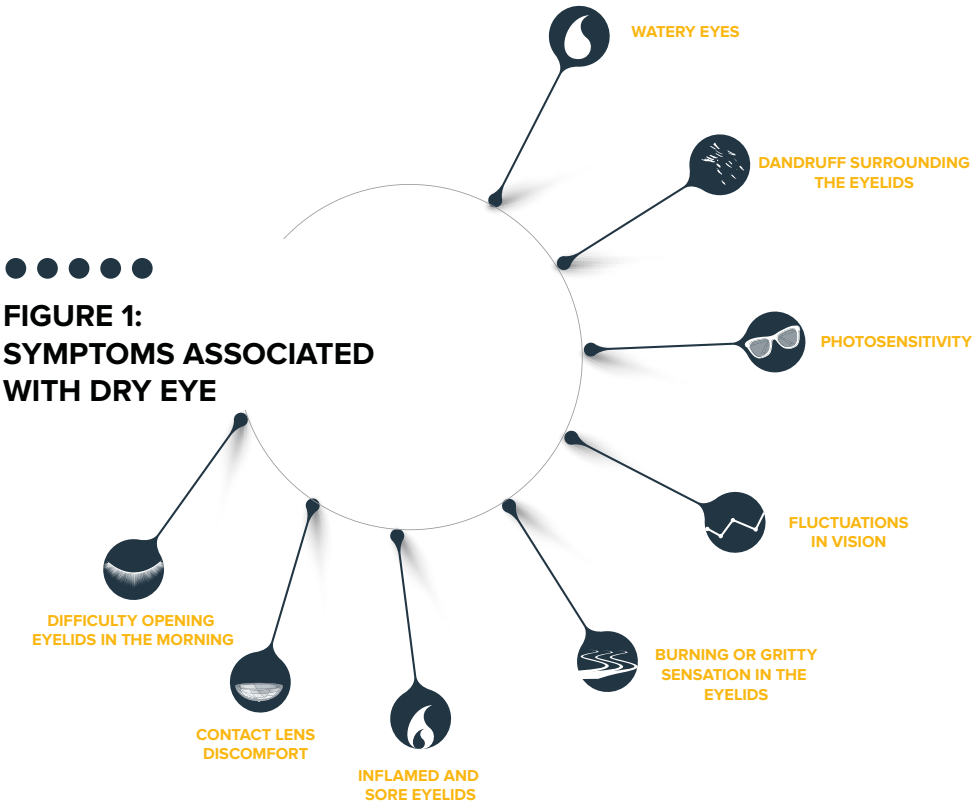


FIGURE 1: SYMPTOMS ASSOCIATED WITH DRY EYE

DRY EYE

A review of the relevant literature highlights the fact that many of the symptoms experienced are precipitated by factors broadly known as environmental in origin. The term *Computer Vision Syndrome* links increasing symptoms with excessive use of screen-based technology, including smartphones, tablets and conventional computers.[4] In these cases the linkage seems to be associated with reduced on-screen blink rate. Other precipitating factors include reduced room humidity, smoking, soft contact lens usage, and bodily dehydration.

During the course of 2020, as knowledge continues to accumulate about the impact of COVID-19, the prolonged use of face masks and visors has also been associated with an increase in dry eye symptoms. Boccardo et all report that almost one-third of dry eye patients experienced an increased severity of symptoms after using PPE.[5]

Regarding signs, superficially symptomatic patients often appear to have mildly injected bulbar conjunctiva 'pink eye', inflamed eyelid margins and generally tired looking eyes. Clinically these signs are seen as irregularities in the tear film, reduced tear volume, tear film instability, increased tear evaporation and incomplete blinking. The signs are also often associated with both eyelid and surrounding skin disease (meibomian gland dysfunction, lid malposition, rosacea, lid margin erythema, eczema and blepharitis). Many of the signs are best seen using the slitlamp biomicrocope and diagnostic stains including fluorescein. Most leading authorities in this field now recommend quantifying both signs and symptoms using grading scales. More sophisticated techniques, including IR photography, meiboscopy, interferometry and tear film chemical osmolarity analysis, are however used in clinical trials.

In developing a plan to manage both signs and symptoms it is important to understand the significance of the three important constituent layers within the tear film. The mucin layer that smooths the epithelial surface, the aqueous layer which contributes most to tear volume, and the outer oily lipid layer which reduces tear evaporation. DEWS11 outlines management strategies based on the subclassification of dry eye as either aqueous deficient (reduced lacrimal fluid content) or evaporative (reduced lipid layer), although in many cases dry eye patients may have components of both.

Once diagnosed the challenge switches to treatment, which can best be considered in three stages – heat, clean and hydrate. Current thinking is that evaporative dry eye, usually associated with meibomian gland dysfunction, should be treated with heat. Five to eight minutes of directly applied heat (35-40 degrees C) to both upper and lower lid margins, followed by gentle lid margin massage, allows the meibom to melt and be expressed, thus reforming a healthy lipid outer coat. This can be achieved using moist heat masks or more sophisticated devices including Blephasteam or lipiflow goggles. Massage can be supplemented by the use of meibomian gland expression forceps and cleaning the lid margins with lid scrubs or wipes. The process of removing debris from the base of lashes is referred to as debridement or dekeratinisation.

The third component involves hydration and as knowledge about dry eye increases the multiplicity of dry eye lubrication products increases almost exponentially. Products generally fall into one of two categories, those that primarily increase the quantity of fluid (aqueous supplements), and those that improve the quality of the lipid layer (lipid supplements). Naming specific examples is beyond the scope of this paper but useful chemical constituents include hyaluronic acid, carboxymethyl cellulose, retinol and other components which promote epithelial healing. When recommended for day-time use, the products are usually in 'drop' form whereas those prescribed for night-time use take the form of gels or ointments.

When recommended for frequent longer-term use, serious attention should be given to providing these products in single dose or unpreserved form and advice on regularity of use should be given. One very useful product to look out for in the future contains perfluorohexyloctane which is a particularly soothing constituent.

As we conclude, one should never overlook the fact that damage and disease of the glands producing tear film constituents can be associated with both tissue inflammation and infection which may involve the prescription of anti-inflammatories (e.g. short courses of topical steroid or topical ciclosporin 0.1 per cent for longer-term control) or antibiotic agents topically or orally. In very serious cases, such as those associated with autoimmune conditions including Sjogrens syndromes, rheumatoid arthritis or lupus, management may include the insertion of punctal plugs to reduce tear drainage, therapeutic bandage contact lenses or amniotic membranes and indeed partial tarsorrhaphy to protect a fragile corneal surface.

In conclusion, effective management of this troublesome and, at times, sight-threatening condition involves early detection, patience and persistent first line management in primary optometric or general medical care, and thereafter referral for secondary ophthalmology and optometry care in the more severe and persistent cases.

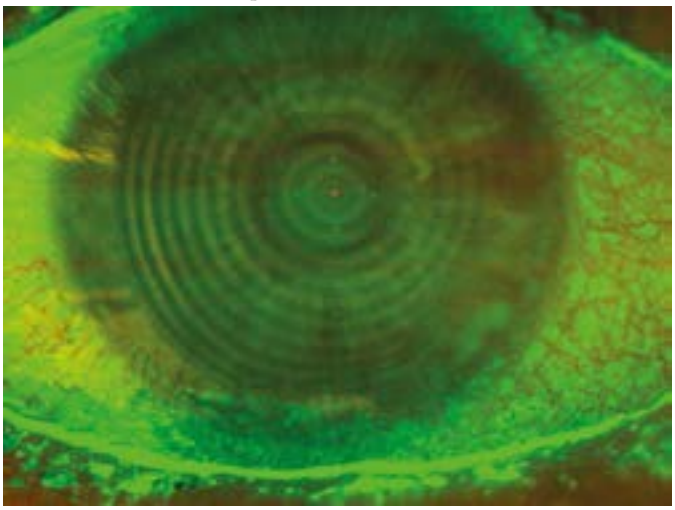


Figure 2: Image of distorted mire reflections from the tear film of an eye experiencing dry eye symptoms. Green fluorescein staining of the conjunctiva and eyelid margins highlight areas of significant dryness

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• Figure 1 - Detail regarding symptomology covered in Figure 1 provided courtesy of Scope Ophthalmics Ltd

• Figure 2 - Image provided courtesy of Prof James Wolffsohn

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BAUSCH + LOMB

LISTEN TO YOUR HEART

Trudie Lobban MBE, Founder and CEO of Arrhythmia Alliance, highlights the importance of educating the public, and particularly at-risk groups, about atrial fibrillation – and the broadening access and opportunities for detecting the condition earlier.

IN THE CURRENT CONTEXT OF COVID-19, WHAT ARE SOME OF THE MAIN CONCERNS RELATING TO UNDETECTED ATRIAL FIBRILLATION (AF)?

The biggest concern is that COVID-19 restrictions will cause the detection of AF to decrease. People with symptoms of AF, such as palpitations, breathlessness, fatigue, may avoid medical contact because they think GP surgeries are 'not open' to people without coronavirus or because they are worried about contracting COVID-19 (particularly if they have been told to shield).

Additionally, opportunities to detect AF in people at risk of AF are limited. If people are not attending in-person check-ups, for example, healthcare professionals can't perform pulse rhythm checks. It is important therefore to encourage the public to be aware of their pulse – is it regular or irregular and how to check. There are so many fitness apps, however it's important that they use a NICE-approved app or device to ensure the reading is accurate from an approved device.

HOW CAN PHARMACISTS ENCOURAGE AF DETECTION FOR THEIR PATIENTS? AND IN PARTICULAR, WHICH PATIENT GROUPS SHOULD THEY BE AIMING TO KICKSTART AF-CENTRED CONVERSATIONS WITH AND WHY IS THIS SO IMPORTANT?

Pharmacists can help to detect AF by displaying AF Association's Know Your Pulse resources, such as posters or videos, to encourage people to get into the habit of checking their pulse to know their heart rhythm and understand why this is important. If at a pharmacy, pharmacists could use a medical-grade, personal ECG device, such as AliveCor KardiaMobile, that could allow patients to check their pulse rhythm while waiting for a prescription etc. Providing the device was sanitised between use, this would be a COVID-19 secure, safe way to detect for AF.

People aged 65 or older are at increased risk of AF and, therefore, would be the target group for detection of AF. However, Arrhythmia Alliance and AF Association believes everyone should be encouraged to know their pulse, to know their heart rhythm as it could save their life. We should all be aware of our heart rhythm and the risk of AF.

CAN YOU TELL US ABOUT ANY NEW AF INITIATIVES?

Arrhythmia Alliance and AF Association has launched an opportunistic screening programme to detect AF at COVID-19 vaccination clinics. The charity has created an online resource hub for healthcare professionals working at vaccine clinics to use to detect AF (see: www.heartrhythmalliance.org/aa/uk/detection-of-af-at-vaccination-centres). This includes Know Your Pulse posters, referral letters, and What is AF factsheets – all of which can be downloaded and printed free-of-charge or ordered FOC direct from the charities in large quantities. Additionally, AF Association and its sister charity Arrhythmia Alliance has provided links to Know Your Pulse videos, which explain how to perform a simple pulse check and how this can help to detect AF, that can be played at vaccine centres, pharmacies, GP surgeries etc. We have also produced videos demonstrating how to use a mobile ECG device.

HOW HAS THE ROLE OF MOBILE ECGS TO MONITOR AF EVOLVED IN RECENT MONTHS? WHY ARE HEALTHCARE PROFESSIONALS AND PATIENTS ALIKE EMBRACING THIS TECHNOLOGY?

A positive outcome from lockdown and the COVID-19 pandemic has been an uptake in digital technology. People welcome telemedicine and doctors' appointments online, reducing the demand of in-person appointments. This reduces time and risk of contracting COVID-19. People are welcoming this 'new' service in the knowledge that if needed they can be seen physically. Both the NHS and patients are welcoming remote monitoring and apps to monitor their health – feeling more in control especially if recommended by their healthcare professional.

HAVE THERE BEEN ANY NOTABLE DEVELOPMENTS REGARDING THE SUPPLY OF REMOTE MONITORING DEVICES?

Remote monitoring for implantable devices has increased during the pandemic which has greatly reduced the need for hospital appointments to check pacemakers etc. This has reduced costs, time, potentially saving lives as their risk of contracting COVID-19 is reduced.

HAVE THERE BEEN ANY NOTABLE DEVELOPMENTS REGARDING THE SUPPLY OF MOBILE ECG DEVICES?

People are able to download apps or purchase devices to monitor their ECG to check their heart rhythm for conditions such as AF. Many GP practices are also able to loan these devices and some pharmacies and surgeries have the option to use an ECG monitor while in the waiting room. More recently detection of AF has been offered in many COVID-19 vaccine hubs. It is important, however, that only officially approved apps and monitors should be used to monitor and receive the most accurate results which are then acceptable to healthcare professionals to speed up the detection and diagnosis of AF.

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Detect atrial fibrillation remotely with KardiaMobile 6L, the world's first and only FDA-cleared, CE-marked, 6-lead personal ECG.

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Learn more about remote patient monitoring in Scotland with KardiaMobile 6L.

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Please visit alivecor.com/guidestart for a complete listing of indications, warnings and precautions.

*Information on Atrial fibrillation in Scotland can be found at www.stroke.org.uk/sites/default/files/a_focus_on_atrial_fibrillation_in_scotland.pdf

FOOD FOR THOUGHT

It's common for people with a terminal illness to encounter changes in the way they eat and drink – be it a reduced appetite or shifts in taste. The team at Marie Curie explore the common questions and concerns which they and their carers may pose.

CHANGES IN EATING AND DRINKING

Eating and drinking are a big part of life for most people. As well as providing the nutrition we need, food can be comforting and pleasurable. Sharing meals can be a way to connect with family and friends.

The patient's illness or treatment might cause changes in the way in which they eat and drink, including:

- Changes in taste and smell – this can make some foods seem less attractive than before
- Loss of appetite
- Mouth problems
- Feeling sick and vomiting
- Constipation
- Difficulty swallowing – this can be caused by illnesses, such as head and neck cancer, motor neurone disease and dementia
- Weakness and fatigue – this can make it harder for the individual to cook and prepare meals
- Depression, anxiety or stress – this can lower their appetite
- Losing interest in eating and drinking in the last few days of life as the body slows down

Not being able to eat and drink in the same way as before can cause problems, including losing weight and feeling tired. It can also be hard to feel that they're missing out on sharing meals with friends and family.

PRACTICAL TIPS FOR EATING AND DRINKING

If the patient has a low appetite or changes in taste they might find some of the following useful:

- Try lots of small meals or snacks throughout the day instead of having large meals
- If they notice that they have more energy at a particular time of day, they should plan their meals for when they have the most energy
- They should have foods that they want to eat – their favourites might change over time
- Adding foods, such as extra cheese, cream, fats and oils, can help to make sure that the individual is getting lots of energy even if they can't manage big portions
- Make sure that they're sitting upright in bed or in a chair when they eat
- Taking good care of their mouth can make it easier to eat and drink

GETTING SUPPORT WITH EATING AND DRINKING

If the individual is feeling sick or has a sore mouth, they should speak to their doctor as they might give them

medicines to help. They're also advised to tell them if they have any difficulty with swallowing and they can arrange for the patient to have an assessment from a speech and language therapist. They will advise the patient on how to eat and drink safely.

If one is struggling to eat because they have a low appetite or changes in taste and smell, a dietitian can help them to plan their diet. They will take into account what they like and don't like.

If the patient feels anxious or depressed, they should speak to someone they trust, such as their nurse or doctor, counsellor or psychologist. They can help them to explore their thoughts and feelings and address any concerns they have about eating and drinking and about other things too. It might be possible to get free counselling.

If the individual is unable to go shopping or make their own meals, they can ask someone to help. They can also get shopping or meals delivered to their home. If there's nobody close to them who can assist, they might find Marie Curie's page on getting social care and support helpful.

ASSISTED EATING AND DRINKING

Some people will need support to make sure that they get enough food and drink. This can come in different forms:

- Things you can eat or drink – for example, extra snacks or fortified drinks. These drinks have lots of energy (calories) so that the individual can get more nutrition without having to eat big portions. If they need them, their doctor can prescribe them
- Enteral feeding – this is when a special type of liquid food is delivered directly into their stomach through a tube
- Parenteral feeding – this is when a drip is set up and fluid containing nutrients is delivered into their body through a vein

ENTERAL FEEDING

Enteral feeding is sometimes called tube feeding. Enteral feeding is not suitable for everyone. It can be helpful for people with illnesses that affect the way they eat and drink and that won't get better with any other treatment. But for some people, the risks and burdens of enteral feeding can be greater than the potential benefits.

Making a decision about whether or not to have tube feeding can be difficult. The patient should try and get as much information as they can before they decide. Some people are less able to make decisions about their care as their illness progresses. Making their wishes known in advance can help to make sure that they get the type of care and treatments they want.

There are different types of tubes:

- A nasogastric tube (NG tube) is inserted through one of the nostrils and straight into the stomach
- A gastrostomy tube is inserted through the abdomen (tummy) into the stomach or intestine. They need a small operation to be inserted. There are different types of gastrostomy tubes and the doctor will discuss which one might be best for the patient

They can have enteral feeding at home. A nurse or other health professional will visit to make sure that everything is working properly. The patient will need extra equipment and they or their carer will need training on how to use it.

The myTube website has videos for people with motor neurone who are considering enteral feeding, but it could be useful for people with other illnesses too.

PARENTERAL FEEDING

This is when liquid feed is given through a vein (intravenously). Liquid feed is usually given through a central line or PICC line (peripherally inserted central catheter). These are lines that go straight into a vein so that liquid feed, fluids or medicines can be given through a drip. A small short procedure is needed to insert them. Parenteral feeding is rarely used at a person's home but might be used in hospice, hospitals or care homes.

SUBCUTANEOUS FLUIDS

Subcutaneous fluids are sometimes given when someone can't drink to keep them hydrated. This is when fluids are given through a drip into a small needle or cannula under your skin. There isn't enough evidence to say whether this makes people feel better or not.

MAKING DECISIONS ABOUT EATING AND DRINKING

Some people find it helpful to think about what kind of support they would like with their eating and drinking if they become more unwell in the future. Making these decisions in advance can be helpful if the individual becomes too unwell to express their wishes later. They should talk to their doctor or nurse if they would like more information about this.

LAST WEEKS AND DAYS OF LIFE

It's very common for someone to become less interested in food in the last few weeks and days of life. This is normal – as the body becomes weaker and slows down, people need less energy and may be less able to eat by themselves. It can be difficult to come to terms with – an individual might feel upset or worried if they're not able to eat or are not interested in eating.

It might also be difficult for their family or friends. Providing food for our loved ones is a big part of showing that we care for them. Family and friends often want to continue doing this and worry that their loved one might be hungry or thirsty.

Family and friends can support the patient by having their favourite foods and drinks ready if they do want them. But they shouldn't pressure their loved one into eating and drinking. They may find it helpful to read Marie Curie's information on what to expect in the last weeks and days.

Family and friends often ask if their loved one can have artificial hydration and nutrition, for example, tube feeding or subcutaneous fluids. For some conditions, this is an option. But for other conditions, and often when people are in their last days and weeks of life, the burden and risks of having artificial hydration and nutrition may be greater than the potential benefits. They should speak to a doctor or nurse about this, who will be able to give them advice about their specific situation.

For more information, visit www.mariecurie.org.uk.

MARIE CURIE'S INFORMATION AND SUPPORT SERVICE

People can get in touch with one of Marie Curie's trained professionals if they need advice.

Their trained team, including nurses, can answer any questions about end-of-life. Call the Support Line on 0800 090 2309*.

*Monday to Friday 8am to 6pm, Saturday 11am to 5pm. Calls are free from landlines and mobiles. Calls may be recorded for training and monitoring purposes. Online chat is also available on their website weekdays 9am to 6pm.

PROMOTION

AT YOUR SERVICE

Efficient, reliable, and at the forefront of innovation, the Edinpharm team continue to serve and strengthen not just their members, but the sector as a whole. Richard Stephenson, Commercial Director, Alan Cameron, Managing Director, and Karen McCarrison, Operations Manager, catch up with SPR on the non-profit buying group's growing offer of support – and why this assistance is so important given the changes afoot for community pharmacy.

WHAT KEY CHANGES HAVE EDINPHARM IMPLEMENTED THROUGHOUT THE LAST 12 MONTHS WHICH WILL BE SUSTAINED MOVING FORWARD?

Edinpharm have continued to support members throughout the past 12 months, not just with sharp pricing, but also by engaging other partners for member-specific deals such as robotic suppliers, PMR providers, tech providers and much more.

Our focus remains on ensuring a good GP for members, therefore, in addition to drug pricing, we have also spent time negotiating commercial deals for many other products and services, thus making it a much simpler journey for the member by doing the time-consuming research for them.

Edinpharm have also moved the office team to 100 per cent home working, resulting in a cost saving for members via a reduction in operating costs.

Edinpharm have no full-time employees and still run with a team of part-time staff, again ensuring that, as much as possible, income goes back to members. The advantage of our set up, over many others, is that we don't have shareholders and all surplus finds its way back to our valued membership.

HAVE YOU NOTICED COMMUNITY PHARMACY SHIFTING FROM PURELY DISPENSING TO A MORE SERVICES-CENTRED APPROACH?

In Scotland the introduction of Pharmacy First has been a huge opportunity to finally be reimbursed for something that our members have done for many years. This has resulted in a shift to being even more patient-centred. When the GPs closed their doors, our members opened their doors wide and welcomed the local communities as they always have done, and with the introduction of Pharmacy First, they now have even more freedom and opportunity to do that.

Many of our members have seen a rise in demand for private services alongside NHS contract services, and have continued to invest in these private services. Pharmacy is moving quickly, and the days of being chained to a dispensing bench need to go! Pharmacists are now able to invest in more services to support the local community.

Furthermore, the continuing increase in pharmacy robotics has seen members being able to streamline how they do things by utilising systems such as PharmaSelf24 and PillPacPlus (just two of the companies we have teamed up with). This can make the workflow more efficient, allowing more time to focus on patient consultations, rather than hunting for a prescription, or making up a tray – every little helps as they say! The robotics side is really exciting as it will free up so much time for teams to offer new services, and enhance the current offerings.

WHAT BENEFITS CAN BE REAPED FROM THIS ENHANCED SERVICES-ORIENTED APPROACH – FOR BOTH PHARMACIES AND THEIR PATIENTS?

Pharmacies have a real opportunity to gain an even better insight into the health of the patients they look after by chatting more, and potentially saving them a trip to the GP. Services also bring a new income stream that can allow for a better performance for the pharmacy.

Patients in the main are looking for speed and ease with everything, prescriptions are no different! Prescriptions will always need to be properly checked and not rushed, but by introducing new systems like a collection robot, a prescription re-ordering app etc., it makes it much easier to exceed patient expectations. In turn, it means when a patient does come in to utilise a service there is more time to focus on the patient.

HOW CAN PHARMACIES BECOME MORE EFFICIENT IN ORDER TO FULFIL THE RESPONSIBILITIES ASSOCIATED WITH THIS NEW ROLE?

Having a good solid plan for how you will launch a service, or implement new technology is key! The great thing about Edinpharm is that nine-times-out-of-10 there is a member who has been through it, and is willing to discuss and help another member gain a good insight before they begin the process and invest the time and money in new services. We have various social media groups where members engage and share best practices, it really is like one big family!

WHAT CAN EDINPHARM OFFER TO SUPPORT PHARMACIES ON THIS JOURNEY?

Edinpharm are always on hand to make life easier for members. We do the hard work so they don't have to. We make the ordering of stock easy; we negotiate pricing; we source providers for service launching or new technology – we like to think of ourselves as their support team!

The last 12 months have been tough for everyone, and we hope to have made some difference to that in the new partnerships we have launched, the calls we have made on their behalf... and the running around to get what's needed.

WHAT DOES THE FUTURE LOOK LIKE FOR EDINPHARM – IN THE SHORT AND LONG-TERM?

Edinpharm remain an exciting organisation to be a part of! We are growing month-on-month and year-on-year. We don't have a 'rep on the road' and mainly grow organically from member recommendations, which continues to serve us well. We plan to continue to do what it takes in this ever-changing environment to support our growing membership to the best of our ability.

For more information, visit www.edinpharm.co.uk.

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Edinpharm is a buying group with over 225 members and growing. Founded in 1996, we support independent pharmacies while allowing members to retain their independence and unique identity in the marketplace.

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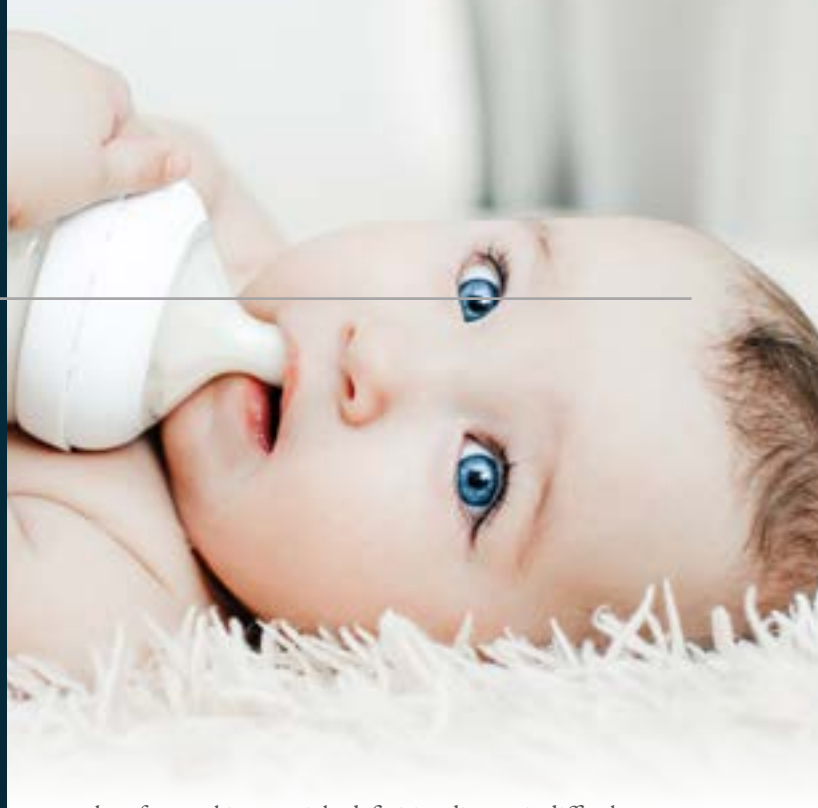
- Email with combined responses from all suppliers, making it easier to see where items are coming from
- Relationship with key suppliers - Alliance Healthcare; Phoenix Healthcare Distribution; Aver Generics; Ethigen; DE Pharmaceutical
- Exclusive agreements in place with Cegedim, PSL and EMIS for your PMR solution
- Professional and commercial support
- Partnerships with many suppliers of additional products and services for your business needs
- Close partnership with Numark to gain benefit from their membership offerings, with an Edinpharm based rebate for routing your membership via us
- Support Network - Benefit from the collective knowledge and experience of other independent pharmacies
- A stronger, collective voice for feedback of ideas or raising concerns to suppliers and CPS
- Make your own decisions about your business

Want to discuss our membership further? Get in touch...

info@edinpharm.co.uk | www.edinpharm.co.uk | 0131 441 3773

COW'S MILK ALLERGY: FAMILY MATTERS



Often provoking stress and discomfort on the whole family, the impact of a cow's milk allergy stretches beyond the child who is experiencing it first-hand. SPR breaks down the basics of the science behind its onset – and why early action is integral.

Cow's milk allergy (CMA) can be defined as an immune-mediated response to proteins found in cow's milk that occurs on a consistent basis whenever the child ingests cow's milk. It is one of the most common food allergies, along with the likes of peanut allergies, occurring within a child's formative years and can lead to a nutritional deficiency if not properly and promptly diagnosed and treated. The stress and anxiety that CMA can also present to the wider family can be extreme. Not knowing why their baby is crying constantly, continual soiled nappies and not putting on weight can be very worrying for parents of an infant.

Fatality due to CMA is rare, but in a case series of fatalities in a European population with data on 1970 children in 10 countries with anaphylaxis to food, there were a total of five fatal anaphylactic reactions and two were attributed to cow's milk.

When cow's milk is ingested by the baby / infant it triggers the body's immune response to a specific milk protein. The aim of this immune response is to neutralise the causative protein and prevent any further negative effects. However, when CMA hasn't been diagnosed and cow's milk is again ingested, the immune system recognises this particular protein and a response is initiated resulting in the release of histamines. It is this process that causes the manifestation of the signs and symptoms of CMA.

It is an immune-mediated reaction to specific proteins within cow's milk , for example, casein or beta-lactoglobulin. Within a patient's response, three different types of inflammatory mechanisms may be present:

1. 'Acute Onset' Immunoglobulin E-mediated (IgE-)
2. 'Delayed Onset' non-IgE cell-mediated
3. Mixed Type Mediated Allergies

Each patient's onset and symptoms may vary between these types, therefore making a quick, definitive diagnosis difficult. Unfortunately, as the sufferers of CMA are young, this can become even more distressing.

Acute onset (IgE-) is a type I hypersensitivity reaction in which symptoms usually occur within minutes to one-to-two hours of ingestion. Within the IgE-mediated CMA patients (typically present to school age), the early phase signs are due to the cross linking of surface bound allergen specific IgE by allergens. This interaction subsequently causes the activation of basophils and mast cells which results in the release of varying substances such as interleukin-4 (IL-4), histamines, platelet activating factor and TNF-α.

This chain of biological events can lead to symptoms such as urticaria, angioedema, throat tightness, respiratory symptoms, including difficulty breathing, coughing, and wheezing. In addition the patient may experience gastrointestinal symptoms. These symptoms can be distressing in infant patients who are unable to effectively communicate how they feel and include abdominal pain, vomiting, and diarrhoea.

Mixed and non-IgE mediated forms of CMA differ when you take into account their underlying mechanisms, symptomatic presentation and complications.

Mixed forms of CMA (both IgE and non-IgE mediated) include:

1. Atopic dermatitis
2. Allergic eosinophilic esophagitis
3. Eosinophilic gastritis

Non-IgE mediated forms of CMA include:

1. Cow's milk enteropathy
2. Food protein induced proctitis / proctocolitis
3. Food protein induced enterocolitis syndrome (FPIES)
4. Heiner syndrome

CMA may result in a reduction of the quality of life of both the infant and parent(s) and, in some cases, impede the child's growth. Persistent cases may also lead to the infant becoming predisposed to respiratory allergy conditions later in life, such as asthma.

It is important to remember when examining an infant/ child who is potentially suffering from CMA, that the impact a delayed or wrong diagnosis can have on the patient and their family can be distressing and overwhelming.

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Helps support the immune system in the gut and beyond[1-3]
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Supports healthy growth and symptom resolution[§4-7]

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Contact your local Abbott Account Manager to learn more or call Freephone Nutrition Helpline on 0800 252 882

IMPORTANT NOTICE: Breastfeeding is best for infants and is recommended for as long as possible during infancy. EleCare is a food for special medical purposes and should only be used under the recommendation or guidance of a healthcare professional.

*The 2'-FL (2'-fucosyllactose) used in this formula is biosynthesised and structurally identical to the human milk oligosaccharide (HMO) 2'-FL found in most mothers' breast milk.[1]
†MIMS, September 2020.
‡Studies conducted in healthy-term infants consuming standard Similac formula with 2'-FL (not EleCare), compared to control formula without 2'-FL.
§Studies conducted in infants fed standard EleCare formula without 2'-FL.

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UK–2000065 September 2020

Abbott

URINARY TRACT INFECTION

A SORE SUBJECT

From needing to urinate more frequently and urgently than usual, to experiencing pain or a burning sensation when doing so, a urinary tract infection (UTI) can significantly hamper both the individual's lifestyle and mental wellbeing. How is research relating to the management of the condition charging ahead, and how can we utilise it to generate meaningful change for our patients?

COMMON KNOWLEDGE

About half of all women will experience UTIs in their lifetimes, and despite treatment, about a quarter will develop recurrent infections within six months of the initial infection. But what underlying factors are contributing to their frequent emergence – and why do we need to be more aware of them?

In fact, a particular trigger of recurrent UTIs was uncovered by a study at Washington University School of Medicine in St Louis – a type of vaginal bacteria that moves into the urinary tract.

UTIs most often occur when bacteria that live inside the bowel make their way into the urinary tract, in which the infections can occur anywhere along the urinary tract but commonly develop in the bladder. UTIs are treated with antibiotics, but each time a UTI comes back makes it even more likely the infection will recur yet again.

In young, sexually active women, about 80 per cent of UTIs are caused by E. coli. Conventional thinking holds that recurrence occurs when E. coli is reintroduced into the urinary tract. But the new research suggests another way for a subsequent UTI to develop: the vaginal bacterium Gardnerella vaginalis triggers E. coli already hiding in the bladder to cause another UTI. G. vaginalis also may be a contributor to more serious – and potentially deadly – kidney infections, the study suggests.

'We found that a particular vaginal bacterium, Gardnerella vaginalis, did not cause infection during exposure to the urinary tract, but it damaged the cells on the surface of the bladder and caused E. coli from a previous UTI to start multiplying, leading to another bout of disease,' said the study's senior author, Amanda Lewis, PhD, an Assistant Professor of Molecular Microbiology and of Obstetrics and Gynaecology at Washington University.

PUTTING IT TO THE TEST

According to a vast array of healthcare professionals, management of the condition remains a considerable cause for concern, and doctors urgently require a fast and accurate test for diagnosing UTIs in order to reduce overprescribing of antibiotics.

Dr Mar Pujades Rodriguez, from the University of Leeds, argues that without access to a reliable test, doctors risk prescribing unnecessary antibiotic treatments, which increase the risk of antibacterial resistance. Additionally, although UTI is a relatively common problem, in some cases complications can occur when the infection spreads to cause kidney infection or sepsis.

Research from the University of Leeds looked at nearly 500,000 cases of UTIs in patients in England, treated between 2011-and-2015, from records held at 390 GP practices. Less than one-in-five patients treated for a UTI had a laboratory urine test to diagnose their problem. Tests weren't carried out more often in men than women, or to those who returned for a second treatment as their symptoms persisted, contrary to NHS guidelines. Existing laboratory tests for UTIs are thus having little impact on the prescribing of antibiotics.

The study also found that one-in-five patients who have to return to their doctors for a second round of treatment for a UTI are being prescribed the same antibiotic that was first given, which isn't recommended practice and could increase the chance of resistance developing.

Published in the journal, EClinicalMedicine (The Lancet), the study – which was funded by the UK's National Health Service Improvement – demonstrated that doctors require more accurate and rapid testing capabilities for UTI, and need to consider different antibiotics if a first course of treatment fails.

Lead researcher, Dr Mar Pujades Rodriguez, explained, 'Doctors are currently limited in their options when somebody shows signs of having a UTI, and they urgently need access to accurate rapid diagnostics tests.

'UTIs are one of the most common reasons that antibiotics are prescribed, so the potential contribution this is causing to antibiotic resistance might be very significant.

'In addition, many patients may be making things worse by taking leftover antibiotics that they have been prescribed and using them to treat other infections, or by not finishing their course of treatment.'

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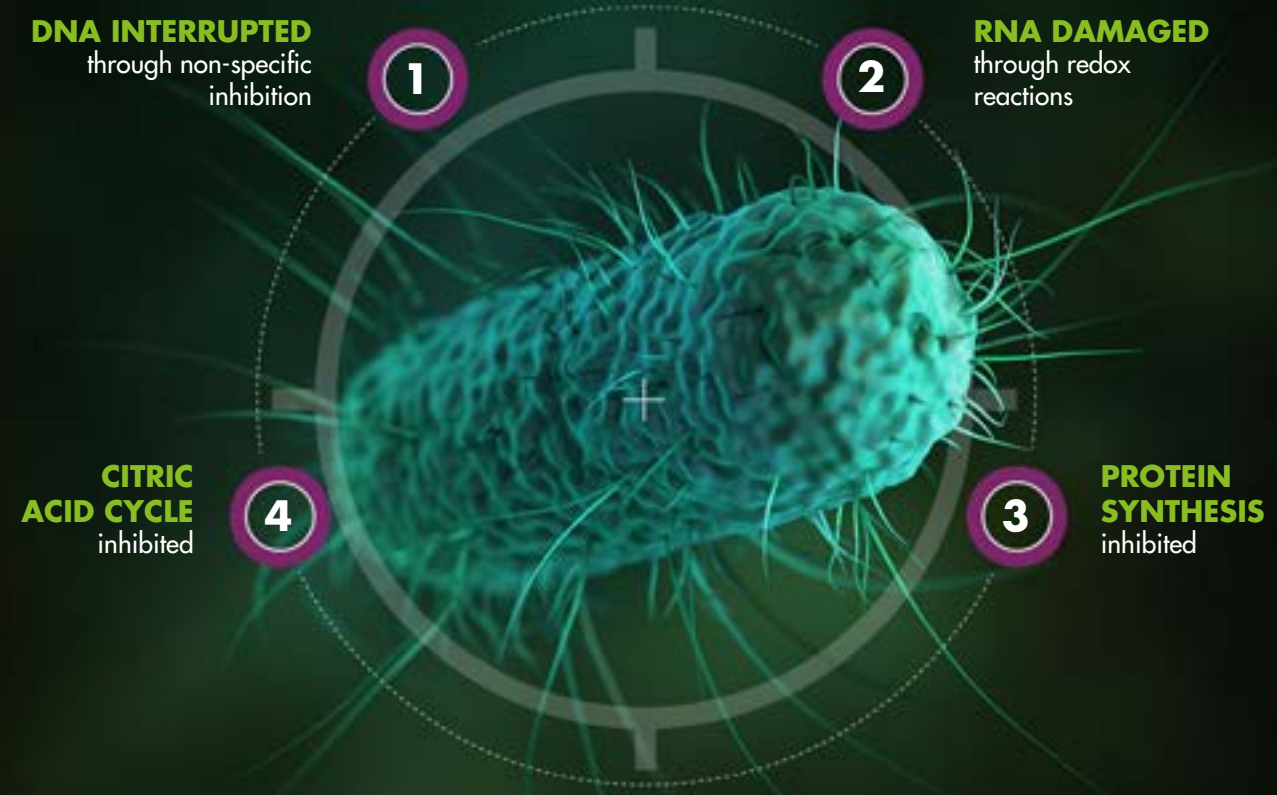
Anecdotal evidence from an observational study suggests antibiotic therapy should be initiated at first sign of symptoms of lower UTI.[2]

Multiple modes of action help reduce the risk of resistance.[5,6]



MacroBID®: A first choice for uncomplicated lower UTI[4]

UTI: Urinary tract infection MacroBID® is indicated for the treatment of and prophylaxis against acute or recurrent, uncomplicated lower UTIs or pyelitis either spontaneous or following surgical procedures, in patients over 12 years of age[7]

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PRESCRIBING INFORMATION

Macrobid 100mg Prolonged-release Capsules (nitrofurantoin)

Presentation: Hard gelatin capsule containing the equivalent of 100mg of nitrofurantoin in the form of nitrofurantoin macrocrystals and nitrofurantoin monohydrate. **Indications:** *Adults and children over 12 years of age:* Treatment of and prophylaxis against acute or recurrent, uncomplicated lower urinary tract infections or pyelitis either spontaneous or following surgical procedures. Specifically indicated for the treatment of infections when due to susceptible strains of *Escherichia coli, Enterococci, Staphylococci, Citrobacter, Klebsiella and Enterobacter.* **Dosage and administration:** For oral use. *Adults and children over 12 years of age: Acute or recurrent uncomplicated UTI and pyelitis:* 100mg twice daily for 7 days. *Surgical Prophylaxis:* 100mg twice daily on the day of the procedure and 3 days thereafter. *Elderly:* Unless significant renal impairment exists, dosage as for normal adult. *Children under 12 years:* Not recommended. **Contraindications:** Hypersensitivity to nitrofurantoin, other nitrofurans or to any of the excipients. Patients suffering from renal dysfunction with an eGFR below 45 ml/minute. G6PD (glucose-6-phosphate dehydrogenase) deficiency. Acute porphyria. In infants under three months of age as well as pregnant patients at term (during labour and delivery). **Precautions and warnings:** Not effective for the treatment of parenchymal infections of a unilaterally functioning kidney. Nitrofurantoin may be used with caution as short-course therapy only for the treatment of uncomplicated lower urinary tract infection in individual cases with an eGFR between 30-44 ml/min to treat resistant pathogens, when the benefits are expected to outweigh the risks. A surgical cause for infection should be excluded in recurrent or severe cases. Caution is advised in patients with pulmonary disease, hepatic dysfunction, neurological disorders, allergic diathesis, anaemia, diabetes mellitus, electrolyte imbalance, debilitating conditions, vitamin B (particularly folate) deficiency. Acute, subacute and chronic pulmonary reactions have been observed in patients treated with nitrofurantoin. Nitrofurantoin should be discontinued immediately in case of any pulmonary reactions and at any signs of haemolysis in those with suspected G6PD deficiency. Chronic pulmonary reactions (including pulmonary fibrosis and diffuse interstitial pneumonitis) can develop insidiously and may occur commonly in elderly patients. Peripheral neuropathy and susceptibility to peripheral neuropathy, which may become severe or irreversible has occurred and may be life threatening. Treatment should be stopped at the first signs of neural involvement. Close monitoring of patients receiving long-term therapy is warranted (especially in the elderly). May discolour urine and cause false positive urinary glucose test. Gastrointestinal reactions may be minimised by taking the drug with food or milk, or by adjustment of dosage. Hepatic reactions, including hepatitis, autoimmune hepatitis, cholestatic jaundice, chronic active hepatitis, and hepatic necrosis occur rarely. Fatalities have been reported. Patients should be monitored periodically for changes in biochemical tests that would indicate liver injury. The drug should be withdrawn immediately if hepatitis occurs and appropriate measures should be taken. Patient should be monitored closely for appearance of hepatic or pulmonary symptoms and other evidence of toxicity for long term treatment. Discontinue treatment if otherwise unexplained pulmonary, hepatotoxic, hematological or neurological syndromes occur. **Interactions:** Food or agents delaying gastric emptying, magnesium trisilicate, probenecid, sulfinpyrazone, carbonic anhydrase inhibitors, urine alkalising agents, quinolone anti-infectives, oral typhoid vaccine, interference with some tests for glucose in urine. **Pregnancy and lactation:** Should be used at the lowest dose as appropriate for a specific indication, only after careful assessment. Contraindicated in infants under three months of age and in pregnant women during labour and delivery because of the possible risk of haemolysis of the infants immature red cells. Nitrofurantoin is detected in trace amounts in breast milk**.** Breast feeding an infant known or suspected to have an erythrocyte enzyme deficiency (including G6PD deficiency), must be temporarily avoided. **Undesirable effects:** *Serious:* Acute pulmonary reactions (commonly manifested by fever, chills, cough, chest pain, dyspnoea, pulmonary infiltration with consolidation or pleural effusion on chest x-ray, eosinophilia), chronic pulmonary reactions, pulmonary fibrosis; possible association with lupus-erythematous-like syndrome, collapse, cyanosis, cholestatic jaundice, chronic active hepatitis, autoimmune hepatitis, hepatic necrosis, peripheral neuropathy including optic neuritis, exfoliative dermatitis, erythema multiforme (including Stevens-Johnson syndrome), Lupus-like syndrome associated with pulmonary reaction, drug rash with eosinophilia and systemic symptoms (DRESS syndrome), cutaneous vasculitis, anaphylaxis, angioneurotic edema, agranulocytosis, leucopenia, granulocytopenia, haemolytic anaemia, thrombocytopenia, glucose-6-phosphate dehydrogenase deficiency, megaloblastic anaemia and eosinophilia. ***(Please refer to the Summary of Product Characteristics for detailed information).*** **Overdose:** *Symptoms:* Gastric irritation, nausea and vomiting. *Management:* Nitrofurantoin can be haemodialysed. Standard treatment is by induction of emesis or by gastric lavage in cases of recent ingestion. Monitoring of full blood count, liver function tests and pulmonary function, are recommended. A high fluid intake should be maintained to promote urinary excretion of the drug. **Legal Category:** POM. **Basic NHS Price:** £9.50 per pack of 14 capsules. **Marketing authorisation number:** PL 12762/0052. **Marketing authorisation holder:** Mercury Pharmaceuticals Ltd (a member of the Advanz Pharma group of companies), Capital House, 1st Floor, 85 King William Street, London EC4N 7BL, UK. **Date of revision:** March 2021 [ADV/MAB/PI/0001]

Adverse events should be reported. Reporting forms and information can be found at **www.mhra.gov.uk/yellowcard**.
Adverse events should also be reported to **Advanz Pharma Medical Information** via telephone on **+44 0 8700 70 30 33** or via e-mail at **medicalinformation@advanzpharma.com**

Date of preparation: May 2021
ADV/MAB/PM/0287

SPOTLIGHT ON: SALIVARY GLAND CANCERS

0.3 per cent of all cancer cases globally are salivary gland cancers, but delays in diagnosis often mean that the disease has progressed, and more extensive treatment may be needed. In their first article, the Salivary Gland Cancer UK team further depict the risks of missed opportunities for detection, and the significance of pushing forward for the best outcomes for patients.

Salivary gland cancers (SGC) are some of the rarest cancers around. Often called salivary cancer, there are over 20 types in total. Adenoid Cystic Carcinoma is the most common, and around five people in every million are diagnosed with SGC every year in the UK.

There are no clearly identified risk factors and no links with gender, age, ethnicity or lifestyle. Diagnosis is often a long detective process and, as such, can come late with devastating consequences. Surgical treatment can be extensive, little is known about its biology, and there are no targeted drug therapies available. Outcomes are poor and until recently, there was limited research. Patients can often develop metastases which, as they are relentless but slow-growing, they can live with for many years.

Until recently, there was no specific patient support available in the UK. To address these unmet needs, Salivary Gland Cancer UK (SGC UK) was founded in 2019 as a unique collaboration between patient advocate, Emma Kinloch, and medical oncologist, Dr Robert Metcalf, from The Christie Hospital in Manchester.

NETWORK

SGC UK's central purpose is to build a UK-wide information and support network for anyone affected by SGC, as well as those treating or conducting research into those affected by these rare cancers. It is working to further research into SGC, developing a community of patients and providing networking events to enable face-to-face support and information on the latest research and clinical developments.

As SGC are so rare, patients with SGC, their families and carers have often never met anyone else who has had the same experience as them. Providing information, news and opportunities for face-to-face meetings, or online networking, in order to share experiences is invaluable.

BIOBANK DATABASE

As well as focusing on patient engagement and education, one of the overarching research aims of the charity is to better understand the biology of Adenoid Cystic Carcinoma (ACC) and other rare salivary gland cancers. This will further the work towards developing new treatments and targeted therapies.

The Christie NHS Foundation Trust in Manchester has established a specialist hub that is focused on salivary gland cancers, and patients are referred from all over the UK. Dr Metcalf is building a national biobank of tumour tissue donated by patients. This invaluable resource has already shown some real traction in better understanding the disease. Results from this research, subject to appropriate consent and ethical agreements, can be shared with researchers internationally.

Patients who are having tumours removed can choose to donate the tissue to the Biobank. These donations are invaluable to Dr Metcalf and other researchers working on new treatments for these rare diseases. It also means that patients can have their tumour profiled. This means that the unique characteristics of the tumour can be revealed at a molecular level. Doctors can then better understand which treatments are most likely to deliver the best results for them.

COMMUNITY AND EVENTS

SGC UK has had a number of events since its inception in 2019 and a dedicated community that is growing all the time. Nearly 200 people have signed up to its network online from the UK and around the world. There are typically up to 30 people attending networking events three-to-four times per year. As well as online events, and a newsletter, SGC UK has launched a podcast. In the first of the series, Dr Robert Metcalf, from The Christie Hospital, Manchester, talks about scans, MRIs and their role in discovering and monitoring disease in ACC patients. He tackles questions, such as, how often should you have scans? Does an MRI scan show ACC growing on your nerves? What is a nomogram and how can it help in discussions with your clinicians?

For more information, visit www.salivaryglandcancer.uk.

Emma Kinloch is the Consumer Forum Chair for the National Cancer Research Institute and is active in many areas of patient advocacy, both in the UK and internationally. Emma is one of the ePAG representatives for the EURACAN ERN and has fostered close alliances with many international organisations. She is also a patient who was diagnosed with a rare salivary gland cancer.

Emma Kinloch

Dr Rob Metcalf MB ChB PhD MRCP is a consultant head and neck cancer medical oncologist and clinician scientist. His clinical and research focus is on salivary gland cancer, seeing patients from across the UK. Most of his patients have Adenoid Cystic Carcinoma. The overall aim of his clinical and research practice is to develop new therapies for these patients.

Dr Rob Metcalf

Scottish Pharmacy Awards

The Crowne Plaza Hotel, Glasgow
Wednesday 24th November, 2021

in aid of SAMH for Scotland's mental health

SETTING THE STAGE

As the entry process for the 2021 Scottish Pharmacy Awards officially opens, we can't wait to honour the exceptional members of the sector.

2020 was an extraordinarily testing year for us all, and COVID-19's impact will continue to carve its legacy for long to come. However, through the darkness and devastation brought on by the pandemic, the courage of the profession has shone brightly on us all.

Although it will be impossible to fully express the scale of our gratitude to you all, it's never been more important to honour your work and sacrifices – which is why we're delighted to announce the launch of the 2021 Scottish Pharmacy Awards.

This year's ceremony will be taking place on Wednesday 24th November at The Crowne Plaza Hotel, Glasgow.

With a wide selection of categories available – and presented over the following pages – we encourage you to put your expertise forward and encourage your peers.

Good luck!

Johnson & Johnson

Johnson & Johnson are proud to sponsor the award Excellence in Delivering Self-Care Agenda in Community Pharmacy. This award recognises that community pharmacy is putting the patient at the heart of its business, an area in which we know community pharmacy works hard at. Putting the patient at the centre of your business is very important and at Johnson & Johnson we demonstrate this too through our Credo commitment.

UK/JJ/18-12724f

Excellence in Delivering Self-Care Agenda in Community Pharmacy

Sponsored by Johnson & Johnson

Johnson & Johnson is proud to sponsor this award, demonstrating a culture that promotes patient self-care in community pharmacy, through the use of category management techniques, clear category signposting and visible promotion of pharmacy services.

To apply, visit www.scottishpharmacyawards.info or email chris.flannagan@nimedical.info.

Scottish Pharmacy Awards

The Crowne Plaza Hotel, Glasgow

Wednesday 24th November 2021

Management of Substance Dependency in the Community

Sponsored by Ethypharm

Substance dependency is unfortunately a growing problem in Scotland and quite often it is the pharmacist who is at the forefront of this patient service. This category is aimed at all pharmacists or pharmacies which have developed and successfully adapted to improve the management of their substance dependency services for the patient.

Ethypharm

Ethypharm is proud to sponsor an award which recognises the vital work pharmacy does with this vulnerable group of patients. These have been challenging times but excellence will always generate opportunities where excellence will always stand out. This award recognises those who have made a difference to these patients and those who strive for excellence to ensure these patients receive the best possible care and therefore the best likelihood of desired outcomes. At Ethypharm we are fortunate to be able to work with and support professionals who make a valuable contribution to the substance dependency community and we hope that by working together we can achieve better results for these patients. Congratulations to all the nominees in this category as well as the deserving winner. You have all demonstrated excellence and a commitment to enhance the services offered by your collaboration.

AAH

Creating a healthy future together

AAH Pharmaceuticals is delighted to announce its sponsorship of the Business Development of the Year Award. At AAH we are committed to supporting community pharmacy in Scotland. In an ever-changing world the Business Development Award is especially important. It is given in recognition of innovation to community pharmacy, whether that is delivery on improved service to patients, or improving operational efficiency in pharmacy to ensure pharmacy teams can spend more time with patients.

Business Development of the Year

Sponsored by AAH Pharmaceuticals

The Business Development of the Year Award is targeted at independent pharmacies which have endeavoured to enhance their business by driving forward an innovative marketing strategy and raising its standards. The category is not focused on profit and is aimed at independent pharmacies which have been developed and marketed successfully to improve both business and service to the patient.

To apply, visit www.scottishpharmacyawards.info or email chris.flannagan@nimedical.info.

Scottish Pharmacy Awards

The Crowne Plaza Hotel, Glasgow

Wednesday 24th November 2021

Pharmacy Student Leadership

Sponsored by The Pharmacists' Defence Association

Strong leaders are driven by their vision of what their organisations could become. The role of a leader is to make people feel strong, informed, unified and capable. Leaders need to have a combination of relentless effort, steadfastness, competence and attention-to-detail. Is this you or someone you know?

pda the pharmacists' defence association

The PDA is the largest pharmacists' membership organisation and only independent trade union exclusively for pharmacists in the UK. The not-for-profit organisation is proud to represent employed and locum pharmacists across all areas of practice and is the long-standing sponsor of the Student Leadership Award category. The PDA recognise that the student leaders of today may one day be the leaders of the profession. This category highlights examples of the positive difference that these individuals are already making for their peers and communities.

LA ROCHE POSAY LABORATOIRE DERMATOLOGIQUE

VICHY LABORATOIRES

Vichy and La Roche-Posay pharmacy skincare care brands are co-developed, recommended and prescribed by health professionals around the world. Advice is pivotal to the success of our brands which is why we are delighted to be supporting the award for pharmacy assistant of the year. We know how important the role pharmacy assistants play in providing seamless experiences that tell the customer that you care about them as people.

Pharmacy Assistant of the Year

Sponsored by Vichy and La Roche-Posay

Pharmacy assistants are the front-line of empathy and support in community pharmacies all over Scotland. This award serves to recognise an exceptional individual for their superb product knowledge and customer care skills. The Pharmacy Assistant of the Year award, sponsored by Vichy and La Roche-Posay, has been created to recognise those pharmacy assistants who go above and beyond in caring for the health of their customers.

To apply, visit www.scottishpharmacyawards.info or email chris.flannagan@nimedical.info.

Scottish Pharmacy Awards

The Crowne Plaza Hotel, Glasgow

Wednesday 24th November 2021

Innovative Use of Technology in Community Pharmacy

Sponsored by Cegedim Healthcare Solutions

Technology is at the heart of pharmacy and this award aims to acknowledge the excellent projects in this category, recognising exceptional quality of service and innovation through the use of technology. This award is open to pharmacy teams who have implemented initiatives to improve patient care and inter-professional working through the introduction of innovative technology.

cegedim Healthcare Solutions

Cegedim is delighted to be sponsoring the 2021 Scottish Pharmacy Awards. It is a great opportunity to formally recognise, celebrate, and reward the achievements of outstanding Scottish pharmacists and pharmacy teams who have made a real difference to the profession and to the lives of their patients, which often goes unnoticed. The independently-judged Scottish Pharmacy Awards recognise excellence and outstanding dedication to a profession that Cegedim, are proud to be involved with.

Ethypharm

Ethypharm is proud to sponsor an award which recognises the vital work hospital pharmacy teams do. These have been challenging times but excellence will always generate opportunities where excellence will always stand out.

This award recognises those who have made a difference to patients and those who strive for excellence. At Ethypharm we are fortunate to be able to work with and support professionals who make a valuable contribution to hospital pharmacy and we hope that by working together we can achieve better results for patients.

Congratulations to all the nominees in this category as well as the deserving winner. You have all demonstrated excellence and a commitment to enhance the services offered by your collaboration.

Hospital Pharmacy Team of the Year

Sponsored by Ethypharm

The Hospital Pharmacy Team of the Year Award has been developed to recognise hospital pharmacy teams from all backgrounds who are at the forefront of their profession, whether developing best practice models or implementing improvements in patient care. This is your opportunity to nominate peers and colleagues who have demonstrated outstanding dedication and commitment to the pharmacy profession or to submit your own team's work for consideration.

To apply, visit www.scottishpharmacyawards.info or email chris.flannagan@nimedical.info.

Scottish Pharmacy Awards

The Crowne Plaza Hotel, Glasgow

Wednesday 24th November 2021

Mental Health Project of the Year

Sponsored by Kyron Media

The coronavirus pandemic has changed the mental health landscape and affected everyone in Scotland and across the world. Coronavirus has increased anxiety for people with pre-existing mental health issues. People who were previously unaffected by mental health problems are now experiencing these for the first time and suicidal thoughts have increased, especially among young adults. Our pharmacy community has been at the forefront of dealing with these issues when they themselves may have been struggling. We want to celebrate the tireless work carried out by the Scottish pharmacy community in helping those with mental health issues.

Kyron Media

Kyron Media are delighted to sponsor this award in recognising the incredible work going on to help those with mental health issues throughout Scotland. It can sometimes be overlooked that pharmacy staff themselves may be struggling just as much but, all the while, putting patient care to the forefront. This award is to recognise the extraordinary efforts in tackling mental health issues throughout a global pandemic.

Scottish Pharmacy Review

Scottish Pharmacy Review is delighted to sponsor this award highlighting the achievements, innovation, collaboration and dedicated work of community pharmacy practices across the country.

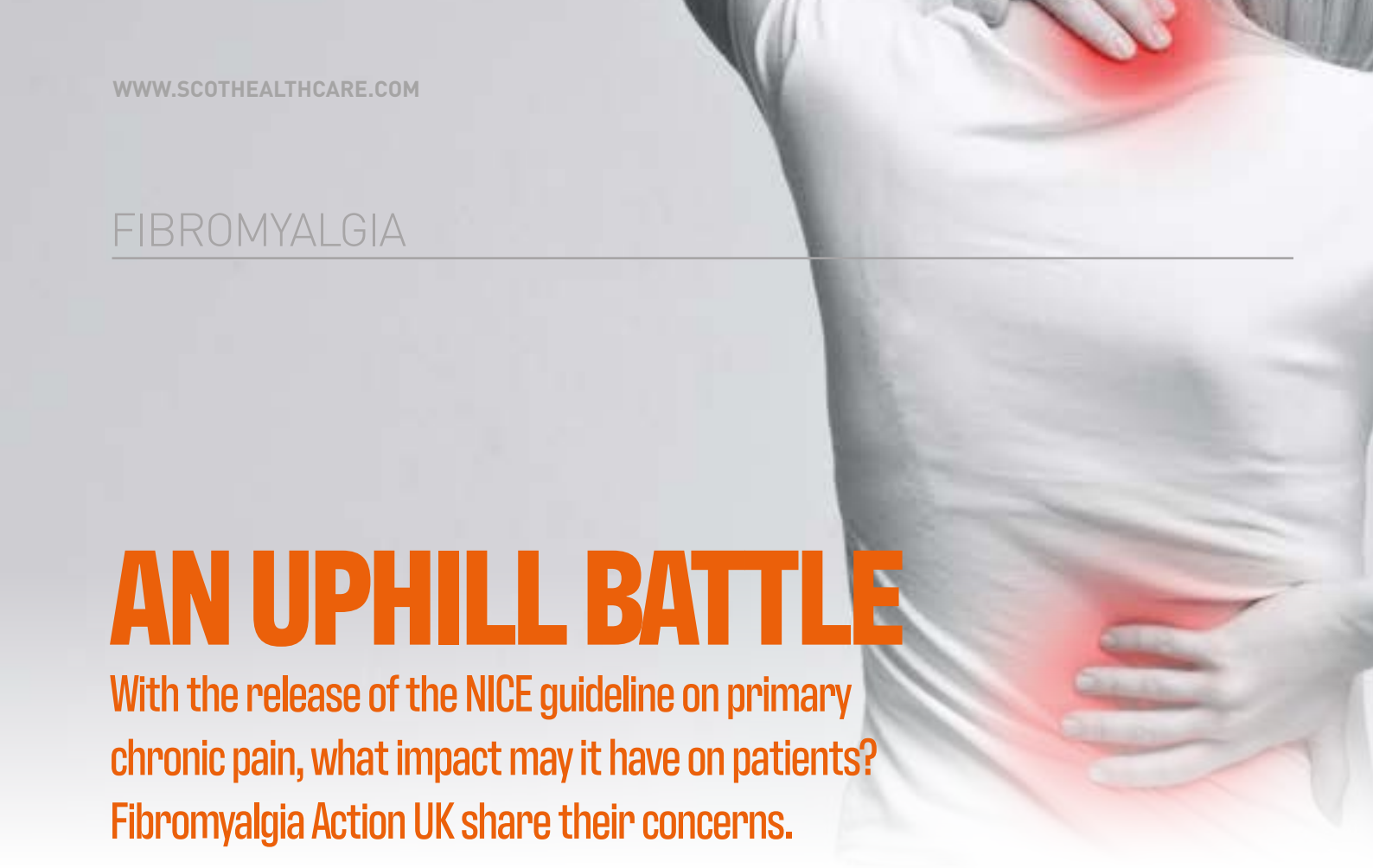
This is even more prevalent given the extenuating issues arising from the global pandemic. Community pharmacy has been at the forefront of patient care across Scotland – a presence which has never been as integral than over the last 12 months.

Independent Community Pharmacy Practice of the Year

Sponsored by Scottish Pharmacy Review

The Independent Community Pharmacy Practice of the Year Award is targeted at pharmacies who have demonstrated high standards of healthcare delivery. The pharmacy may display excellence in a particular professional aspect which ensures outstanding service to the consumer.

To apply, visit www.scottishpharmacyawards.info or email chris.flannagan@nimedical.info.



AN UPHILL BATTLE

With the release of the NICE guideline on primary chronic pain, what impact may it have on patients? Fibromyalgia Action UK share their concerns.

It's our view that the fibromyalgia community will see this as a significant step back – both in their treatment options and their 'legitimacy' within the health service. In devising the guideline, the committee was looking to find best practice; yet was selective in the evidence it considered in scope. We feel that patients, with their body of first-hand evidence, are being overlooked.

There are patients who can remain in employment, maintain a good quality of life, and increase their activity levels, thanks to treatment protocols that will now be unavailable to new patients. Some of these treatments help patients to such an extent that, in time, they can reduce these medications and leave them behind.

While the committee recognises that there could be sub-groups that these medications are indeed effective for, the lack of understanding of chronic pain means that these sub-groups will be side-lined, together with everyone else.

DIVERGING VIEWS

EULAR revised guidelines for fibromyalgia gave a 'weak for' rating to recommendations for Amitriptyline, GABAPentinoids, SNRIs, Tramadol, acupuncture, CBT, hydrotherapy, meditation / mindfulness, and a 'strong for' in relation to exercise. These guidelines are now at odds with the chronic primary pain guidance from NICE.

In addition, evidence that was included in Cochrane reviews was not considered in the committee's initial scope of evidence. A paper entitled 'Pregabalin for Treating Fibromyalgia Pain in Adults' said, 'We found high quality evidence that pregabalin at daily doses of 300-to-600 mg produces a large fall in pain in about one-in-10 people with moderate or severe pain from fibromyalgia. Pain reduction comes with improvements in other symptoms, in quality of life, and in ability to function.'

Further, the NICE guideline has excluded large, high-quality, randomised, double-blind trials that have been used to judge evidence of pregabalin efficacy and safety in fibromyalgia – and were acceptable to the FDA, EMEA, and Cochrane reviews. This has resulted in a more limited pool of evidence and ultimately means that UK patients with fibromyalgia have fewer treatment options than if they lived in Europe, America, or other regions where that evidence pool was considered sufficient.

UNINTENDED CONSEQUENCES

Chronic pain is not an easy subject for the NHS, NICE or health professionals. We can appreciate the need to reduce the over-prescription of opioids and the need to engage in meaningful conversations with patients about their chronic pain. Patients will appreciate that conversation and being listened to!

We are grateful that people on existing treatment regimens will not, in theory, face change under this guideline, but we are sure that some will be dreading their next medication review with their GP. And we have already heard of doctors whipping treatments away from patients without any tapering or explanation.

Moreover, the service delivery in relation to chronic pain is already dreadfully under-provisioned and this guideline only reduces options even further. The guideline also favours treatments such as group exercise and acupuncture that a) can't be provided long-term due to NHS cost pressures; and b) can't be undertaken in the patient's own home. Requiring patients to travel to receive treatment does not promote inclusivity or equality – some patients will not be able to afford to travel, others will not have the physical ability to travel.

THE BOTTOM LINE

People with fibromyalgia have always had an uphill struggle to be diagnosed, to be treated and to be respected for what they are going through. The fibromyalgia community believes that this guideline will be a step back in how the medical profession views them.

Of course, the guideline will certainly save some pennies on the NHS budget in the short-term, but it will also result in losses to UK plc tax revenue as patients will not have access to the treatment(s) they require to continue employment.

And while this guideline is positive in its promotion of non-drug therapies, the committee's blanket approach to all primary chronic pain and the removal of working treatments from some within our fibromyalgia community is not helpful. In fact, we believe it will be counterproductive in the short and longer-term – for patients, their families, their healthcare providers, and the UK welfare system.

Fibromyalgia Action UK
Fighting for Freedom from Fibromyalgia

UNIVERSITY INVESTIGATING THE EFFECTS OF COVID-19 ON BLOOD VESSELS AND BLOOD PRESSURE

A project at the University of Glasgow that's aiming to better understand the effects that COVID-19 infection has on blood vessels and blood pressure has received a grant of £250,000 from national charity, Heart Research UK.

Research has shown that people who are older, obese, male or those who have other medical problems, including high blood pressure, heart disease, diabetes, cancer, or chronic lung conditions, have a higher risk of developing severe COVID-19. High blood pressure is a major risk factor for cardiovascular disease and is very common, with more than one-quarter of adults in the UK affected.

This study, which will be led by Professor Sandosh Padmanabhan, Professor of Cardiovascular Genomics and Therapeutics, aims to answer whether:

- High blood pressure makes COVID-19 infection worse and, if so, why
- COVID-19 infection makes high blood pressure worse and, if so, why
- Monitoring and management of high blood pressure needs to be a greater priority during the pandemic

The investigation will examine routinely-collected health records for people in the West of Scotland who attended hospital or had a positive test for COVID-19 between April 2020-and-April 2021. This will be compared to the records of patients who attended hospital during 2019, for another reason. They will also look in detail at a group of people with high blood pressure.

50 PER CENT OF HOSPITAL-ACQUIRED INFECTIONS ARE PREVENTABLE

50 per cent of hospital-acquired infections are preventable. A 900-bed hospital takes two-to-three million temperatures per year – that's two-to-three million unnecessary contact points with patients.

TriMedika, manufacturers of TRITEMP™, the non-contact medical thermometer, recognised an opportunity to bring improvements to reduce hospital spend by eliminating single-use plastics for routine devices.

Feedback from nurses revealed that waste from used thermometer covers represented a significant infection risk. Nurses reported finding used plastics in patients' beds, food trays and other hazards, including accidental swallowing in dementia patients.

As many hospital infections are spread through CONTACT the solution was a NON-CONTACT medical-grade thermometer requiring no plastic covers which would reduce costs, infection risk and eliminate plastic waste. Since launching the CE marked device in 2017, it is now on NHS Frameworks across the UK and used in hospitals and clinics in over 21 countries.

Roisin Molloy, TriMedika Co-Founder/ CEO, said, 'TriMedika is passionate about developing smart, innovative medical devices from hospital healthcare teams' feedback to deliver better patient care. New technology should challenge current hospital workflows and deliver savings on time, cost and most importantly today – eliminate infection spread in our hospitals.'

For more information, visit www.trimedika.com.

OVER £8 MILLION FOR HEALTHCARE STUDENTS ANNOUNCED

Nursing, midwifery and allied health professional students will be able to access alternative clinical placements to support their practical education disrupted by coronavirus (COVID-19).

Funding of £8 million will help to ease pressure on clinical placement capacity in health and social care settings to ensure that students gain the required practical skills, learning and practice hours for their studies.

University staff will be able to deliver new placements and practical training using innovative technology with funding of £3.8 million. There will also be a 50 per cent increase in the number of education staff who supervise students on clinical placement with an investment of £4.9 million. This includes more staff to support students in care homes and other health and social care settings.

Health Secretary Jeane Freeman explained, 'Healthcare students have shown extraordinary dedication, resilience and commitment during the past year. While there have been challenges in delivering clinical placement opportunities, this funding will provide new and innovative educational opportunities and alternative placement models and settings that will provide students with flexibility over the next two academic years.'

AT BREAKING POINT

In this article, Dr Ayse Basak Cinar, Honorary Consultant Coach and Researcher, University of Dundee, tackles the necessity of overcoming pandemic fatigue, and how to reenergise and motivate ourselves and healthcare teams during the post-COVID era.

The prolonged period of the COVID-19 crisis is a physically and emotionally difficult time for healthcare team members. Not only are they feeling the strain of increased expectations, learning to work with the added discomfort, headaches, fatigue, and the increased body temperature that additional PPE creates, but they also have real health fears of contracting the virus. Some of them may be questioning their future and / or how to work in the near future with changing regulations.

Compounding this are the economic impacts of the crisis and more uncertainty about the future than many have ever experienced. Daily practices throughout the day, once easily achieved, may now feel insurmountable when tensions and stress levels are high. Many team members experience fatigue due to all these challenges, regardless of being self-aware of it or not. Fatigue 'is when the tiredness is often overwhelming and is not relieved by sleep and rest'. [1] NICE defines fatigue as, 'Fatigue may be defined as severe mental and physical exhaustion, which differs from somnolence or lack of motivation, and which is not attributable to exertion or diagnosable disease'. [2] Depression, lifestyle restrictions, increased number of leave / sick days from work, and social isolation are a few examples of the complications of fatigue. [1,2] Most importantly, fatigue may bring team members one step closer to their breaking point. [3]

COVID fatigue has been taking an enormous toll on healthcare workers, as addressed by the BMJ. [4] High levels of fatigue among healthcare professionals have been a concern over the years, as discussed by Paul Greig and Rosamund Snow. [5] Several studies show that healthcare professionals working with patients during an epidemic / pandemic are at heightened risk of mental health problems in the short and longer-term, particularly: psychological distress, insomnia, alcohol / drug misuse, and symptoms of post-traumatic stress disorder, depression, anxiety, burnout, anger, and higher perceived stress. [6,7]

A survey of over 7,000 doctors conducted by the BMA in December 2020 found that more than half of them reported symptoms of depression, anxiety, stress, burnout, emotional distress, or another mental health condition. [7] In alignment with that, the Institute for Public Policy Research has found that 50 per cent of NHS staff felt that their mental health had declined during the first two months of the pandemic while six months later, 76 per cent of almost 42,000 nurses surveyed by the Royal College of Nursing reported an increase in their stress levels since the advent of the pandemic. [8] Therefore, strategies and interventions targeted to improve the mental wellbeing of healthcare professionals should be proactive, future-oriented, and prevention-oriented.

Predictors of workplace mental wellbeing are multi-layered, referring to social, organisational, individual, psychological, and environmental. [7] The magnitude and impact of every predictor varies from person-to-person, so workplace mental wellbeing interventions and policies should be agile and person-centred. As highlighted and shown by the literature, a 'one-size-for-all' approach to improve mental wellbeing does not work, in other words interventions focusing on giving healthy lifestyle advice as solutions do not work.

The Lancet Commission on Mental Health has mentioned that mental health improvement needs certain pillars and two of them briefly explain why a 'one-size-for-all' approach will not work: 1 – 'Mental health problems exist along a continuum from mild, time-limited distress to chronic, progressive, and severely disabling conditions' (e.g. from stress, anxiety to post-traumatic stress); 2 – 'the mental health of each individual is the unique product of social and environmental influences, in particular during the early life course, interacting with genetic, neurodevelopmental, and psychological processes and affecting biological pathways in the brain'. [9]

As the British Dental Association Chair, Mick Armstrong, mentions, there is a need for a system focused on prevention-based care, lowering stress for clinicians, and ensuring the best patient care. [10] Active engagement of both managers [10] and employees is essential in the workplace intervention development and implementation process. [11] CIPD highlights the need for placing employee wellbeing at the centre of business models and viewing it as the vital source of value creation, and the dividends for organisational health can be significant. [12]

The Five-Staged Resilience and Agility Model (Figure 1) stems from the successful outcomes of our international and local projects.

Figure 1

Both projects have shown that the model's person-centred and proactive approach improves self-management skills for wellbeing (self-efficacy, self-esteem, resilience) and decreases the stress levels of the participants. [13-15] The model is originally a self-leadership development framework that integrates self-management and self-reflection dynamics, underpinned by resilience and agility, to social engagement and collective purpose setting. Studies have shown that self-leadership is the ground for effective stress management and social communication, and successful performance. [16] We propose that the model can serve as a guideline to design and execute wellbeing interventions for healthcare teams and organisations.

The key feature of the model is to improve systematically personal wellbeing and team wellbeing through a tailored 'one-size-for-all' approach. Tailored methodology in every stage of the model provides customised tools and methodologies to enhance individual wellbeing and to strengthen agile and resilient growth of teams. Thereby, it provides a flexible, proactive and tailored methodology to build a positive workplace wellbeing culture. Wellbeing is not just for employees; it is for company leaders and CEOs as well. Creating a culture of wellbeing starts at the top and is strengthened by the active participation of the employees. Studies show that employees who feel cared for and valued by their leaders and company have higher performance and less absenteeism at work.

A Deloitte study identifies five pillars a workplace must constitute to deem itself a 'Simply Irresistible Organisation'– meaningful work, supportive management, positive work environment, growth opportunity, and trust in leadership. [17] It also highlighted that employees look for employee wellbeing programmes focusing on the employee, their families, and their entire experience at work and life. All that may highlight the need to design and execute wellbeing interventions through collaborative participation of the managers and the employees. Those interventions also need to highlight the personal and professional growth of each individual, thus referring to the self-leadership journey of each employee and manager.

Such interventions are more important than ever for healthcare teams, in particular, if we think about their communication with and service provision for patients. Healthcare services pitched as 'from healthcare teams to patients by healthcare teams with every team member' can show how the healthy mindset of each team member is essential to enable positive communication with patients. The quality of care is directly related with the wellbeing, including mental health, of the whole team.

At the post-COVID era many patients will have high levels of anxiety and stress about dental visits, and every member of the healthcare team will serve as a leading figure for secure, safe, and compassionate communication and healthcare service, and even going beyond that. Therefore, understanding the dynamics of self-leadership and improving wellbeing, inclusive of mental wellbeing, seems to be one of the cornerstones of the sustainable future of healthcare services.

At the post-COVID era, there is an emerging need for healthcare teams to feel reenergised and motivated and to emerge stronger, together. Positive and enhanced wellbeing, in particular mental wellbeing, is the key driver for that state of greater achievement and fulfilment. Healthcare team culture, where everyone's self-leadership practice for wellbeing is supported and valued, will be the key for successful delivery of healthcare services of the future.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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PROMOTION

A YEAR OF CHANGE FOR CALLENDAR PHARMACY

From Italy to Irvine via Falkirk, Richard Grahame has been on a journey of transformation over the past 12 months to bring 24-hour medicine collection convenience to his patients.

Richard Grahame

For Richard Grahame, travelling to Italy to see the home of the Pharmaself24 prescription collection point played a big part in his decision to invest. With hindsight, it was a trip that could very easily have never happened.

Just two weeks after Richard and a number of his fellow Edinpharm members flew back to Scotland out of Venice airport, Italy entered a national lockdown, and just two days after that, the World Health Organization declared COVID-19 a global pandemic.

As it turned out, coronavirus has continued to play a defining role in Richard's Pharmaself24 journey, which originally began in Winchburgh, West Lothian in 2019. This was where Right Medicine Pharmacy had recently installed a Pharmaself24 24-hour prescription collection point, and Richard was immediately interested in bringing the technology to Callendar Pharmacy in Falkirk.

He could see that collection points filled a clear gap in the market by providing patients with convenient access to their medicines. In addition, the Pharmaself24 delivered on Richard's wish to provide a clear point of differentiation in the local area.

'My ears pricked up when I heard about it,' he explains. 'It provided an opportunity to be the instigator of new technology, and I thought if I wasn't actually working in pharmacy, it was definitely the kind of thing that I would be using.'

FACT-FINDING MISSION

After contacting Hub and Spoke Innovations to learn more about the machine, Richard formed part of an Edinpharm group that flew out to Italy in late February 2020. Their destination was the town of Schio, nestled below the Dolomites and east of Lake Garda, which is home to Videosystem, the manufacturer of the Pharmaself24.

Established in 1991, Videosystem's vending technology was originally focused on machines for the DVD rental market, having shipped around 13,000 such units to 25 countries across the world. Today, however, the company's efforts are directed towards the Pharmaself24, with the first machine installed in the Netherlands nearly a decade ago. The current install base now stands at over 500 machines across Europe, with rapid growth in the UK pharmacy market being driven by Hub and Spoke Innovations.

Richard says seeing Videosystem's manufacturing capability and having the chance to meet everyone from the shopfloor staff to the engineering team and senior management made an important impression. 'The trip gave us the chance to really see what was behind the company and to see the technology upfront,' he says. 'It showed that this was a serious business with history behind it.'

There was also a strong economic case for investing in the Pharmaself24 as it gave Callendar Pharmacy new potential to grow its share of prescriptions without the costs associated with expanding its already over-subscribed home-delivery service.

GETTING UP-AND-RUNNING

Having placed the Pharmaself24 order, coronavirus intervened, with lockdowns causing a delay to the machine's delivery date. While understandable, it was a frustrating situation, says Richard. 'We had queues outside, we knew the technology was coming and we knew it would have been an ideal solution. People would have lapped it up!'

Things did, however, move quickly as soon as restrictions allowed. Careful planning was required on behalf of Hub and Spoke Innovations to ensure the machine could be smoothly installed into a designated area at the front of the pharmacy. This had been chosen to prevent the obstruction of a wheelchair access route but presented a logistical challenge thanks to the tight dimensions.

In the space of a few hours, the glass had been removed and the Pharmaself24 rolled into place with just centimetres to spare. The team was then given training on how to operate the machine, with a new back-end process introduced by the pharmacy to isolate and highlight which bags are to be loaded into the Pharmaself24.

Richard describes the whole installation process as 'extremely painless' and says learning to use the machine is 'child's play'. To underline this point, his 10-year-old daughter even created a video of how it works, which was posted on the pharmacy's Facebook page as part of a push to encourage patients to sign up. As well as social media, the service has been promoted via Callendar Pharmacy's own website and local media, and patients have also received leaflets in medicine bags.

EASING THE LOCKDOWN BURDEN

The response among users has been universally positive, says Richard: 'The people that have embraced it, they really love it, and even those that are unsure are won over when they use it. They know when they're leaving the house that their prescription will be ready. They know there's no wasted journey and no queues. They love the certainty.'

The success prompted Richard to install a Pharmaself24 at his other business, Lawthorn Pharmacy in Irvine. This second machine went live in November 2020, providing respite during the Christmas rush and, one year on from Richard's trip to Italy, supporting patients during the winter lockdown.

'I'd decided on the Pharmaself24 before I realised about the pandemic and lockdown, but it's just been even more of a help in dealing with the queues in the cold,' concludes Richard. 'Only the other day, a patient got in touch to say how much they liked using it. That's the real reward for our investment.'

Prescription collection.

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Hub&Spoke INNOVATIONS
SECURE COLLECTION TECHNOLOGY

DYSTONIA: THE COVID EFFECT

Dystonia is an incurable life-long condition – and accessing the right treatment, care, and support to manage the chronic condition can make all the difference between dealing with exhausting and debilitating symptoms, and sustaining a good quality of life. But the disruption COVID-19 has caused has had devastating consequences on the dystonia community. Dystonia UK tell us more, and delve into how the charity's services and support are more vital than ever.

Estimated to affect around 100,000 people, and the third most prevalent movement disorder in the UK, dystonia presents with uncontrollable and sometimes painful muscle spasms caused by incorrect signals from the brain. The severe clenching and contraction of the muscles in many cases leads to symptoms such as functional blindness, debilitating contortion of the hands, neck, and trunk, as well as difficulty walking (sometimes with near total loss of mobility due to the body jack-knifing in painful positions). Dystonia can be progressive and so may deteriorate and spread over time. Everyday tasks can be difficult and challenging.

In the Life with a Neurological Condition During COVID-19 survey (a national survey run by The Neurological Alliance (NA) in England between 9th-to-20th June 2020), over 700 people diagnosed with dystonia shared their experiences of life during the pandemic. While there are a handful of positive stories, broadly it is a negative picture with a near 70 per cent saying the pandemic had affected their condition very significantly, significantly, or moderately.

The survey also found that 80 per cent of dystonia patients had a medical appointment delayed and a further 62 per cent had a medical appointment cancelled. Many of these appointments were for botulinum toxin injections, a treatment that helps them manage their condition. Missing an injection can leave dystonia patients in pain and with more disabling symptoms that may require additional care. Many have also struggled with the reduction of physical activity while in lockdowns and have started seeing this negatively affect their symptoms too.

A patient with hemidystonia (half body dystonia) described that her new treatment was now indefinitely delayed, and the reduction in physical activity during lockdown, for example to / from the shops / work, was causing a significant deterioration in symptoms.

Over a year on, the British Neurotoxin Network estimates that only 80 per cent of clinics are running and many are unable to run at pre-pandemic capacity for a variety of reasons, including the additional time infection control takes. As such, many patients are being asked to leave longer periods between their injection cycles. While most clinics are taking on new patients, shielding patients are still unable to be seen and there is concern about how clinics will cope in the long-term once all patient groups are safely able to return.

Waiting lists for deep brain surgery were already long, but are being further delayed and patients are left unsure what to expect. Surgery is normally only considered when other treatment options have not been successful, meaning worryingly most people on the waiting lists are suffering from severely debilitating symptoms. Combining this with the obvious daunting prospect of major brain surgery and an unknown surgery date, it's clear that the psychological toll on individuals can be significant.

One patient, who after years of suffering with cervical (neck) dystonia, finally opted for surgery in 2020. Originally scheduled for October 2020, it was delayed once and has now been delayed again and may not take place until June 2021.

Clinicians are additionally anticipating a dip in the number of new diagnoses being made during the pandemic, followed by a delayed onset increase. Diagnosing dystonia can typically take several years as it's not a widely-recognised condition. They expect extended delays though, as many of the first symptoms of dystonia are not obvious, and at a time where we are being told to protect the NHS, people may feel the early

symptoms are not worrying enough to warrant a GP visit, especially with the heightened risk of catching COVID-19 in medical settings. A diagnosis can unlock treatment options though and help individuals manage their condition, so any delay is hugely significant.

GP referrals to neurologists are also delayed as staff are redeployed or hospitals are unable to see patients. In some cases, consultants have been able to make a new diagnosis via remote means, such as a telephone or video consultation. But dystonia is a movement disorder, and so this understandably has its challenges, and it isn't possible in all cases.

Remote consultations are becoming far more regularly accepted across the NHS, but there are several scenarios where this is not appropriate for dystonia patients. The NA's COVID-19 survey found that over 25 per cent of people found that the virtual appointment they had was either not very effective or very ineffective, and 50 per cent said that choosing virtual or face-to-face would depend on what their routine appointment was for, with a further 46 per cent saying that they would prefer it to be face-to-face.

There can be a number of challenges for people with dystonia in using digital access for care, from limitations with skill or equipment, to some cases where the condition itself makes it more difficult. For example, someone with laryngeal dystonia can find phonecalls difficult as the spasms can distort their voice. The roll-out of digital processes has been so rapid, patient choice has not been embedded into the process, allowing groups like these to be excluded. We are concerned that as we recover from the pandemic, trusts will be left with the difficult decision of how to balance digital access with face-to-face clinics. Unless the NHS creates clear national frameworks, we expect to see an increase in variation of services across the UK, leaving people living with dystonia with further differences in their care depending on their location.

We also know that even before the pandemic, isolation is not uncommon for people with dystonia. During the pandemic, this may have been exacerbated. Dystonia UK's face-to-face support groups are closed for the foreseeable future and online support networks have grown. This digital alternative will not be suitable for all though, and this concerns us that the most isolated individuals are not getting the support they need. In the NA's COVID-19 survey, 40 per cent of people said they felt that their neurological condition had deteriorated as they had not been able to see friends and family.

We heard from one lady during the first lockdown with blepharospasm (eye dystonia), who, without her botulinum toxin injections, was now no longer able to drive, leaving her more isolated than ever.

At a time where many are facing financial hardship, we continue to hear about the difficulties people with dystonia face when applying for benefits. There are normally several challenges completing a claim, however, this process has been made even more difficult as in-person assessments have been postponed. It has also been several months since Chancellor Rishi Sunak increased Universal Credit by £20 a week, but failed to give the same increase to those on legacy benefits. This lack of financial support can hugely affect people's independence.

Finally, all these changes have an increasingly worrying effect on mental health. The prevalence of mental health issues among dystonia patients is already high and this relationship can be two-way – the symptoms of dystonia can cause mental health issues, but also anxiety and stress can make the physical symptoms of dystonia worse. We are concerned that people with dystonia are extremely vulnerable to deterioration in their mental health. In the NA's survey, over 38 per cent said that the COVID-19 crisis had affected their mood and sense of wellbeing, either significantly or very significantly. The survey also showed that a worrying one-in-10 people with dystonia felt helpless, and four-in-10 anxious.

We know that the pandemic has undoubtedly changed all our lives, but people with dystonia have been so greatly affected. While we are hopeful that we will start to see some normality return in 2021, the truth is that the effects of the pandemic will be seen in the dystonia community for years to come and normalcy for them will be delayed.

ABOUT DYSTONIA UK

Dystonia UK is the only UK national charity dedicated to helping people living with dystonia. Throughout the pandemic, our services have been more vital than ever, and we've had to rapidly shift the way we operate. No longer able to organise face-to-face events, we have found innovative ways to connect and reach our patient community at the heart of our organisation.

As part of our Reach Out, Reach All campaign we launched our first webinars, reaching over 10,000 people. Our new website was launched, and we successfully held our first digital conference. 2020 also saw the dystonia community get behind our biggest dystonia awareness month campaign to date, with UK landmarks lit up in our iconic dystonia green, virtual Tea with the Team meet-ups, a collection of personal stories, and our What is Dystonia? infographic reaching over 60,000 people!

In 2020, we launched our first ever virtual awareness and fundraising campaign, Dystonia Around the World. Our amazing champions ran, wrote, danced, and wheeled their way around the world, collectively travelling an impressive 25,089 virtual miles (around the world and back again!) to help raise awareness of dystonia. And in early 2021, we launched our first ever podcast, sharing stories of people living with dystonia.

We are so heartened to see throughout these challenging times that the dystonia community remains strong, resilient, and supportive of one another. We know that for many being a part of this community makes a real difference. As we look forward, the challenges the dystonia community will face are far from over and we will continue to find innovative ways to support them.

For more information about dystonia and Dystonia UK's work, visit www.dystonia.org.uk, email info@dystonia.org.uk, or follow them on Facebook, Twitter, and Instagram (@dystoniaUK).

PROMOTION

AT FACE VALUE

SPR chats to Paul Insley, Head of Bestway Medhub and Wardles, about the values which underscore the Bestway Medhub business and how they are 'walking the walk' when delivering them.

Paul Insley

Bestway Medhub is a short-line wholesaler supplying products and services to the independent pharmacy and dispensing doctor sectors across the UK. As part of the Bestway Group, the company has the backing of the largest independent wholesale business in the UK.

Established in 2015, Medhub has grown significantly, now supporting over 3,000 customers working to the values of being open, transparent, fair, and simple, with dedicated Field and Telesales Teams in place to support all customer requirements. Medhub also works alongside Wardles, a specialist appliance contractor also owned by the group offering trade surgical products and an agency scheme to contractors who wish to use it.

Medhub is proud to be part of the Healthcare Distribution Association (HDA), a body that helps shape the wholesale and distribution landscape to support the ever-changing and challenging world of pharmacy.

'I've been Head of Bestway Medhub for five years now and as a qualified pharmacist, have worked in pharmacy for many more. I have seen the challenges of independent pharmacy from all angles, the patient needs, the financial balance, and the changing focus of the health service, which ultimately impact pharmacy as an industry. For me and the team at Bestway Medhub it is key we work in partnership with all stakeholders, internally and externally, to deliver a great service both through the Medhub teams and our FMD compliant, fully-automated warehouse.

'That does not need to be hard, complex, or confusing in different deals or propositions – the price you see is the price you pay. Our customers value knowing where they stand and that's important to us. Keeping it simple allows us to focus on innovation and development in areas our customers tell us they want.'

DEPENDABLE WHOLESALE, WITHOUT THE COMPLICATIONS. TRANSPARENT, FAIR AND SIMPLE. SO HOW ARE BESTWAY MEDHUB DELIVERING ON THESE VALUES?

TRANSPARENT

'We strive to be honest with our customers, we will not promise something which we can't deliver. We recently launched our Web Ordering Portal giving our customers easy and quick access to place their orders and manage invoices and statements linked to those orders. We have expanded the Buying Groups we partner with; we are listening to our customers and being transparent in the response and updates we have. We have dedicated Field Sales and Telesales Managers to support every customer with queries and work closely with our Buying Teams to be clear with customers on availability and lead times where this applies.'

FAIR

'Taking the mindset of working in partnership we look to be fair in our transactions at every point. Our business model can't just work for Bestway Medhub, it needs to work for our customers and the third parties that we partner with.'

SIMPLE

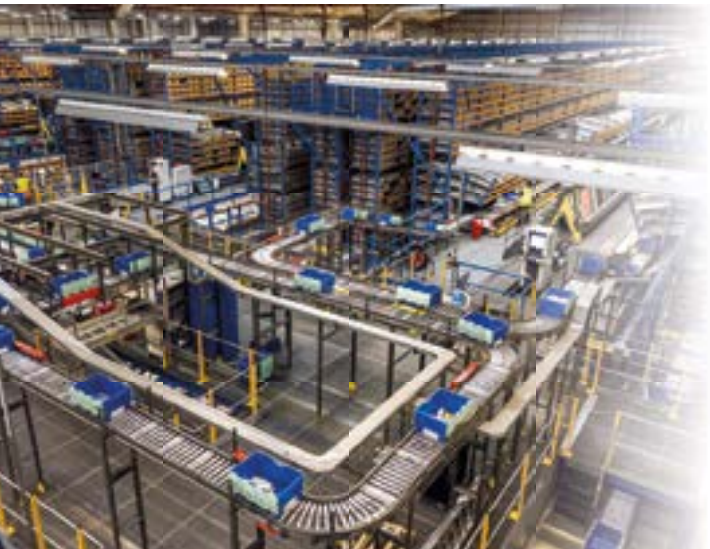
'Bestway Medhub have a simple pricing structure, with no minimum spend or order quantity. We support our customers with terms and conditions that are easy to understand, with a Customer Service Team able to support queries.'

SO WHAT'S NEXT FOR BESTWAY MEDHUB?

'We continue to take customer feedback and review our proposition with the ever-changing needs in pharmacy. This will be especially relevant as we come out of lockdown. As the general public look towards pharmacy to manage their health more now, we have expanded our OTC range and have an electronic ordering platform for surgical lines which we believe will give customers more reasons to use Bestway Medhub, while we continue to build on the values of being transparent, fair and simple.'

For further information about opening an account with Bestway Medhub, to speak to Brendan or to find out more, call 0800 050 1055 or email Brendan.moffatt@bestwaymedhub.co.uk.

BESTWAY MEDHUB



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BESTWAY MEDHUB

SAVE YOUR BREATH

Diagnosed with asthma later in life, 33-year-old Chris Nelson has had to adjust his lifestyle and hone his management regime. Here he chats to SPR about his complex diagnosis journey, as well as his experience navigating the condition alongside fresh health fears fuelled by the onset of COVID-19.

Chris Nelson

WHEN WERE YOU FIRST DIAGNOSED WITH ASTHMA?

Ever since I was younger, I have occasionally struggled to catch my breath – however, having always experienced hay fever symptoms, I simply thought that this was just another sign of my allergies.

Throughout 2018, though, I started to notice things escalating – my chest was always tight; I was constantly coughing; and I became severely out of breath taking on simple activities, even just walking up a short flight of stairs. Things came to a head when I kept waking up at night struggling to breathe.

I visited my GP three-to-four times during this period, having my bloods taken and lung tests performed. However, everything came back clear. I was assured that I did not have asthma.

Things were still being investigated when I suddenly woke up in the early hours of a particular Monday morning unable to catch a breath at all, to the extent that I couldn't even get the words out of my mouth to communicate to my wife that I needed to go to A&E immediately. In a panic – and in hindsight, foolishly – I jumped into my car at 4am and drove myself to my local hospital, with my wife following behind in her car.

Upon arrival at A&E, I was seen quickly and put on a nebuliser and given steroids in order to regulate my breathing. A variety of tests were also conducted by respiratory specialists in order to investigate things further.

After spending four nights and five days in the hospital, I was informed that I suffered from severe asthma and a plan was subsequently drawn up to help me control it.

HOW DOES IT AFFECT YOUR DAY-TO-DAY LIFE?

In general, my day-to-day life isn't significantly impacted by my asthma as long as I take the medications which I'm required to and avoid triggers which I now know may set it off.

Daily, I take two puffs of my preventative steroid inhaler twice in the morning and twice in the evening before bed. When I am particularly bad, I am required to take one or two puffs in the afternoon. I also ensure that no matter where I go I have my reliever inhaler with me in case I start to struggle and experience the signs of an asthma attack. On top of this, I ensure that I take daily antihistamines because my hay fever allergies can set my asthma off quite badly.

It's crucial that I'm organised and forward-thinking in having my inhalers ordered every month with my GP as if I run out, I could find myself in quite a dangerous situation.

In terms of asthma reviews, I receive them roughly twice-yearly – once in the winter months, as the cold weather can trigger flare-ups, and once in the summer months, as the pollen count can set off my hay fever. These appointments take place with a respiratory nurse at my local NHS hospital.

WHAT TRIGGERS YOUR ASTHMA FLARE-UPS AND HOW DO YOU MANAGE THESE?

As mentioned, I need to be particularly careful during the summer and winter months. As well as hay fever, I also tested positive for quite a number of other allergies, such as cat hair, horse hair and dust so I make sure that I stay away from cats, horses and have a clean house... well my wife, Catherine, is mostly responsible for the last part!

TO WHAT EXTENT DID FINDINGS AND COVERAGE RELATING TO COVID-19-CENTRED COMPLICATIONS IN CHRONIC LUNG CONDITIONS ELICIT CONCERN IN YOU?

To be honest, at the beginning of the pandemic, and as its coverage became more prominent and frankly unavoidable, I became increasingly anxious – particularly as COVID was communicated as a contagious respiratory illness. I was deeply concerned that if I got COVID, my chances of surviving or maintaining my same standard of lifestyle weren't as great as those individuals without a pre-existing underlying respiratory condition.

When lockdown was announced, I began to feel more comfortable knowing that my health would be protected to much more of a degree.

HAS YOUR ACCESS TO ASTHMATIC SUPPORT AND CARE BEEN AFFECTED BY THE PANDEMIC?

Yes, like everything else during COVID, my access to these services has had to adjust. My asthma reviews are now conducted over the phone, rather than in person. And while they previously would have occurred twice-yearly, they have actually been more frequent.

While I am hugely grateful to the NHS and for the fact that the provision of care has continued, I do feel that the remote consultations aren't as effective as the previous face-to-face interactions. An example of this would be when I was struggling this previous winter. I had a phone consultation and although my asthma nurse could hear that I was struggling to breathe over the phone, she wasn't able to listen to my chest herself and had to rely on me to check my own peak flow at home. Luckily enough I had purchased my own peak flow device when I was first diagnosed with asthma so I'm able to monitor this.

On a positive note, because of COVID, and the lack of in-person consultations available, I have been provided with an emergency pack of steroids and antibiotics which I'm able to take if I feel that my peak flow has dropped to a dangerous level.

WHAT EXTRA PRECAUTIONS HAVE YOU TAKEN TO STAY ON TOP OF YOUR CONDITION?

Like everyone else, I have been super careful about restricting my contact with others and cutting out any unnecessary journeys. Fortunately, my workplace has allowed me to work from home half the week, and when I am in the office, I am comfortable that sufficient precautions have been taken to protect myself and others.

I feel that it is important for me to maintain this level of cautiousness as if I let my guard down, I could end up back in the hospital – but this time I may not come out.

As well as everything else, my wife and I discovered that we are expecting our first child over lockdown so I need to be careful not just for my own sake, but for the sake of my family and my unborn child.

A YEAR ON – AND IN LIGHT OF THE COVID VACCINE ROLL-OUT – HOW HAVE YOUR CONFIDENCE AND COMFORT LEVELS CHANGED?

One year on, and with the development of the vaccine programme, I feel much more comfortable going outdoors for my daily exercise – which mainly consists of walking my dog, Woody, and the odd visit to a local shop for groceries.

I have been fortunate enough to have recently received my second vaccine at my GP surgery due to my level of vulnerability. Although I am delighted, I must not let my guard down and ensure that I remain vigilant as many others have not yet received the vaccine, and I imagine that COVID will be around for a long time to come.

As I reflect on the last 12 months, although times have been tough, my appreciation for all those working on the frontline and behind-the-scenes of our healthcare services can't be emphasised enough. Thinking ahead, I look forward to a time when I can reunite with my family and friends for a pint at our local pub!

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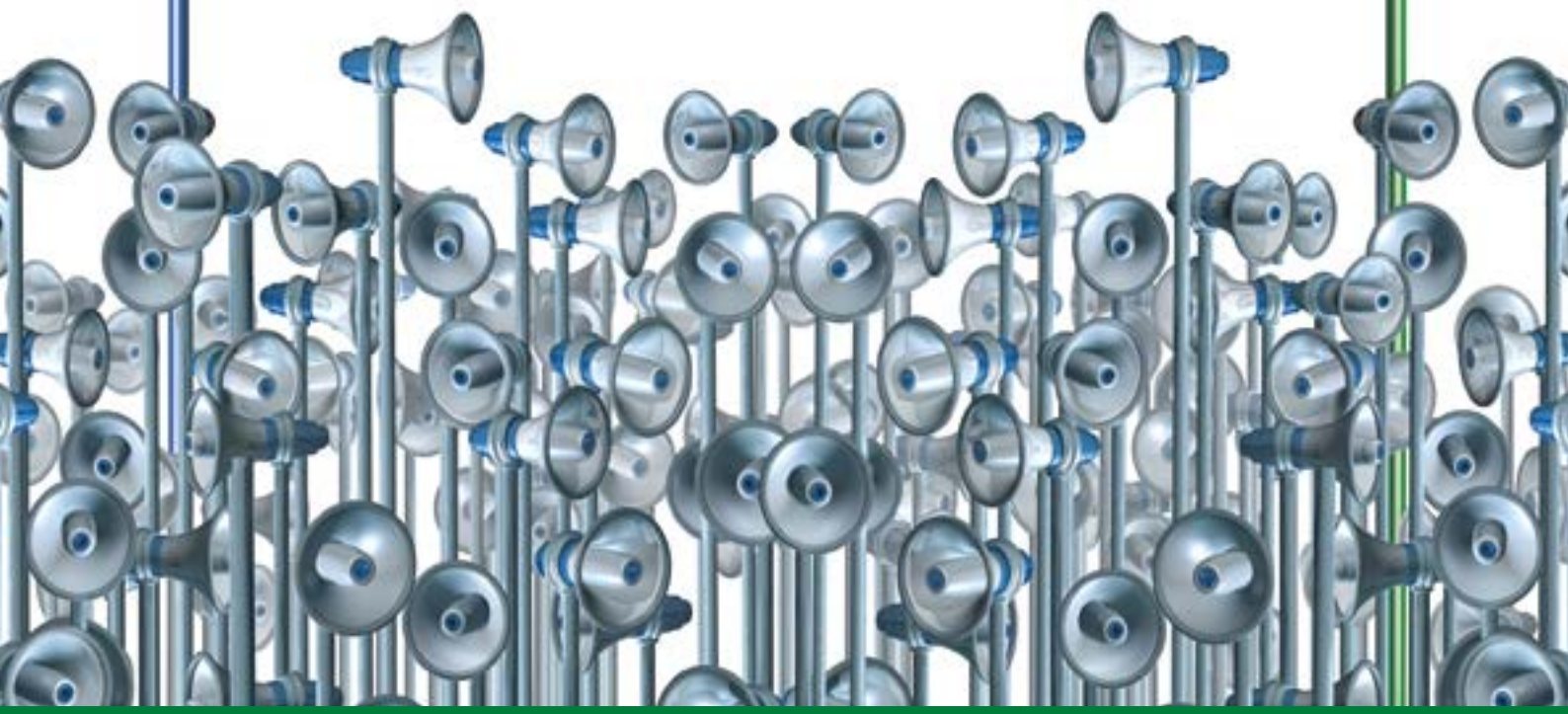

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FACING THE UNKNOWN

From balancing home-school stresses with our own workloads, to attempting to maintain structure when the days are clouded with so much uncertainty, parenting in a pandemic can be both difficult and daunting. Here, Lianna Champ – who has over 40 years' experience working with children and parents in grief counselling – provides advice as to how parents can help their child overcome death anxiety when they are exposed to floods of COVID-related sadness and scary statistics.

Lianna Champ

PARENTAL ROLE

Children learn about the world from the adults around them so as adults we have a responsibility to create confident, happy and emotionally healthy future generations. It starts when we have our babies. You can't spoil a child with love, and this is different from giving a child anything it wants, whenever it wants. We need to create clear boundaries based on the values and morals that we want our children to have. Having children is an absolutely serious responsibility but one that brings immeasurable joy and love. We must do our part.

Many parents isolated at home are also under lots of excess stress. Parental stress has been shown to have an effect on stress reactions in their children and therefore it is more important than ever that parents manage to maintain a good level of calm and control. By managing their own stress better, parents can help to manage their children's stress.

As parents, it's natural to want to protect our children from the harsh realities of life, but the less we tell our children, the more they are forced to imagine. And children, no matter what age, tend to worry more when they don't understand or aren't told what is happening around them.

Children do pick up on their parents' emotions, therefore we have to really monitor our parenting skills and especially at this time, be aware of our own reactions to the pandemic.

WHEN CHILDREN SUFFER WITH DEATH ANXIETY

With so many COVID deaths being reported around the globe, our reactions and behaviours directly affect how our children receive the news and therefore react themselves. Children, now more than ever, are aware of death. They hear the stories on the news and talk to their friends, also social media brings the world to our doorsteps.

Children learn their coping mechanisms from the adults around them – they may not always hear what the adults are saying, but they will always watch what they do. If you panic, struggle or keep talking about the pandemic over and over again, the chances are your child will too – it is learned behaviour. The way we teach children how to cope with traumatic events in childhood sets a pattern for the rest of their lives. Therefore, it's important to keep our behaviours and routines as familiar as possible in the face of adversity to help give our children a feeling of safety. We can teach them to embrace all life experiences – good, bad, happy or sad – as they arise, to talk about their feelings when they feel them, and not to be made to think that there is something wrong with them when they are being emotionally honest. Also sticking to routines as much as possible helps keep a semblance of normality.

A good place to start is to find out what your child already knows about coronavirus. Watch the news with them to start the conversation. Ask them what they have learned about this illness and if they would like to ask you about it. When they talk, try not to interrupt. Let them say exactly what they want to say without comment.

HONESTY IS ALWAYS THE BEST POLICY

Answer their questions with honesty and don't try to distract them in an attempt to try and help them 'forget'. They won't, and this gives you an opportunity to give them the correct information. They may have been told something or heard the adults in conversation and be worrying unnecessarily. Always answer their questions using clear and straight answers and, if you don't know the answer to something, be honest about that too and suggest finding it out together. Above all, avoid dramatic headlines and visit official coronavirus websites. Don't just say, 'we all have to wear a mask' – explain why we must all wear a mask. If you explain everything, children of all ages have a natural acceptance. If they don't understand something, let them know that they can ask, no matter how silly it may seem. Sometimes it's the little things that really are the big things to the young.

The way we teach children how to cope with major change in childhood sets a pattern for the rest of their lives. We can teach them to embrace all life experiences and to process their emotional responses – good, bad, happy or sad – as they arise. Life is not an endless series of happy moments and is always interspersed with traumas. By accepting and experiencing all life events as they occur we can live fully and meaningfully as long as we can process emotional events practically as they arise, deal with them, and move on.

CREATE A SENSE OF SECURITY

Let your children know that you are there for them. Create a safe space where they can talk about how they are feeling. Use simple words which can easily be understood. Be calm and reassuring and let them know that whatever they are feeling is okay. This is a new experience for us all and we must allow children to have their own natural responses. They are learning all the time and honest emotional expression is just as important as other skills, if not more so, as this means that children can deal with emotional issues in the moment.

KEEPING WELL AND HEALTHY

Let them know that being clean and washing their hands regularly can help stop the virus spreading to other people. Also having plenty of quality sleep, eating well and exercising can help to keep them strong and healthy. This is a good time to teach your children to take responsibility for some of their actions and the importance of self-care. Teach them how to thoroughly wash their hands, to really think about the foods they are eating – are there enough vitamins, protein etc.? This will give them some semblance of control and give them a project!

Also explain about the NHS and how the doctors and all key workers are still working and doing everything they can to keep people safe and that the scientists are working hard to ensure that the vaccine is a success.

KEEP THE SCALE OF REALITY

Explain to them that death from the virus is still rare, despite what they might hear, and let them know how so many more people survive than die.

If someone does contract the virus, you shouldn't hide the fact from children that they may not recover. We can't control how or when we die but we can control how we live. Introduce the idea of saying all the important things to each other and explain that we can't always choose how or when we die, we can only make sure that we all know how important we are to each other and that we have to put our love into words. Now, more than ever, this is important as we can't reach out and hug those we are isolated from.

KEEP THE LINES OF COMMUNICATION OPEN

Friendships, routines and social interactions are the most important factors in children's development. Being isolated from these things may mean that they need more support than usual, so don't be afraid to ask for help from friends and relatives and other sources, including their nursery, school or college. Never be afraid to reach out and ask for help. We are all novices in times like these.

Build into their daily routine video calls with grandparents and other relatives and friends to help reduce feelings of isolation and bring a sense of community. More than ever, our phones and computers are a lifeline.

CONTROL MEDIA TIME

Don't keep running the news as this can block out everything else. Keep in mind that the media can influence our thoughts. Repeated reporting of COVID-19 can make it feel as if it's going to swallow us all. It's good to have discussions about other things that are happening too, so that coronavirus doesn't overshadow everything. Create fun times, games, quizzes, competitions within the home, things which are a great distraction and that children of all ages can look forward to. Plan together as a family and build an activity in to each day. This can really strengthen family bonds.

The internet and the speed at which news travels visually and auditory has made the world feel like a very small place indeed. Keep the scale of reality – the world population at this date is approximately 7.6 billion. Yes, the disasters are shocking, but we can also see many good and great things happening. Everything needs a balance.

By accepting and experiencing all life events as they occur, focusing on the good which so often follows disaster – a sense of community; expressions of love; caring actions – we can teach our children to live fully and meaningfully, processing emotional events practically as they arise. We must also balance the scales – without the threats out there, there would be no value to life or thought of personal safety.

Let them know that it's normal and natural to feel stressed sometimes. Teach them to accept that as okay. Keep an eagle eye out for any changes in their behaviour and be available for them however many times they need you.

Lianna Champ has over 40 years' experience in grief counselling and funeral care and is author of practical guide, How to Grieve Like A Champ.

HELPING THE MEDICINE GO DOWN

In this article, Dr Simon Bryson, CEO and Co-Founder of Proveca, a company that specialises in the development and licensing of medicines for children, explains why developing better paediatric formulations is so important.

Dr Simon Bryson, CEO and Co-Founder of Proveca

Many medicines, even essential medicines, are not licensed for paediatric use. Children differ from adults in several important aspects of pharmacotherapy and yet, for years, it has been common practice to prescribe unlicensed off-label medicines that have not been properly evaluated for children. [1]

Most medications given to children are not in age-appropriate formulations. Pharmacists, parents or caregivers often have to manipulate an adult medicine in a way that is not described in the Summary of Product Characteristics. The manipulation process can increase variability and the potential for inaccurate dosing – there may be overdosing and unintended side-effects or underdosing and a reduction in efficacy. In addition, excipients used in adult medications (e.g., propylene glycol, ethanol and sorbitol) may not be safe in children. [2] Excipients may not be metabolised or eliminated in the same way in children as in adults due to physiological or developmental differences and excipient exposure should be minimised. An additional challenge that specifically relates to the development of children's medicines is the need for accurate dose administration for varying ages and weights, from babies to adolescents.

In addition to safety and efficacy considerations, easy-to-use, age-appropriate formulations can improve the quality of life of the child and their caregivers, particularly when the patient has a chronic condition requiring long-term treatment and polypharmacy. Palatability can be crucial to adherence and this is especially important in children due to different taste preferences.

In 2007, European Paediatric Regulation came into force to improve the health of children by increasing research, development and authorisation of medicines based on specific paediatric experience. A key part of this initiative was the introduction of Paediatric-Use Marketing Authorisation (PUMA), a dedicated licensing process. [3] PUMAs aim to stimulate research by offering 10 years of data exclusivity for the development and commercialisation of paediatric formulations of off-patent drugs.

When considering a PUMA-approved drug versus a generic medicine, the licensed product should be prescribed since this has been developed according to a paediatric investigation plan agreed by the EMA's Paediatric Committee and they may not be interchangeable.

Regulations have resulted in some progress in the availability of paediatric formulations; however, the number of PUMAs granted is relatively small. Novel approaches to paediatric formulation development may prompt further advances. Most oral formulations for children have typically been in the form of syrups, oral solutions or suspensions to permit administration of different doses. New solid oral formulations are emerging, such as orodispersible minitablets, that may allow dosing flexibility, while reducing issues concerning harmful excipients and palatability.

Looking to the future, improving paediatric pharmacotherapy will require collaboration between industry, healthcare professionals and regulators alongside valuable input from the patients and their families. Children should not be 'therapeutic orphans' – they deserve the same standards as adults, with specific formulations designed to meet their needs.

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ABOUT THE AUTHOR

Dr Simon Bryson is CEO and Co-Founder of Proveca, a company that specialises in the development and licensing of medicines for children. He has a PhD in Paediatric Pharmaceutics, and advises government, industry and academia on paediatric medicine development.

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NEWS

REPORT AIMS TO BOOST POST-PANDEMIC NHS

A new report has suggested a plan for how the NHS might provide a more fair and efficient health and social care service after the COVID-19 pandemic.

The LSE-Lancet Commission, which involved University of Edinburgh researchers, evaluated how COVID-19 has affected the different NHS models of care in the UK's four nations and highlighted best practice.

The commission made seven recommendations for the health service in areas such as workforce, disease prevention and diagnosis, digital health, and better integration of public health and social care.

The report highlighted efforts to address underlying health inequalities and improve health, including free school meals, the further integration of health and social care, and minimum alcohol pricing.

Experts noted that Scotland has taken a lead in integrating health and social care, but said that more work was needed. More resource was required, they added, particularly to learn from the challenges faced by care homes during the pandemic in Scotland and elsewhere.

The report also recommended the creation of a long-term workforce strategy to ensure that the best care is delivered, to make the most of the skillset of care sector staff and to prioritise their wellbeing.

Research should play a key role in understanding how conditions such as frailty and multimorbidity are changing the needs of the care community, the report said. It recommended a multidisciplinary approach involving clinicians, engineers, computer scientists and others to support the elderly to live independently in the community for as long as possible.

Harnessing the power of health data will be an important aspect to many of these studies, the commission said. The integrated nature of the NHS puts it in a unique position to carry out this kind of research.

The commission, formed in 2017, brings together 33 leading experts in research, policy, management, and clinical practice from the UK's four home nations.

The report is published alongside four health policy papers published in The Lancet and The Lancet Digital Health, and an editorial from The Lancet.

HEALTHCARE HEROES RAISE £5,000 FOR GLASGOW HOSPICE

A team of frontline health workers from Glasgow Royal Infirmary have walked hundreds of miles to raise more than £5,000 for the city's Marie Curie Hospice.

No less than 54 nurses and healthcare support workers from the hospital's Acute Assessment Unit (AAU) have spent the winter looking after COVID patients, but despite putting in some hard shifts, they committed to raising the much-needed funds for the cancer charity.

Marie Curie's Step into Spring campaign challenged fundraisers to walk 10,000 steps a day, or more, over the course of a month. The distance the team walked was the equivalent of walking to the Falkland Islands!

Tracy Biggar, a Healthcare Support Worker at the AAU, said, 'We've all been working so hard since the start of the pandemic and we knew that fundraising for charities has been hit hard. The team have received a lot of generosity over the last year and we wanted to give something back.

'It's been a hard winter; we have felt the effects of the lockdown and not seeing our family and friends. We thought that this could also raise morale within the team and give us a little spring in our step each day too.'

Irene Johnstone, Head of Operations for Marie Curie in Scotland, congratulated the team on their efforts, commenting, 'We are so grateful that the team from the AAU at Glasgow Royal Infirmary took part in our Step into Spring challenge, especially at a time when health services are so busy across the UK.

'This funding will help us to continue to provide end-of-life care and support to dying people, and their families, at such a vital time.'

SUPPORT FOR PROVISIONALLY REGISTERED PHARMACISTS REVEALED

In Scotland, provisionally registered pharmacists who failed their March 2021 General Pharmaceutical Council (GPhC) registration assessment are being offered financial and educational support to retake their assessment in July. The move recognises the difficult circumstances for many provisionally registered pharmacists this year.

NHS Education for Scotland (NES) has written to eligible individuals and employers to offer financial support to carry on employing these individuals as a Band 5 employee (or equivalent) until the results of the July GPhC registration assessment are known.

The Band 5 (or equivalent) employees will also be offered a three-month educational support package to further prepare them for the GPhC registration assessment sitting in July. This includes online assessment-style questions and peer support sessions with protected study time.

Professor Anne Watson, Pharmacy Dean for Scotland at NES, explained, 'We want to support people as much as possible. Offering this package will hopefully take away some of the financial uncertainty and allow individuals to focus on doing the best they can in their exams.'

To be eligible, individuals must have previously been employed in Scotland as a provisional registrant.

The move is part of a wider range of support for pharmacy training at many levels, including extra support for pre-registration exams and guidance on the new foundation training year which is being introduced.

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Symptomatic treatment of severe sialorrhoea in children aged 3 years and older, with chronic neurological disorders

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New BNFc update

Oral solutions are not interchangeable on a microgram-for-microgram basis due to differences in bioavailability[2]

www.proveca.com

Prescribing Information UK

Sialanar® 320 micrograms /ml oral solution

Please refer to the full Summary of Product Characteristics (SmPC) before prescribing.

Presentation: Glycopyrronium oral solution in 250 ml or 60 ml bottle. 1 ml solution contains 400 micrograms glycopyrronium bromide, (equivalent to 320 micrograms of the active ingredient, glycopyrronium).

Indication: Symptomatic treatment of severe sialorrhoea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders.

Dosage: Start with approximately 12.8 micrograms/kg body weight of glycopyrronium per dose, three times per day. Increase dose weekly until efficacy is balanced with side effects. Titrate to maximum individual dose of 64 mcg/kg body weight glycopyrronium or 6 ml three times a day, whichever is less. Monitor at least 3 monthly for changes in efficacy and/or tolerability and adjust dose if needed. Not for patients less than 3 or over 17 years old as Sialanar® is indicated for the paediatric population only. Reduce dose by 30%, in mild/moderate renal failure. Dose at least one hour before or two hours after meals or at consistent times with respect to food intake. Avoid high fat food. Flush nasogastric tubes with 10 ml water.

Contraindications: Hypersensitivity to active substance or excipients; pregnancy and breast-feeding; glaucoma; urinary retention; severe renal impairment/dialysis; history of intestinal obstruction, ulcerative colitis, paralytic ileus, pyloric stenosis; myasthenia gravis; concomitant treatment with potassium chloride solid oral dose or anticholinergic drugs.

Special warnings and precautions for use: Monitor anticholinergic effects. Carer should stop treatment and seek advice in the event of constipation, urinary retention, pneumonia, allergic reaction, pyrexia, very hot weather or changes in behaviour. For continuous or repeated intermittent treatment, consider benefits and risks on case-by-case basis. Not for mild to moderate sialorrhoea. Use with caution in cardiac disorders; gastro-oesophageal reflux disease; pre-existing constipation or diarrhoea; compromised blood brain barrier; in combination with: antispasmodics, topiramate, sedating antihistamines, neuroleptics/antipsychotics, skeletal muscle relaxants, tricyclic antidepressants and MAOIs, opioids or corticosteroids.

Sialanar® contains 2.3 mg sodium benzoate (E211) in each ml. Patients require daily dental hygiene and regular dental checks. Thicker secretions may increase risk of respiratory infection and pneumonia. Moderate influence on ability to drive/use machines.

Fertility, pregnancy and lactation: Use effective contraception. Contraindicated in pregnancy and breast feeding.

Undesirable effects: Adverse reactions more common with higher doses and prolonged use. In placebo-controlled studies (≥15%) dry mouth, constipation, diarrhoea and vomiting, urinary retention, flushing and nasal congestion. In paediatric literature; very common: irritability, reduced bronchial secretions; common: upper respiratory tract infection, pneumonia, urinary tract infection, agitation, drowsiness, epistaxis, rash, pyrexia. The Summary of Product Characteristics should be consulted for a full list of side effects.

Shelf life: 2 years unopened. 2 months after first opening.

MA number:
Sialanar® 250 ml bottle – EU/1/16/1135/001
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Legal Category: POM

Basic NHS Price:
Sialanar® 250 ml bottle £320
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Marketing Authorisation Holder (MAH):
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Further prescribing information can be obtained from the MAH.

Date of last revision of prescribing information: April 2019

Date of preparation: March 2021

References:
1. Data on file, 2020
2. BNFc – Last updated: 29 October 2020
3. PAR Glycopyrronium bromide 1mg/5ml Oral solution

Adverse events should be reported. Reporting forms and information can be found at: www.mhra.gov.uk/yellowcard

Adverse events should also be reported to Proveca Limited. Phone: 0333 200 1866 E-mail: medinfo@proveca.co.uk

UK-SIA-2021-021

PUTTING IT ON THE MAP

Functional Neurological Disorder (FND) is a disorder relating to the way the brain sends and receives signals, in which the symptoms range from muscle spasms and movement disorders, to seizures and blackouts. With the condition having been mired in controversy, and for decades often dismissed as being of purely psychological origin, Tom Plender, a musician, pens the continuation of his journey – and the lessons which line the FND road.

Tom Plender

In my previous article for Scottish Pharmacy Review last year, I discussed the struggles I had obtaining a FND diagnosis and getting doctors to take me seriously. I eventually had the good fortune of being referred to a leading expert in the field, Professor Mark Edwards, who was at that time practising at The National Hospital for Neurology and Neurosurgery in London, where I was successfully treated and regained my ability to function. FND research has moved forward rapidly in the last few years, and in this article I wanted to expand and go into detail about some of the new theories and treatment concepts.

A PARADIGM SHIFT

At the current time, FND is experiencing something of a paradigm shift. Previous theories were largely based on the ideas of Sigmund Freud, believing that FND is a form of 'Conversion Disorder' – the idea that the patient is converting psychological trauma into physical symptoms. As I stated in my previous article, there has never been any definitive evidence to back up this idea, therefore it is little more than an unproven theory. [1]

Recent studies also don't support this view, revealing that a significant amount of FND patients don't have any history of psychological trauma. The Freudian view is now being challenged and superseded by a new set of ideas, the most prominent of which is the concept of the 'Bayesian Brain'. [2] This theory suggests that FND stems from the way the brain processes data and is the result of that process going wrong.

An example of how this can be applied is the following:

You are sitting at a table about to pick up a glass of water: your brain has a pre-existing internal model or set of expectations about what will happen when you pick up that glass of water based on the fact you have done this hundreds of times before. This pre-existing model is actually stronger than the feedback you will receive through your hand, and other senses. The brain doesn't control movement by feedback and by constantly checking the weight of the glass etc., instead it actually controls movement by making an expectation based on previous events. In FND, it seems that the brain's internal model of movement somehow goes wrong, setting up a kind of 'rogue representation'. [3] *These events or faulty representations take place at very low levels of the nervous system beneath the patient's conscious control.*

HOW DOES FND GET TRIGGERED AND WHAT CAUSES THIS FAULTY OR ROGUE REPRESENTATION TO TAKE PLACE?

The most common triggering factors seem to be events, such as accidents, serious illness or some kind of physical trauma, but it can also be triggered in some instances by psychological trauma. Essentially, there is some kind of shock or overload to the brain and nervous system, causing it to crash a bit like a computer. Where some of the previous confusion may have arisen is that doctors have often confused risk factors with root causes. Psychological trauma is certainly a risk factor for developing FND, but it is just one of many potential risk factors. Another potential risk factor is already having an underlying neurological condition.

A situation where a patient may develop FND on top of a pre-existing neurological condition, for example, MS or epilepsy, is often referred to as 'FND overlay'. FND is probably a spectrum, so for some addressing psychological trauma as a component of the treatment may be helpful, for others it will be irrelevant.

SO HOW DO YOU TREAT FND?

During my inpatient treatment at The National Hospital for Neurology, it was explained to me that I had a problem to do with the way my brain controlled movement and that conscious parts of my brain had become over-involved in what should be automatic movement. [4]

This often happens to patients with FND, and also people who experience long-term chronic pain. The brain's response to the pain is to distort or start 'smudging out' that area, possibly as a kind of survival response; it then tries to find a way round this by diverting the signals that engage movement to other parts of the brain that should not be involved.

Through physiotherapy, I had to learn how to move automatically again. For me

at that time all movement caused pain and muscle spasm that could last days and sometimes weeks. The idea was that by re-engaging my old automatic movement patterns these would then override the new faulty movement patterns in my brain. This was very challenging and hard to do as it involved many repetitions and to some extent breaking through a kind of pain barrier, but over weeks and months in a supportive environment of daily specialised neuro-physiotherapy and movement retraining it began to work. CBT or Cognitive Behavioural Therapy was also added in addition at a later stage. This can be used to alter attentional processes and expectations relating to movement and also to challenge and inhibit the faulty motor responses.

CORTICAL MAPPING

More recently I started seeing a new group of medical professionals, including a physiotherapist and a consultant who specialises in complex musculoskeletal pain. After various tests and examinations it was explained to me that their take on my FND was that I had a Cortical Mapping Disorder. This means that my brain's internal map of my body was malfunctioning and sending signals to the wrong parts of my body, for example when I tried to do my hip strengthening exercises my neck would tighten up. My physiotherapist also pointed out that when I raise my hands above my head, my neck and shoulders overreact to this simple movement as if I am lifting weights, a clear example of the faulty movement pattern distortions I mentioned earlier.

Ideas about Cortical Mapping stem from the Australian pain researcher, Professor Lorimer Moseley. He studies pain sensitisation or central sensitisation, a condition where the brain keeps sending the signals of pain a bit like a stuck record even though the cause of the pain has subsided. [5] Moseley's interest began when he was walking in the outback and noticed a sharp pain in his ankle. He ignored it, kept on walking, and a few minutes later, collapsed unconscious. Upon waking in a hospital bed he was told that he had been bitten by a venomous snake and was lucky to be alive.

About five years later, after summoning the courage to go walking in the outback again, Moseley experienced a scratch on the ankle. He collapsed in absolute agony and, looking at his ankle, realised that it was just a small twig protruding from a bush that had scratched him but that his brain had sent him a colossal signal of pain as a kind of protective survival response because of previous events. This led him to realise how easily the brain can distort our perceptions of pain and how our fight or flight response can go wrong. Pain is generated in the brain, in response to signals from the injured limb, not in the actual limb itself.

As Moseley's story demonstrates, it is the brain that makes a decision about the degree of pain you will experience depending on its perceived level of threat. He also started to notice that a lot of his central sensitisation patients went on to develop Cortical Mapping Disorders, implying that pain sensitisation can be another risk factor for developing Cortical Mapping or FND-type issues.

FINDING THE RIGHT PATH

FND, FND overlay, Cortical Mapping Disorders and central sensitisation are all part of a cluster of conditions that can all feed into each other. I hope this article demonstrates how once something like this goes wrong in the brain and nervous system, if left untreated, it can over time end up triggering many more problems, leading to a downward spiral of cascading symptoms. This highlights the importance of taking these conditions seriously and getting people into targeted treatment.

Hopefully, I have also made clear why applying the Freudian paradigm has, in my view, been so damaging to patients. Spending a huge amount of time trying to root out some hidden psychological trauma really does not address the core issues. The brain is the most complex machine ever studied by man and our knowledge is minimal at best. Overly-simplistic ideas like Freudian Conversion Disorder are simply not fit-for-purpose in the 21st Century. With regards to FND, instead of seeing the brain in Freudian terms, it is much more helpful, in my view, to view it as a series of interconnected systems. It is when these different systems start to malfunction that you get conditions like FND.

It was the philosopher of science, Thomas Kuhn, who coined the term 'Paradigm Shift'. Kuhn's view of science was that it is not 'The Truth', it is simply the best theory we have at the moment to describe reality. If you look at the history of science it is clear that scientific theories are continuously upgraded, refined and, in some cases, discarded and replaced with new and better ones. Science, because it is done by human beings, is often flawed and subjective; science can't avoid subjectivity when considering evidence. Flawed ideas can be very seductive and convincing when presented in scientific language, they also often reflect cultural biases rather than scientific fact, making them harder to shift. Because of this, new paradigms are rarely accepted easily and without a fight.

The medical profession is still currently split in two about FND, with many stubbornly clinging to the old Freudian paradigm despite mounting evidence to the contrary. The Victorian scientist TH Huxley famously said, 'Irrationally held truths may be more harmful than reasoned errors'. Wise words, and after everything I've been through with FND, I suspect he was right.

For more information about FND Hope, visit www.fndhope.org.

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NEW PLATFORM WILL BENEFIT PHARMACY BUYERS

The Cambrian Alliance Group has recently launched e-CASS market, a new platform designed to enable pharmacy contractors to buy and sell stock from each other with ease.

The new platform is set to transform the way that contractors manage their surplus stock and also provide a vital new channel for contractors to source stock that may be in short supply via traditional methods. 'e-CASS is already the most widely used buying platform across independent pharmacy and this new additional platform continues to strengthen the Cambrian Alliance Group offer,' said Nathan Wiltshire, the Group's CEO.

Cambrian Alliance Group boasts a membership of over 1200 members across the UK. The group supports its members in achieving better purchasing margins by leveraging the buying power of its collective membership, which now exceeds £0.6Bn annually.

The group claims that what is commonly referred to as 'dead stock' costs the average pharmacy approximately £12K per year: a significant cost at a time when independent pharmacy has never been under more pressure to maintain margin. e-CASS market will allow contractors to list stock and make it available to buy to a chosen and specified group of buyers, or to the entire Cambrian Alliance Group membership of 1200.

'We are really pleased to be able to bring yet another new product to the independent pharmacy market,' Wiltshire continued.

'When we first launched e-CASS some ten years ago, it revolutionised the way that pharmacy thought about purchasing and delivered immediate benefits to our user community. We believe that e-CASS market will have a similar impact.'

The new platform includes an industry first 'market match' feature available to buyers, which matches all available stock in the market to buyers' specific requirements, based upon their most recent product usages.

The platform also ensures that buyers get notified every time relevant stock becomes available.

Use of the platform meets with current MHRA guidance with regard to the implications of the repeal of Section 10(7) for the supply of licensed medicines by pharmacy in that transactions are on a small and occasional basis, and not for profit.

'The new platform gives contractors a vital alternative to supply at a time when product shortages and availability have never been more prevalent,' Wiltshire added.

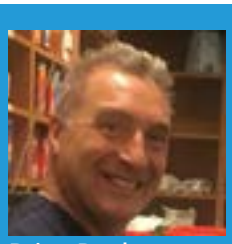
'In addition, we are pleased to be able to provide the market with a new tool that really enables contractors to help and support each other at such a challenging time.'

e-CASS market

from The Cambrian Alliance Group

- e-CASS market offers independent pharmacies the ability to trade stock with each other
- Use our unique Market Match feature to find stock available within our e-CASS market community based upon your usages
- Customer specific email notifications for new product listings that you use, including price and tariff detail

"Just want to say I have used e-CASS market for the first time today and have ordered 3 products with ease. Not only have I saved £27.11 on these products, but the process of ordering was very simple and quick. I can't recommend it highly enough to other contractors. Thank you Cambrian Alliance Group for providing another fantastic solution." ★★★★★



Brian Deal
Ashwell Pharmacy

e-CASS market will save you more time and money, **get in touch today!**

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BIOSIMILARS

A MEETING OF MINDS

Biosimilar adalimumab is a test of shared decision-making in the NHS.

This article has been written for healthcare professionals on the topic of switching to biosimilars and how important it is for decisions to be made together between doctors and patients.

The entry of new biosimilars and the creation of an NHS 'local market of treatment options' will see significant numbers of patients switched from the originator product, Humira, to one of four biosimilar alternatives.

Adalimumab is one of several biological drugs used in the treatment of autoimmune inflammatory diseases, including rheumatoid arthritis, ankylosing spondylitis, psoriasis, psoriatic arthritis, non-infectious posterior uveitis, Crohn's and Colitis.

While some patients will take this in their stride, for others the change will be met with feelings of apprehension.

While the switch offers the potential for system savings within the NHS, from the patient perspective, it will also be a test of how patients are supported and whether shared decision-making is the norm in the NHS.

The NHS has set out a commitment to shared decision-making. Professor Alf Collins, Clinical Director, NHS England, in his 2016 blog, summed this up as the importance of patients being able to consider their options, and the risks, benefits and consequences of pursuing those options.

NHS England's biosimilar commissioning framework states 'shared decision-making between clinical prescribers and patients will be vital if the best value, clinically-effective medicines are to be used'.

On this basis, treatment decisions should always be made firstly on the basis of clinical judgement for individual patients and secondly, on the overall value proposition offered by individual medicines.

When patients are new to biologics, clinicians will want to identify which drug option is right for their disease profile and supports adherence.

Discussion will allow patients to consider whether a subcutaneous injection at home or an infusion given in hospital will work best. Conversations may also involve weighing options that reduce levels of immunosuppression or that treat concurrently a patient's other related conditions, for example, the skin and gut.

For existing users of adalimumab, understanding what these new biosimilar drugs are, how to use them, and their safety and efficacy, will be crucial.

Important discussions need to take place between clinicians and patients about, for example, the excipients of the different biosimilars taking into account discomfort of the injection, what type of injection or pen a patient prefers and what the homecare package may include.

We hope that 'switching' will also generate discussions between multidisciplinary teams and their patients, as well as the trust, about how system savings can be invested to directly benefit patients in areas such as specialist nursing and service improvement.

Ensuring that patients have clear timely information is essential to delivering these changes successfully.

Our charities have worked with NHS England to produce resources to support shared decision-making and we hope that healthcare professionals will make full use of them.

Co-written by the National Rheumatoid Arthritis Society, National Ankylosing Spondylitis Society, RNIB, Birdshot Uveitis Society, Psoriasis Association and Crohn's & Colitis UK.

For more information, support, and resources about Crohn's and Colitis, visit www.crohnsandcolitis.org.uk and email media@crohnsandcolitis.org.uk.

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- Clinically shown to be hypoallergenic[§] and improve CMA symptoms fast[¶5-7]
- Well tolerated and highly trusted formula[7-9]

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IMPORTANT NOTICE: Breastfeeding is best for infants and is recommended for as long as possible during infancy. Alimentum is a food for special medical purposes and should only be used under the recommendation or guidance of a healthcare professional.

*The 2'-FL (2'-fucosyllactose) used in this formula is biosynthesised and structurally identical to the human milk oligosaccharide (HMO) 2'-FL, found in most mothers' breast milk.[1]

†MIMS. August 2020.

‡Studies conducted in healthy-term infants consuming standard Similac formula with 2'-FL (not Alimentum), compared to control formula without 2'-FL.

§Studies conducted in infants fed standard Alimentum formula without 2'-FL.

¶Parent reports from a single-arm study, where all infants were consuming an extensively hydrolysed formula before being switched to Alimentum with 2'-FL for 60 days. After 7 days of switching to Alimentum with 2'-FL, the majority of parents reported that the following persisting symptoms had improved or resolved: 84% of infants with constipation, 71% of infants with eczema, 100% of infants with vomiting.[7]

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