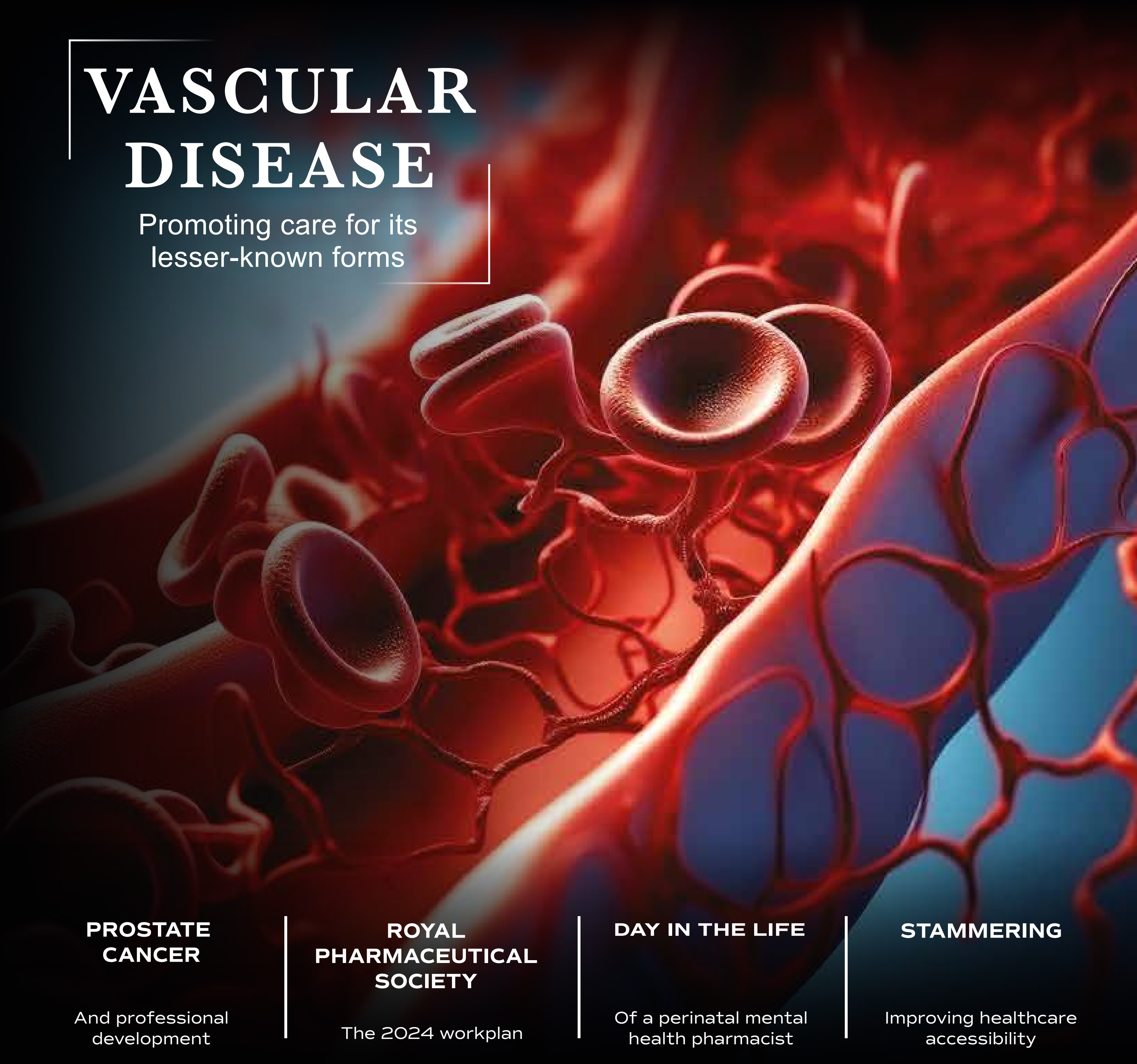
Welsh Pharmacy Review

ISSUE 59 - 2024



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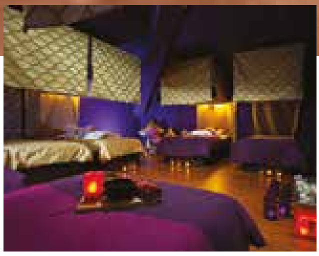

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WELCOME

EDITOR'S LETTER

Welcome to the latest edition of Welsh Pharmacy Review!

As the clock dashed towards 12 on 31st December, a new year was heralded in – and with it, the barrage of expectations and aspirations that the fresh time frame inevitably brings.

The fireworks sparked by my neighbours were drowned out by the internal pledges I made to myself for 2024 – I would be better in so many ways; healthier, fitter, kinder, smarter. It was only when I awoke the next morning and tried to craft my plan of improvements that I realised I didn't know where to start. My sheer overwhelm was curbing any meaningful change and left me at a standstill. I lost motivation and wanted to give up completely – and it was only day one.

The age-old adage is true; change doesn't happen overnight, but that shouldn't mean the quest for it should be stalled completely when it doesn't. I may still wish to achieve the big-picture results, but perhaps I don't need to undertake all the big-picture resolutions at once to make this happen. So, I'm choosing to charge 2024 with less pressure than I have in years gone by. One goal at a time, one step at a time, might just be enough.

I aspire to emulate the healthcare professionals I speak to every day – for a multitude of reasons – but notably, their ability to break down monumental change into realistic, attainable steps and strategies. Exemplifying this, the British Stammering Association have detailed the recommendations for helping those with stammers communicate effectively within the procedures of healthcare settings (page 22). Likewise, the Royal Pharmaceutical Society Wales have depicted the campaigns and aims which comprise their 2024 workplan (page seven).

Also in this issue of WPR, read up on Prostate Cancer UK's major new comprehensive framework for the professional development of specialist prostate cancer nurses (page nine); how healthcare professionals can improve care for people with lupus (page 15); and Alice Evans' evolution as a perinatal mental health pharmacist at Hywel Dda University Health Board (page 34).

Before you go – find out why it's never been a more exciting time to be a heart failure specialist pharmacist (page five), and how elements of vascular disease require greater awareness (page 11) – as well as go behind-the-scenes of two Cardiff University Pharmacy students' journeys (page six).

Happy reading!

Sarah Nelson

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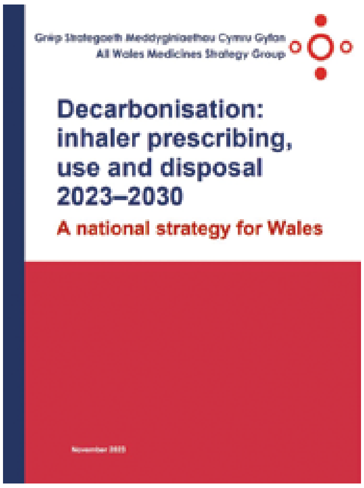
GIVING THE GREEN LIGHT

The environmental impact of medicines and how it affects future generations is something the All Wales Medicines Strategy Group (AWMSG) considers throughout its work. In this article, the AWMSG outline how they are supporting the NHS Wales Decarbonisation Strategic Delivery Plan 2021 – 2030.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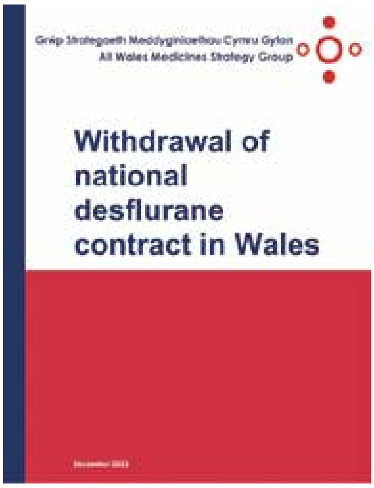
All Wales Medicines Strategy Group

Decarbonisation: inhaler prescribing, use and disposal 2023–2030

A national strategy for Wales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Withdrawal of national desflurane contract in Wales

The use of inhalers to treat asthma and chronic obstructive pulmonary disease (COPD) contributes to the overall carbon footprint of NHS Wales. In the month of November 2022, a total of 357,024 respiratory inhaler items with an indicative carbon footprint of 4,784 tonnes of CO2e were prescribed in primary care in Wales. The NHS can reduce its carbon footprint and contribute towards achieving collective net zero by 2030 by changing the ways that respiratory conditions are diagnosed, and the ways that inhalers are prescribed, used and disposed of. There is work and activity already under way across Wales to tackle the carbon footprint of prescribed inhalers, but there is a need to do more and to accelerate activity if NHS Wales is to meet the net zero targets. The Inhaler Decarbonisation Task and Finish Group worked with the All Wales Therapeutics and Toxicology Centre (AWTTC) to produce 'Decarbonisation: inhaler prescribing, use and disposal 2023 – 2030 A National Strategy for Wales'. The strategy, endorsed by the AWMSG, sets out ambitious actions the NHS and its partners will need to take to reduce the carbon impact of inhalers in Wales.

Similarly, anaesthetic gases are potent greenhouse gases and make up two per cent of the overall carbon footprint of the NHS. Desflurane has been commonly used in surgery and was favoured for its quick wake up, in particular in patients having long surgery or with a high Body Mass Index. However, the reported benefits are small and it is widely recognised that the environmental harm of using desflurane outweighs the clinical benefit. Despite desflurane making up just 1.5 per cent of volatile anaesthetic agents used by volume in Wales it makes up 21 per cent of the carbon footprint from volatile anaesthetic agents. AWMSG endorsed a strategy for 'Withdrawal of the national desflurane contract in Wales'. By withdrawing it from use in Welsh hospitals it will help NHS Wales achieve its target of net zero by 2030.

In the interest of future generations, the AWMSG is committed to minimising the negative environmental impact associated with medicines use, reducing inequalities in health that result from socio-economic disadvantages and promoting preventative healthcare measures at every opportunity.

With the support of the AWTTC, the AWMSG has been developing their next five-year strategy for 2024 – 2029 which puts out a call to a wide range of organisations that all impact NHS Wales to work together to make significant progress in a broad range of objectives that have been grouped under eight goals. One such goal focuses on waste associated with medicines use being reduced and sustainability being improved. You can read more about the AWMSG Medicines Strategy for Wales: 2024 – 2029 in the next publication of Welsh Pharmacy Review.

For more information on the work of AWMSG, or to sign up for the quarterly newsletter produced by AWTTC, visit www.awttc.nhs.wales.

LEARNING BY HEART

Rhys Williams, Cardiology Pharmacist with a specialist interest in heart failure, Cwm Taf Morgannwg University Health Board, reflects back on the inspiration reaped during his first British Society for Heart Failure annual meeting in 2019 and the strides which continue to be taken at the event – aligned with the exciting chapter for heart failure which has since been embarked upon.

Rhys Williams

My first experience of the British Society for Heart Failure (BSH) annual meeting was in autumn 2019 and it was an experience I will never forget. I have had the privilege of being invited to attend various conferences / congresses over the last four years and although this meeting is not the biggest, it is by far the most intimate and impactful on my day-to-day practice.

As I sat in the audience with my local heart failure team, I couldn't help but feel daunted, but also filled with excitement. Each talk delivered made me hungry to return to the Princess of Wales Hospital and 'be the best I could be', take what I had learned, and implement it into practice. Pharmacological therapies for the management of patients with heart failure have exploded over the past decade and at this point, we hadn't started prescribing SGLT2 inhibitors; these were very exciting times ahead. There was one thing I had noticed from this meeting; none of the faculty were pharmacists, nor were there any Welsh representatives.

Fast-forward to the present day, the opposite is now true. Delyth Rucarean is the Chair of the BSH Nursing Forum (Swansea Bay University Health Board). Professor Zaheer Yousef is a previous member of the BSH Board and based at the University Hospital of Wales (Cardiff & Vale University Health Board). Dr Geraint Jenkins (Swansea Bay) and Dr Aaron Wong (Cwm Taf Morgannwg) are regular speakers at the BSH annual meetings and the profile of heart failure services within Wales is continuing to grow.

Not only is Wales' profile within the BSH expanding, but so is the role of the pharmacist. I have the pleasure of working alongside and networking with several high-profile heart failure pharmacists and it is hard not to feel inspired by my colleagues. Advanced practice pharmacist credentialed, consultant pharmacist credentialed, Royal Pharmaceutical Society fellows, and all those pharmacists currently managing heart failure patients across the UK, inspiration can be found around every turn. The UK Clinical Pharmacist Association (UKCPA) Heart Failure Group recently held a master-class at the BSH annual meeting, promoting the role of the heart failure pharmacist and inspiring the next generation on the national stage. Perhaps the next step is the expansion of the Nurse Forum to adopt pharmacists and other allied healthcare professionals (similar to the European Society of Cardiology)? Watch this space.

For those looking to make connections in the world of heart failure, the UKCPA is a fantastic place to start. However, the management of patients with heart failure requires the skills of the wider multidisciplinary team and the BSH provides the perfect forum to network not only with pharmacists, but with consultants cardiologists, specialist nurses, researchers, academics, the pharmaceutical industry, and many more.

I am also in very good company within Wales; heart failure pharmacists are providing fast-track diagnostic clinics, annual reviews, potassium-binder management for optimisation of renin-angiotensin-aldosterone system inhibitors, are principal investigators for national research studies, and I have no doubt that we will see consultant credentialed heart failure pharmacists in Wales and more across the UK in the coming years.

The '25 in 25' campaign is an initiative led by the BSH, aiming to reduce deaths by 25 per cent over the next 25 years through identification of patients at-risk of developing heart failure, earlier diagnosis, implementation of GDMT, and focus on quality of life and wellbeing. With medicines now also showing benefit across multiple medical disciplines, the 'cardio-renal-metabolic clinic' will begin to expand exponentially and who better than specialists in medicines to help support and deliver this?

To say that my career has snowballed since that autumn meeting of 2019 is an understatement; it can only be described as an avalanche. I am extremely thankful for those that have seen potential in me and shown faith in me. I work within a highly supportive pharmacy department and an innovative and nurturing heart failure service who have supported me to present on the international stage (ESC Congress 2022), participate in an multi-national working group for management of potassium binders and intravenous iron in patients with heart failure, co-author a heart failure chapter in the latest edition of a popular post-graduate pharmacy textbook and more recently, chairing a session at the BSH annual meeting.

I have made wonderful friends and colleagues during my journey, unfortunately too many to mention in this article. There is one thing I can say for sure; there has never been a more exciting time to be a heart failure specialist pharmacist.

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

EDUCATION

THE SKY'S THE LIMIT

Having been positively shaped by their Pharmacy studies and experiences at Cardiff University, Elizabete Freiberga and Helena Crump are, in turn, poised to better the future of the sector as a result. Here, they provide a glimpse into their educational journeys and shining accomplishments so far.

Elizabete Freiberga

Pharmacy is an ever-evolving, exciting field ensuring life-long learning and development. My first initial pharmacy experience came from when I was young and still living in Latvia, coming back from school to my mother's place of work in a community pharmacy. I took interest in the day-to-day running of the pharmacy, noting the staff's compassion and care for every individual and being inspired by the vast amount of knowledge required. I have always enjoyed learning and being in education, along with my desire to help people, and I knew working in healthcare was a natural next step. It feels like only a year ago I came for my interview at the School of Pharmacy in Cardiff. I remember feeling instantly at home in the vibrant city I now not only will finish my education in but also undertake my training in. The past four years have been a challenge worth taking but with the support and understanding of amazing staff it has made the journey that much more worthwhile.

Although hard work comes without saying, it is also important to take time to find yourself while stepping into the shoes of a future pharmacist. While in first year COVID-19 caused disruptions to in-person teaching and running of societies, thereafter I made sure to get involved in as much as I could and take time to join societies, experience new things, and make life-long friendships. Being a part of the Welsh Pharmaceutical Students' Association (WPSA) has been a real insight into the positive community this society has created for pharmacy students. One of my university highlights has to be the current process of organising the Annual WPSA Charity Ball – in previous years this has raised money towards a mental health charity, helping in the prevention of young suicide, Papyrus.

Helena and I hope the profits from this amazing event will make a positive impact. I am grateful for my education at Cardiff University and am excited to extend my knowledge further as I progress into registration as a pharmacist. I aspire to make a difference and enjoy life-long learning. I hope my future endeavours include completing a diploma and independent prescribing training, as well as making an impact in the field of paediatrics.

Helena Crump

From childhood I have held a desire to work in a profession that makes a positive and meaningful impact on people's lives. Growing up watching my grandma and mum play an active role in our community and undertaking charitable work, I knew a people facing career was for me. The possibility of a career in pharmacy first attracted my attention at a sixth form career opening evening, which I left feeling intrigued and passionate about studying this subject and entering the profession.

Fast-forward six years and I'm now in my final year of study at Cardiff University. My undergraduate journey started during the mist of the COVID-19 pandemic, where settling into independent living and a new style of academia did take some adjustment. However, it was soon apparent that my peers and lecturers were friendly, approachable and inspiring, creating a working environment for students to thrive and make lasting friendships.

Throughout the years restrictions eased, and the way of learning transformed to a blended approach of online lectures and face-to-face tutorials. In my fourth year I have attended four weeks' worth of placement across multiple sectors; a highly valuable experience. Alongside this, I am completing my final year project and attending teaching at the Redwood building.

During my time at university, I have taken responsibility for student mentoring, involving supporting and advising first year students, a position I am proud to have held. A highlight of my journey has been becoming a member of the WPSA in the role of ball organiser. Our annual charity ball will take place on 2nd March and will be raising funds for our chosen charity, Papyrus, a charity involved in helping prevent young suicide, a cause close to many of our hearts. Elizabete and I would like to take this opportunity to thank Kyron Media for their kind sponsorship towards this event.

I feel fortunate to have had the opportunity to undertake my Pharmacy degree in Cardiff and I am delighted to be continuing my pharmacy journey in Wales. I am eager to embrace the ever-expanding role of the pharmacist. I hope the knowledge I have gained will help give people access to medical support at the forefront of the NHS. My aspiration for the future would be to further my clinical skills and knowledge in order to complete my independent prescribing qualification and be actively involved in the provision of preventative medicine.

SUM OF ITS PARTS

Marking the beginning of a new year, and the plethora of possibilities lining the months ahead, Geraldine McCaffrey, Chair of the Royal Pharmaceutical Society Wales Board, sets out the organisation's priorities for 2024.

With this being the first edition of Welsh Pharmacy Review of 2024, I hope it's not too late for me to wish readers and pharmacy teams across Wales a happy new year!

At the time of writing, we've also just held our first Royal Pharmaceutical Society (RPS) Wales Board meeting of the year in Bangor. For those of you who may be unfamiliar with the role of the RPS Wales Board, we're a group of pharmacists from all sectors and all corners of Wales, elected by the RPS membership.

Our role is to represent you and direct the work of the RPS in Wales. That means we make sure the work of the RPS team in Wales is tailored to the profession's needs and advances pharmacy so that our patients are able to fully benefit from our unique skills. We do this through:

- Listening to what matters to you and making sure priority issues for RPS are tailored to what you need in your day-to-day work
- Developing policy positions that outline our views on issues that matter to you – in recent years this has included recommendations on issues, such as protected learning time, prescribing and workforce issues
- Being your voice in speaking to the Welsh government and Members of the Senedd and the NHS – making sure they appreciate what pharmacy does and understand what support you and your team need

2024 WORKPLAN

Much of the discussion at our board meeting focused on our 2024 workplan. This year we're focusing on a number of issues that affect you in the profession, medicines use, and our patients. There are too many issues to mention them all, however we will continue to focus on long-standing campaigns, such as:

- The wellbeing of the profession
- Prescribing: with a focus on laying the ground for the changes that will see newly-qualified pharmacists joining the register as prescribers from 2026, and pressing for access to DPPs for those undergoing training
- Identifying solutions to the burden of medicines shortages

As well as looking at issues that are affecting us right now, a big part of our role as the profession's leadership body is to look ahead and identify issues that will affect pharmacy in the medium- to long-term. This is so that the profession is well-placed to combat any challenges and take advantage of opportunities that may arise with them (an example from a decade or so ago would be our work on independent prescribing). With this in mind, this year, among our focus areas will be artificial intelligence and pharmacogenomics.

Geraldine McCaffrey

BECOME A PART OF THE RPS WALES BOARD

It's been a great pleasure working with our current board, however time doesn't sit still and it's always important that we refresh the boards and hear new voices with different perspectives.

With some of our board reaching the end of their term, later this spring we will be holding elections to the board where seven places will be up for grabs.

From my own perspective, I can only reflect on what a positive and fulfilling experience it's been to sit on the board. As a member of the RPS Wales Board, you are uniquely placed to make a difference and help shape the present and future of our profession in Wales.

And from a personal development perspective, I know for myself and fellow board members, the role does allow you to step out of day-to-day tasks and to enable you to develop a more strategic long-term outlook. It's also been so fulfilling to create new networks with colleagues from different sectors, different parts of the country, and further afield in Scotland and England.

So do look out on RPS social media and emails in the coming weeks for details of the election. If you'd like an informal conversation to find out more about what the role entails, contact the RPS Wales team at Wales@rpharms.com or get in touch with any of us currently on the board.

We can be found at: www.rpharms.com/about-us/who-we-are/national-boards/welsh-board.

It's a time of real excitement and possibilities for the profession, so do get involved and help shape the future with us!

Taking the Lead

Steadfast in their mission to tackle the complex health and social care challenges of both the present and future, WPR highlights Health and Care Research Wales' recent research routes.

WILL REMOTE GP CONSULTATIONS TRANSFORM FUTURE PRIMARY CARE?

A survey conducted by the Wales Centre for Primary and Emergency Care Research (PRIME), part of the Health and Care Research Wales-funded community, has revealed that people with higher levels of education have higher levels of satisfaction with remote consultations during the pandemic compared to those with lower levels of education.

The study, led by Kate Brain, Professor of Health Psychology and PRIME, was aimed at understanding people's perceptions of remote consultations in the UK during the COVID-19 pandemic and identifying potential resulting inequalities.

Professor Brain said, 'The mode of access to primary care had changed with remote consultations becoming more widespread during the COVID-19 pandemic.

'We were looking at patterns of associations between people's self-reported satisfaction with remote consulting and a range of demographic variables.

'These findings can help inform the use and adaptation of remote consultations in primary care for other community groups in the future.'

The project team collected survey data during February-and-March 2021 from over 1,400 adults in the UK who reported having recently sought help remotely from their doctors.

Participants answered questions about their demographic background and satisfaction with remote GP consultations.

Individuals with lower levels of education may need further support with remote consultations in primary care to improve their satisfaction with these types of consultation, and face-to-face consultations could be made available if preferred and feasible.

However, further research is needed to understand what factors may underlie the association between education and satisfaction with remote GP consultations, and whether this has persisted beyond the pandemic.

THE WORLD'S LARGEST STUDY ON FACIAL SCARRING AND MENTAL HEALTH

Researchers at Swansea University, funded by Health and Care Research Wales and Scar Free Foundation, have completed the world's largest study of the link between facial scarring and mental health.

The study used data from the Secure Anonymised Information Linkage Databank to compare anonymous GP records of 179,079 people with facial scarring in Wales to the same number of people without scars. It then reviewed their socio-economic status, age of facial scarring, and sex to determine how many received treatment for anxiety and depression.

The Assessing the burden oF Facial scarring and associated mEntal health Conditions to identify patients at greatesT risk (AFFECT) study found people with facial scars resulting from self-harm, assault or traumatic injuries, like burns and congenital conditions, are more likely to suffer from anxiety and depression compared to the wider population.

It also found those experiencing scarring from congenital conditions are less likely to receive mental health support, and that women and people with a history of poor mental health are at greater risk of developing anxiety and depression if experiencing facial scarring.

This could change how patients with facial scars are supported.

Professor Iain Whitaker, Lead Investigator on the AFFECT Study, commented, 'I've been a plastic surgeon for 20 years, and I see a huge number of patients who have facial injuries. Every surgery leaves a scar but currently, there is an absence of psychological support for patients.

'It's important to me as a doctor that I know the repercussions of treatment on my patients beyond the immediate physical effects. I want to give my patients better information and a better patient experience. I hope this research leads to a more robust system of mental health support for patients with facial scars.'

Michael Bowdery, Head of Programmes at Health and Care Research Wales, added, 'One-in-100 people in the UK have a significant facial difference, and this can have a profound effect on the mental health of patients.

'This research will advance the development of 3D bioprinted facial cartilage (ears and noses) future treatment of people in the UK and across the world who are either born without body parts or live with facial scarring as a result of burns, trauma or cancer.

'I speak on behalf of us all at Health and Care Research Wales when I say that we are proud of our collaboration and excited for the future of scar free research.'

For more information, visit www.healthandcareresearchwales.org.

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

A PILLAR OF SUPPORT

We're currently encountering a climate in which the prostate cancer Clinical Nurse Specialist (CNS) workforce is declining, while the number of men diagnosed with the disease is rising – with the provision of CNS expertise being subsequently spread unevenly across the UK. Joseph Woollcott, Policy & Health Influencing Manager at Prostate Cancer UK, highlights the launch and fundamental functions of the professional development framework for prostate cancer nursing, and what this can mean for patient care enhancement.

BAUN Conference 2023

CNSs are vital to a man who is navigating prostate cancer. They provide cost-effective, high-quality, and consistent care across the entire patient pathway, reducing appointment cancellations, unnecessary hospital admissions, and alleviating doctor contact.

This is backed up by NICE recommendations and results from the National Cancer Patient Experience Survey.

Alarmingly, the prostate cancer CNS workforce is decreasing, while the number of men diagnosed with the disease is increasing, so the provision of specialist nursing expertise is spread unevenly across the UK.

In 2017, the Macmillan Census reported that 12 per cent of CNSs in England are specialised in urology, compared with 18 per cent in breast cancer. Based on cancer prevalence, that suggests that each breast cancer CNS in England has a caseload of approximately 160 patients, whereas for urological cancers, the caseload is around 795 cases per urology CNS.

The need to grow the CNS workforce is urgent. We need to see more nurses trained as prostate cancer specialists so that every man with the disease gets the expert care he deserves.

AN IMPORTANT NEW FRAMEWORK

In response to this need, Prostate Cancer UK launched a major new comprehensive framework for the professional development of specialist prostate cancer nurses at the 2023 British Association of Urological Nursing (BAUN) annual conference in November.

This landmark publication has been created to guide nurses, their line managers and their employers on the core skills, knowledge and training that nursing staff working in prostate cancer will gain and demonstrate as they progress in the role.

It has been written by a team comprising nurses working in prostate cancer, researchers, and men who have used prostate cancer services.

The new Professional Development Framework for Specialist Prostate Cancer Nursing can be used by nurses at all levels – from those aspiring to work in prostate cancer care, to existing prostate cancer specialist nurses with varying levels of experience. It contains detailed information, such as outlines of specific nursing roles, the skills, education, and capabilities required for them. It is designed to aid nurses in understanding job-matching, the case for promotion, how to speak with managers, and other actions, priorities, or goals that are essential for career progression in prostate cancer specialist nursing.

The document is also directed towards employers and policymakers, communicating the vital, complex, and varied contributions that specialist prostate cancer nurses provide, and how they can be best supported.

Understanding that value and implementing consistent expectations on nurses according to their role, responsibilities and pay-banding, is crucial to a consistent model and delivery of care. Too often junior nurses are asked to do things above the responsibilities of their role without the commensurate training, experience and support, let alone renumeration.

In 2018 a specialty report into urology was published by the NHS programme Getting it Right First Time (GIRFT). GIRFT is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.

Within this report the need for a standardised training curriculum for specialist nurses is highlighted repeatedly and is first in the list of recommendations:

'Specialist nurses are crucial providers of urology care, particularly in outpatients' settings, and yet, at present, there is little or no

Chiara de Biase, Director of Support & Influencing at Prostate Cancer UK, at the BAUN Conference launching the framework

evidence of a systematic, proactive approach to the recruitment, training, development and retention of urology specialist nurses. There is no standard training curriculum for urology specialist nurses; training is typically provided in an ad-hoc manner.

'While there is a clear need to establish formal training posts, career development should also be addressed so that specialist nurses can progress their careers, making urology an attractive specialty for nurses who are looking to subspecialise.'

Defining an agreed framework for the professional requirements of prostate cancer nursing will help to make the career path for junior nurses more transparent and accessible, while reducing variation in services across regions.

There are innumerable pieces of work to fulfil these ambitions, especially through Health Education England's Aspirant Cancer Career and Education Development (ACCEND) programme.

However, the need for specialist focus within prostate cancer and in understanding Prostate Cancer UK's place as a vector for information and guidance to healthcare professionals, we sought to deliver this work in line with ACCEND for those interested in working in prostate cancer.

ABOUT PROSTATE CANCER

- Prostate cancer is the most common cancer in men
- More than 52,000 men are diagnosed with prostate cancer every year on average – that's 143 men every day
- One-in-eight men will get prostate cancer
- Around 475,000 men are living with and after prostate cancer
- Every 45 minutes one man dies from prostate cancer – that's more than 12,000 men every year
- Prostate cancer is curable if caught early, but early-stage prostate cancer often has no symptoms, so it is vital that men know their risk
- Men are at higher risk if they are over-50, Black, or have a father or brother who has had prostate cancer
- To help men check their risk in 30 seconds, Prostate Cancer UK have an online risk-checker available at www.prostatecanceruk.org/risk-checker

Anyone with concerns about prostate cancer can:

- Contact Prostate Cancer UK's specialist nurses in confidence on 0800 074 8383, or via email, webchat or WhatsApp at www.prostatecanceruk.org/nurses
- Access online and printed health information at www.prostatecanceruk.org/information
- Speak to trained volunteers with experience of prostate cancer at www.prostatecanceruk.org/one-to-one

ABOUT PROSTATE CANCER UK

Prostate Cancer UK is the largest men's health charity in the UK, striving for a world where no man dies of prostate cancer. The charity works to give every man the power to navigate the disease: by helping men understand their risk through our award-winning online risk-checker; by providing them with trusted support and the information they need to make the right treatment choices for them; or by empowering them to make improvements for their path ahead, and for the paths of generations to come.

Prostate Cancer UK is the driving force in prostate cancer research in the UK. Investing millions into the best researchers in the world to unravel the complexity of the disease, the charity has improved how men are diagnosed through funding cutting-edge technology like more accurate MRI scans. The charity works to give men precise and personalised care with the right treatments at the right time, for the best chance of living the full life they want and spending more time with those they love.

Prostate Cancer UK also supports men living with and after prostate cancer, providing services like a specialist nurses helpline to give expert advice, and working with the NHS and its clinical champions to change the healthcare system that men are more involved in decisions and empowered to navigate prostate cancer.

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PROSTATE CANCER UK

MAKING THE CONNECTION

Vascular disease is the collective term for diseases of the veins and arteries, in which every part of the body to which blood flows can be affected by it. It's as common as cancer and heart disease and accounts for 40 per cent of deaths in the UK, many of which are preventable. Mr Neeraj Bhasin BSc(Hons) MB BS MD MInstLM FRCS(Eng), Consultant Vascular Surgeon and Chair of The Circulation Foundation, sheds an expert light on the importance of promoting awareness to achieve optimised patient care and appropriate interventions.

Mr Neeraj Bhasin

When individuals discuss vascular disease, generally, the first thought is about the heart, and sometimes stroke. These conditions receive significant funding, public awareness, levels of treatment and intervention, supported by public health campaigns. There are several other vascular conditions, that can be caused by exactly the same underlying process that causes heart attacks or strokes, that can be exceptionally disabling and distressing for patients, lead to loss of limb or life, and have a huge economic impact for the individuals and the wider NHS. However, these other conditions do not receive that same level of public awareness, and this can lead to a lack of recognition, investment, and interventions in this large cohort of patients.

The Circulation Foundation (www.circulationfoundation.org.uk) is the charity arm of the Vascular Society of Great Britain and Ireland, partnered with other vascular societies (Rouleaux Club, Society of Vascular Nurses, and The Society for Vascular Technology of Great Britain and Ireland). The Circulation Foundation covers conditions, such as peripheral arterial disease (also referred to as peripheral arterial occlusive disease or peripheral vascular disease), abdominal aortic aneurysms, carotid surgery following a stroke or TIA, and varicose veins, among others.

The Circulation Foundation has three main aims:

- To support vital research into vascular disease
- To support individuals living with vascular disease
- To raise awareness of the impact vascular disease has on our patients, their carers, and the wider NHS

A common condition within this group is Peripheral Arterial Disease (PAD), atherosclerotic disease of the lower limb arterial supply (narrowing or blockages of the main arteries in the leg) – the same pathological process leading to heart attacks. PAD produces a spectrum of disease from asymptomatic, though Intermittent Claudication (IC) to Chronic Limb-Threatening Ischaemia (CLTI).

IC is muscle discomfort in the lower limb reproducibly produced by exercise and relieved by rest. CLTI is defined by the presence of PAD in combination with rest pain, gangrene, or a lower limb ulceration over two weeks duration. As well as creating a functional disability (limited mobility due to restrictive pain) and risk of limb loss, symptomatic PAD also signifies a six-fold increase in cardiovascular mortality. It is estimated that 3.2 million people had PAD in the UK in 2015, representing 6.9 per cent of the population.

One of the first-line, lifestyle-based, non-invasive treatments is exercise. This is proven to improve pain-free and maximum walking distance, and quality of life. NICE guidance advocates a supervised exercise programme to deliver this. Where cardiac rehabilitation classes are widely accessible, it seems only approximately 38 per cent of centres can offer a supervised exercise programme for PAD patients.

Exercise for Intermittent Claudication

What is intermittent claudication?

NICE

RECOMMENDS EXERCISE

Benefits of exercise

Walk regularly for exercise

To try and address this, and secondary to the limitations that occurred in COVID, The Circulation Foundation produced an infographic to guide patients through a self-directed exercise for claudication. Being aware that we serve culturally diverse populations, as a charity, we are conscious of the impact of health inequalities on disease outcomes and progression. We have therefore translated this infographic into 15 other languages to make this treatment more accessible. This is available as a free resource for your patients who may have IC: www.circulationfoundation.org.uk/exercise-intermittent-claudication.

In terms of medical treatment for PAD, a study of 4.6 million individuals in the UK between 2006-and-2015, showed the incidence of coronary artery disease was stable but mortality rates were falling, whereas the incidence of PAD fell by 15 per cent but mortality rates did not. Only 55 per cent of PAD patients were prescribed long-term statins. The Vascular and Endovascular Research Network collected cardiovascular profiles of PAD patients to assess practice against UK and European best medical therapy guidelines. 78 per cent remained active smokers with only 11.1 per cent being prescribed high-dose statin therapy and 39.1 per cent on an antithrombotic agent. This further highlights discrepancies in the management of different forms of vascular disease.

To try and keep blood flowing to the legs there are approximately 6,800 surgical operations per year, and 14,500 minimally-invasive radiological procedures across Great Britain and Ireland. Unfortunately, there are also approximately 3,800 major limb amputations with the obvious physical, psychological and economic impact that brings.

The advanced form of PAD, CLTI, which occurs in approximately one-in-five patients with vascular disease, has been estimated to cost £200 million per year for the NHS and unfortunately also leads to approximately 45 per cent of these patients dying in two years, and approximately 50 per cent in five years, equivalent to, or worse than, some cancers.

We need to ensure that all healthcare sectors work together to increase the awareness of these conditions and deliver holistic, personalised care to our patients, to give them the best experience and outcomes.

You can discover more about vascular disease, or watch our informative podcasts, at The Circulation Foundation website – www.circulationfoundation.org.uk – or through our social media channels on Facebook, X (formerly Twitter), and Instagram.

SCAN ME

A Bright Future of Collaboration

Firmly embedded within the primary care family, Jonathan Lloyd Jones, Pharmacist at Caerau Pharmacy, casts a light on the power of collaboration and its impact on the cultivation of effective, efficient, innovative patient care.

Jonathan Lloyd Jones and the Caerau Pharmacy team

It's coming up to the two-year anniversary of the new contract framework for community pharmacies in Wales 'A New Prescription'. The framework was ambitious, with Minister for Health Eluned Morgan anticipating 'the most fundamental change to the way pharmacies operate since the inception of the NHS more than 70 years ago.' From a personal perspective, it enticed me back to community pharmacy.

Despite having had to deal with the lasting effects of the COVID pandemic, the economic downturn, supply issues and policy pressures, I don't regret it, and I'm hopeful about the future. The main source of my optimism has come from the success of NHS services, especially the prescribing and common ailments clinics – in 2023 alone we supported our community with over 7,000 consultations!

One of the most satisfying things for me has been the collaboration with local GP practices and really becoming part of the primary care family. I thought I would use this article to share the benefit of our collaboration.

I am fortunate to be supported locally and discuss tricky cases, hot topics and referrals with locals GPs on a monthly basis which has been essential for my development. During a meeting in early 2023 we discussed potential new ways to further strengthen antibiotic stewardship and to manage a growing demand for appointments for chest infections in the area. We strongly believed that community pharmacy could play an important role.

Our cluster, Bridgend North, has seven GP practices and 13 community pharmacies, serving approximately 47,600 patients in a region of ex-mining South Wales valleys. It's an area of high social deprivation with many health inequalities, where 66 per cent of the population live in the most deprived areas in Wales. The health board's antimicrobial lead pharmacist and a GP partner in Maesteg were concerned about high antibiotic prescribing rates. We wanted to use the community pharmacy IP service to provide accessible care for respiratory infections that could give time to discuss patient concerns, provide advice and management, and use each opportunity for patient education; especially around antimicrobial use.

Over the next few months, we developed a pathway for the assessment of respiratory infection. Two main challenges arose, the first was my own competence and need for training; the second concern was equipment – after reviewing current practices I was enthusiastic about the use of C Reactive Protein (CRP) testing to reduce inappropriate prescribing of antibiotics and improve early identification of community-acquired pneumonia.

My colleague, Clare Maloney, and I were supported by local GPs, primarily Dr Medlicott, to undertake clinical training which included chest auscultation and I attended six days of training with the GPs, a number of online training sessions, and lots of self-led study. I was also provided with a training session at Princess of Wales for using a CRP machine. Importantly I still continue to have monthly catch-ups to review all people seen through this service; this feedback is essential to support my clinical decision-making. Alongside the training we agreed that the cost of the CRP machine and the ongoing supply of CRP tests would be funded by the local cluster.

We developed a written protocol with local GPs and agreed to offer assessment of adults aged 18-to-64-year-olds where there are no relevant long-term conditions (such as, asthma or COPD), presenting with URTI, cough or chest infection. This scope may widen as my clinical experience and confidence develop and through GP feedback.

The service has been popular. I have seen over 300 patients this winter and most presentations are for viral bronchitis (estimate 95 per cent). Where there is any uncertainty, a CRP test is undertaken to provide reassurance or guide further management. I must highlight that any concerns about a more serious pathology is referred to the GP or A&E and is always acted upon quickly in these settings locally. The service has had fantastic feedback from local GPs and from our patients who value the accessibility afforded by community pharmacy.

It's not been without its challenges. Adding to the already increasing workload is difficult. We have managed this by recruiting a fantastic post-registration pharmacist and better use of the great skills within our team, including an award-winning ACT. Another challenge has been the need for adequate space to consult in a professional environment; I am disappointed that we have not been able to get financial support to upgrade our premises. Lastly, it's a challenge with continuity – we are supported by fantastic locums but the pool is small if we want to maintain this service. We were lucky to meet the First Minister recently and shared these concerns.

Despite these challenges I remain optimistic. The CRP machine has been extremely valuable to my decision-making, and the funding to use it from the cluster is a show of support and a much-needed morale boost. I believe that this case highlights the importance of supportive clinical colleagues, good referral pathways, and timely access to clinical feedback. If we can maintain and grow these links, alongside support with the challenges highlighted, it can only help us to grow the role of community pharmacy in primary care.

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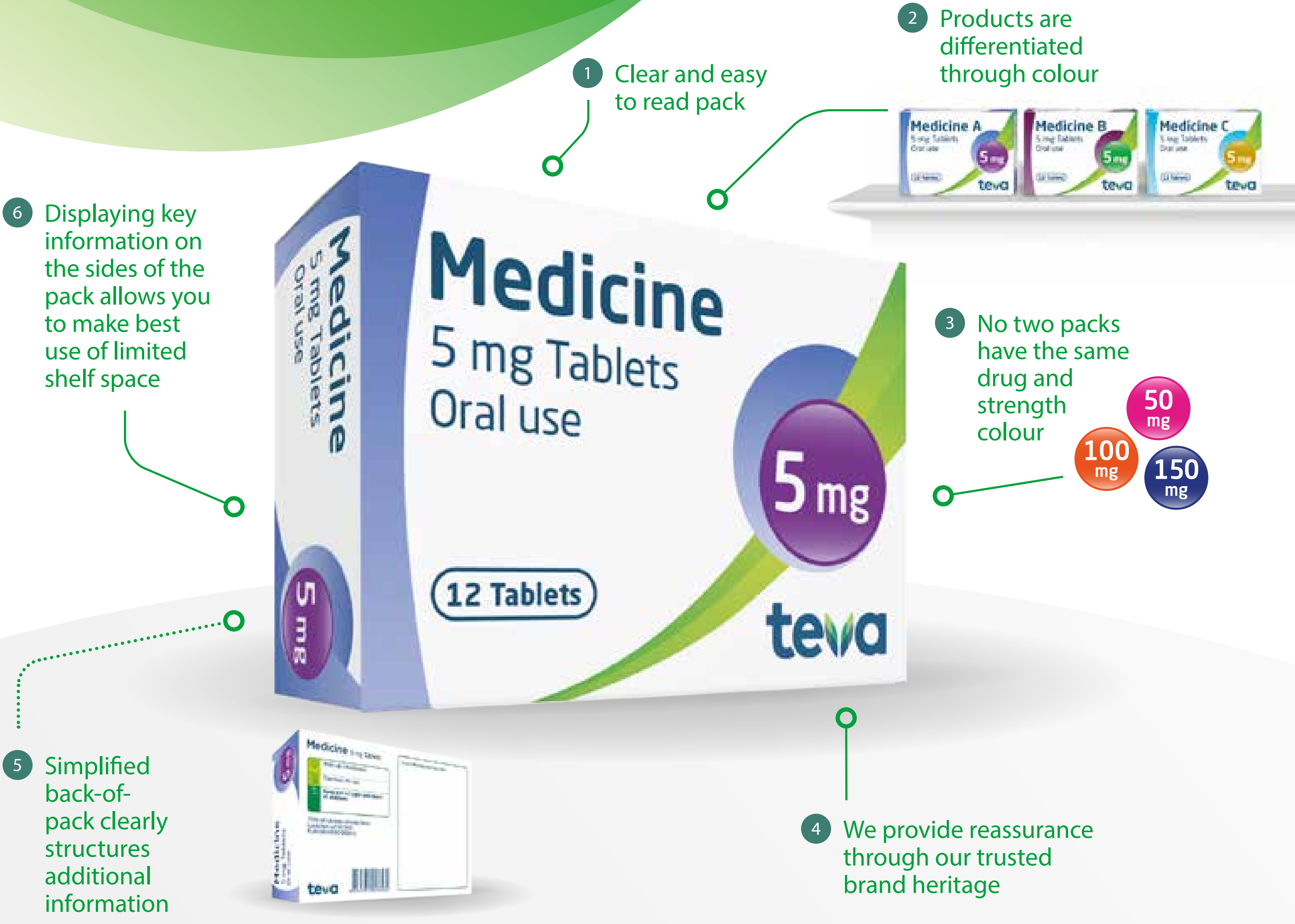

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THE ROAD TO RECOVERY

Eating disorders are on the rise – how can health professionals help? Tom Quinn, Director of External Affairs at Beat, the UK's eating disorder charity, discusses.

There's a misconception that eating disorders are rare mental illnesses. But as the UK's eating disorder charity, we know that this couldn't be further from the truth. In Northern Ireland, in 2020 the Youth Wellbeing Prevalence Survey stated that one-in-six children and young people across the country are displaying patterns of an eating disorder. In Wales, we estimate that almost 60,000 people have an eating disorder, and in Scotland, eating disorder cases increased by over a quarter during the pandemic.

Eating disorders can affect every system in the body, but it's not always apparent that an eating disorder is causing physical issues, meaning that your patient might approach you with supposedly unrelated symptoms. As a healthcare professional, you could be one of the first people to spot that somebody is struggling with an eating disorder. That's why it's so important you're able to access quality training and identify the early warning signs.

IDENTIFYING THE ALARM BELLS

Eating disorders affect people of all ages, genders and backgrounds. There are many different types of eating disorders, and people will often try to hide their illness, which makes it tricky to spot if somebody is struggling. But the sooner somebody accesses quality treatment, the better their chances of making a full recovery, so it's crucial to signpost patients to support at the earliest opportunity.

Anorexia is the most well-known eating disorder but it's actually one of the least common. Binge eating disorder is the most common, with one-in-50 people in the UK affected in their lifetime, and more people develop bulimia or OSFED than anorexia. There are several signs and symptoms to look out for, including:

- Strict dieting and avoiding food they think is fattening
- Taking a very long time to eat meals
- Becoming fixated on exercise, such as running even in bad weather
- Anxiety, particularly about eating in front of other people
- Eating large amounts of food (bingeing)
- Purging after bingeing by vomiting, over-exercising, using laxatives or fasting

One of the most important things to remember is that eating disorders don't have a 'look' – they are serious mental illnesses that affect people of any weight, BMI or size. While there can be physical symptoms, such as changes in weight, dental issues, stomach problems or circulation issues, psychological symptoms are usually the biggest indicators that somebody is unwell.

WHAT'S CHANGED SINCE THE PANDEMIC?

While it's not the only reason why an eating disorder would develop, the pandemic had a catastrophic impact on people across the UK. We supported people of all ages who felt incredibly isolated and anxious as they worried about the health of loved ones, struggled to adjust to lockdowns, and were unable to see friends and family as normal. Given that eating disorder behaviours tend to emerge in response to stress, it's no surprise that the numbers of people needing support surged during the pandemic.

We're still feeling these effects today – especially among children and young people. In Scotland, we provided over 10 times the number of support sessions to or about under-18s between April 2022-and-March 2023, in comparison to before the pandemic. In Northern Ireland, we had over 13 times the number of helpline calls from or about 11-to-17-year-olds in the same time period, and 17 times for 13-to-17-year-olds in Wales.

It's important that when we talk about eating disorders, we don't forget the families behind-the-scenes, guiding their loved one towards recovery while supporting their own mental health. Signposting families to quality support is just as important as referring patients to eating disorder services.

QUALITY TRAINING

Nobody can provide excellent care without excellent training, advice and support. As part of our work raising awareness of eating disorders, we develop training courses to help healthcare professionals across Scotland, Northern Ireland and Wales. We know that time is tight, so our courses are time-efficient and most can be completed whenever works best for you.

Beyond the Symptoms is one of our CPD-accredited training programmes, which helps healthcare professionals to confidently spot the physical and psychological signs of an eating disorder and intervene early. Delivered by experienced eating disorder clinicians, this course is designed to help a variety of people, including GPs, nurses, dentists and cardiologists. We also run free online training for GPs and primary care clinicians and campaign for every professional to access the tools they need to help every patient.

National guidelines are also in place, including SIGN guidelines (Scottish Intercollegiate Guidelines Network) which outline best practice for healthcare professionals in Scotland, and NICE guidelines (National Institute for Health and Care Excellence) for Northern Ireland, Wales and England. No matter where you are in the UK, you're never alone when supporting a patient with an eating disorder. Full recovery is possible and, with the right tools, you can help your patient and their family along this journey.

For more information, contact Waleshelp@beateatingdisorders.org.uk or 0808 801 0433. Beat also runs online support groups and a web chat service for those with eating disorders, but also for those worried about a loved one, patient or pupil at www.beateatingdisorders.org.uk. Training courses are available for healthcare professionals at www.beateatingdisorders.org.uk/training-events/find-training.

Tom Quinn

A PAINFUL CONVERSATION


Debbie Kinsey

Lupus is an uncommon, complex, and poorly-understood disease. With its many symptoms and a lack of awareness, it can often be overlooked by a GP or consultant which may delay diagnosis and starting necessary treatment to contain the disease and limit potential damage to the kidneys, heart, skin, and lungs. In this edition of WPR, Debbie Kinsey, Health Information Officer, LUPUS UK, depicts how more knowledge of lupus among healthcare professionals is vital to reduce these delays and improve care for people with the condition.

WHAT IS LUPUS?

Lupus is a chronic autoimmune condition in which the immune system mistakenly attacks the body's own tissues. The most common form of lupus, and what people are usually referring to when they use the term, is systemic lupus erythematosus (SLE). SLE can impact any part of the body, including the skin, joints, kidneys, and heart.

Cutaneous lupus primarily affects the skin, though some people with cutaneous lupus also experience some systemic symptoms, such as fatigue. In rare cases, certain medications have been known to lead to lupus-like symptoms. This is referred to as drug-induced lupus and normally resolves once the causative medication is stopped.

The causes of lupus are not fully understood, though research has provided evidence suggesting that genes, hormones, and infections, including viruses, may play a role. It is not infectious or contagious.

WHO DOES IT AFFECT?

Lupus is a rare disease, affecting approximately one-in-1,000 people in the UK. Lupus can impact anyone, though disproportionately affects women and people of African-Caribbean and Asian ancestry. It can present at any age, and the most common age of onset is between 15-and-40, with most diagnoses being made between the ages of 37-and-50. However, around one-in-five lupus diagnoses have childhood or adolescent onset.

WHAT ARE THE COMMON SYMPTOMS?

SLE can have a wide variety of symptoms and can range from mild-to-severe, and rarely do two people share the exact same experience. Symptoms can also come and go as people experience 'flares', or times when their illness worsens. Flares can last from a few hours to a few months, and often require further treatment.

LUPUS UK

The two most commonly-reported symptoms of lupus are joint / muscle pain and extreme fatigue. Other symptoms can include skin rashes, light sensitivity, flu-like symptoms, brain fog, headaches / migraines, oral / nasal ulcers, and hair loss. About one-in-three people with SLE will develop kidney disease, called lupus nephritis. An increased risk of miscarriage is also a complication of lupus, but, with close monitoring, many people with lupus now have successful pregnancies.

The symptoms of lupus can mimic other conditions, which can make it more difficult to diagnose. It is also common for people with lupus to have comorbidities, such as Raynaud's phenomenon, Sjögren's syndrome, and antiphospholipid syndrome, among others.

HOW IS IT DIAGNOSED?

Lupus can be challenging to diagnose as the symptoms can mimic other diseases and may change over time. There is no definitive test for lupus, and there can be poor knowledge about the condition among healthcare professionals. Diagnosis is usually made by a rheumatologist through a combination of considering the person's medical history and symptoms alongside blood tests and other testing as appropriate, such as skin or kidney biopsy.

HOW IS LUPUS TREATED?

There is no cure for lupus – it is a chronic condition. However, there are a variety of different medications that can help to manage it. With careful monitoring and a treatment programme, with medication adjusted as needed, lupus can be controlled and most patients are able to live a normal lifespan.

The choice of treatment will vary depending on the specific symptoms a person experiences and their severity.

Common treatments include:

- Anti-malarials, such as hydroxychloroquine – these may be sufficient for people with moderately active lupus to avoid using steroids
- Steroids – have been vital in the improvement in lupus care and have been life-saving in some cases. Once the symptoms or flare is under control, the dosage may be gradually reduced or it may be possible to transfer to other medication
- Immunosuppressants – are widely used in more severe disease and require regular monitoring. The most commonly-used are azathioprine, methotrexate, and cyclophosphamide, and a newer immunosuppressant specifically designed for lupus nephritis called voclosporin is also beginning to be used within the NHS
- Biological therapies – target certain pathways in the immune system that are associated with inflammation and active lupus. Rituximab and belimumab are two such drugs that are used to treat lupus. Biological treatments are used to treat moderate and severe lupus, and when other treatments have not been successful

WHAT SUPPORT IS AVAILABLE TO PEOPLE WITH LUPUS?

Living with lupus and its fluctuating, varying symptoms can be challenging, and people often have to learn how to adapt to manage their symptoms and the impact of medication. Because it's a rare disease, many people with lupus first learn about the condition when they are diagnosed and often don't know anyone else with lupus.

ABOUT LUPUS UK

'Finding people who understand what you're talking about and going through makes all the difference in the world.'

LUPUS UK is the only national registered charity supporting people with lupus and assisting those approaching diagnosis.

LUPUS UK has peer-led regional groups around the country, who arrange meetings (occasionally with talks from healthcare professionals and researchers), publish local newsletters, and organise fundraising events. LUPUS UK produces a wide range of information resources, and awards grants for lupus-related research, specialist lupus nurses in NHS hospitals, and welfare.

LUPUS UK offers advice and information to anyone who wants or needs it. You can reach us via our helpline on 01708 731 251 (Monday – Friday, 9am – 5pm), visit our website at www.lupusuk.org.uk, or email HeadOffice@LupusUK.org.uk.

NEW RESOURCES AVAILABLE TO HELP THE PRIMARY CARE WORKFORCE PROMOTE HEALTHIER BEHAVIOURS

Public Health Wales' Primary Care Division has launched the first two products in a series of resources to help staff in primary care have conversations to support people to adopt healthier behaviours.

The resources are targeted at different parts of the primary care workforce, with the first two publications being for those working in general practice and optometry. These resources are designed to help the frontline workforce initiate conversations around healthy behaviours and signpost people to further information, as well as to identify quality improvement actions for services.

The resources discuss key health behaviours, in relation to smoking, alcohol, healthy weight, physical activity, and preventing type 2 diabetes, along with information regarding making every contact count and social prescribing.

The resources also remind staff to think about their own health behaviours, and that they can equally access the support services outlined themselves.

Zoe Wallace, Director of Primary Care for Public Health Wales, said, 'Colleagues in primary care have many opportunities to speak to individuals and to encourage them to adopt healthier behaviours, but it is recognised that these are not always easy conversations to have.

'These resources are designed to help the primary care workforce to guide individuals towards adopting healthy behaviours and provide them with further sources of help.

'The resources for general practice and optometry colleagues have been released, and will be followed by resources for the community pharmacy and dental workforces.'

LINKS BETWEEN LATE-ONSET ALZHEIMER'S DISEASE AND THE IMMUNE SYSTEM

Researchers have revealed new links between Alzheimer's disease and the blood-brain barrier, finding connections between variants of a gene called EphA1 and the disease.

Genome-wide association studies have linked variants of the EphA1 gene to Alzheimer's disease and a specific genetic variant, P460L, is associated with an increased risk of late-onset Alzheimer's disease.

Professor Ann Ager, Cardiff University's School of Medicine, explained, 'The EphA1 gene is known to play a role in immune cell recruitment. We hypothesised that the P460L variant might disrupt EphA1 activity and influence inflammation in the brain, leading to an increased risk of developing Alzheimer's.'

To investigate this, they used cellular models to study the activity of the P460L gene variant in T cells and blood-brain barrier endothelial cells.

Normally, EphA1 is involved in T cell immune response in the brain. They found that the P460L variant impacted T cell immune response in the brain.

Helen Owens, Cardiff University School of Medicine, added, 'We discovered that the P460L variant disrupts the normal behaviour of EphA1 and impacts immune responses and blood vessels in the brain. Our study suggests that the P460L variant alters EphA1-dependent signalling which has implications for blood-brain barrier function in late-onset Alzheimer's disease.

'Future studies will focus on determining the role of the P460L variant in T cell biology to assess its impact on T cells and the blood-brain barrier. This work will help to inform whether targeting P460L activity has therapeutic potential for treating late-onset Alzheimer's disease in the future.'

INCREASED AVAILABILITY OF COMMUNITY PHARMACY SERVICES HELPING IMPROVE ACCESS TO PRIMARY CARE

Substantial reforms introduced in April 2022 mean that a wider than ever range of clinical services are being offered by community pharmacists in Wales.

A new report, 'Presgripsiwn Newydd – A New Prescription – One Year On', has highlighted the beneficial impact of those services for people needing to access primary care.

Almost all pharmacies across Wales now provide free advice and treatment for common ailments, access to the morning after pill and oral contraception, emergency supplies of medicines, and influenza vaccinations, through the new Clinical Community Pharmacy Service (CCPS).

The report demonstrates that more than half a million consultations took place across all CCPS services in the first year following its launch. This included nearly 240,000 consultations for a range of common ailments, such as sore throats, allergic reactions and back pain – an increase of 73.9 per cent on the year before and more than a fivefold increase from five years ago, and more than 160,000 NHS seasonal flu vaccinations.

Almost 80 per cent of people who visited a pharmacy and used the CCPS reported they would have visited a GP or out-of-hours service if it was not available, freeing up over 400,000 appointments for others to see their GP.

For many people this means access to care closer to where they live and work, usually without the need for an appointment. More than 2,800 pharmacists and pharmacy technicians have completed the additional training which allows them to provide these services.

A further 46,000 consultations took place in 119 pharmacies, with a pharmacist prescriber who had undertaken additional training enabling them to treat a wider range of illnesses, such as urinary tract, ear and skin infections, which otherwise could only be treated by a GP.

Minister for Health and Social Services, Eluned Morgan, commented, 'In the first year following our reforms, significant progress has been made to utilise the skills, expertise and accessibility of pharmacists in our communities more effectively.

'This is providing a stronger focus on clinical service provision, on workforce development, and on promoting integration of pharmacies within primary care, all alongside our largest ever investment in the sector.

'I am delighted to see it is helping to ensure more people in Wales have access to the NHS care they need from appropriately-skilled professionals, closer to home, whenever they need it.'

THE PHARMACISTS' DEFENCE ASSOCIATION SUPPORTS WALES' POLICY POSITION ON PRESCRIPTION CHARGES

The Pharmacists' Defence Association (PDA) representatives are calling on the Senedd to celebrate the success in Wales where the move to abolish prescription charges has benefitted patients by helping keep them out of hospitals – likely cutting overall healthcare costs.

'We support the Welsh government on this issue,' says PDA Union, National Executive Committee member, Anne Davies.

'Wales was the first UK nation to abolish prescription charges back in 2007. This has benefitted patients, especially those with long-term health conditions who could otherwise not afford all of their medication. Meanwhile, my colleagues that practice in England are increasingly seeing patients declining to take vital medicines due to the cost of prescription charges.'

Responding to a joint survey in England by the PDA and the Royal Pharmaceutical Society, more than a third of pharmacists (35 per cent) said they have seen an increase in patients declining prescriptions in the last 12 months.

90 per cent of respondents have seen cases where patients decline all the medicines on a prescription due to cost.

97 per cent of respondents have seen cases where patients decline some of the medicines on a prescription due to cost. More than a quarter (26 per cent) said they saw this often.

Many types of medicines that are being declined, with a range of potential consequences for the individual's health, include those for blood pressure, inhalers, antibiotics, pain relief, statins, and for mental health.

The warning adds to the voices of leading patient groups calling for reform to prescription charges in England.

Laura Cockram, Head of Campaigns at Parkinson's UK and Chair of the Prescription Charges Coalition, commented, 'Pharmacists working within our communities play a vital role in ensuring people with long-term health conditions stay well and are able to access their medicines. This is why the results of this latest survey are extremely concerning, with over a third of respondents seeing an increase in their patients being unable to collect medicines due to cost in the last 12 months.

'It's crucial the UK government takes urgent action to help people with long-term conditions afford their vital medicines.'

Director of Policy at the PDA, Alison Jones, said, 'Pharmaceutical care has a positive impact on many patients' health, allowing them to manage or recover from poor health, but only if they access their medicine in the doses and frequency prescribed. Patients in England should have the same access to medicines as those in the other UK nations, where the affordability of prescriptions for the patient is not a factor.

'Our members do all they can to advise patients on NHS England schemes to reduce prescription costs, such as pre-payment, but ultimately in a cost-of-living crisis some patients cannot afford any price. There is a cost to the NHS of patients needing more complex care if their condition subsequently deteriorates and they need to be admitted to hospital, and an impact on the nation's GDP when working people are unable to work effectively due to otherwise preventable ill health

'Pharmacists should not be used as tax collectors.'

The full results of the survey can be found on the PDA website at www.the-pda.org.

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- Each year you are a member, we will donate £1 to the charity that helps pharmacists.

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* The insurance included with PDA membership is arranged and administered by The Pharmacy Insurance Agency (PIA) Ltd who are authorised and regulated by the Financial Conduct Authority (Register No 307063).

MAKING IT COUNT

With figures on drug-related deaths in Wales highlighting greater challenges ahead, how can our concerns be transformed into progress in preventing deaths from substance use? Rob Barker, Campaigns and Communications Lead for Barod, investigates.

Rob Barker

While we were on the countdown to Christmas and enjoying everything that comes with the festive season, the 2022 drug-related death figures for England and Wales, published by the Office for National Statistics, were announced, following a four-month delay. Professionally, it made us take stock of where we are and how far we still have to go, to help prevent people dying from substance use.

A total of 318 people across Wales lost their lives from substance use in 2022. It is easy to argue that that is 318 too many. All have left loved ones behind and created a ripple effect of grief, anger, and sadness, on those affected, for the rest of their lives. For those that may have celebrated a drop in fatalities compared to the year before (322 people died from a drug-related death in 2021), those celebrations should be short-lived. The latest figures are the third highest on record and we are facing some significant challenges that could stretch individuals, services, and policymakers like never before.

MAJOR CONCERNS

One of the major concerns we face is the ever-growing use of cocaine and crack cocaine, of which is translating to an increasing number of fatalities associated to the stimulant-based substance, each year. Just eight years ago in 2014, there was a recorded total of seven deaths associated to cocaine in Wales. Fast-forward to 2022, and this figure now stands at 52. That is an unprecedented 643 per cent increase.

It is a similar situation across the border, and so not unique to Wales. There are factors outside of our control as to why this is, from North America's lack of demand for the stimulant in recent times, to the targeting of the European and UK drug markets by those in South America, to fill this void. Subsequently, we seem to have more cocaine on our streets than we have ever had before, resulting in 'deals' being made available by those selling, to be more 'appetising' to those buying. We now have around 180,000 people in the UK using crack cocaine, on top of those who use the powder form of the substance. It is likely that many also use other substance too, which can pose greater health-related risks, including overdose. However, the current legislation deems it illegal for safer inhalation pipes (aka crack pipes)

to be provided by harm reduction services, such as needle and syringe provisions. Therefore, people who use crack have little incentive to engage with harm reduction services, yet initial findings from a study that is utilising pilot sites distributing crack pipes across the UK, say they are seeing up to 300 new people engaging with services. So, it is easy to see how harm reduction works, and how it can save lives.

Another grave concern is the increase in fatalities, across England and Wales, associated to novel opioids. In 2022, a total of 39 people fell victim to such substances, compared to three in 2021. While there may be mitigating factors to this, including coroners now testing for such substances more routinely upon post-mortem examinations compared to the year before, it is also widely-accepted that the 39 people identified is just the tip of the iceberg and this figure could be higher. To get a clearer picture moving forward, we need a more consistent approach across the country when it comes to testing for such substances following a death, but this does come at a financial cost. And what is around the corner could pull us deeper into a public health crisis.

Nitazenes are a group of synthetic opioids that are more toxic, dangerous, and lethal compared to their street heroin counterpart, with some substances within this group being up to 500 times more potent and therefore significantly more deadly. The smallest of dose can pose a huge threat, often to people who unintentionally, and have no intention of, consuming the drug. Across the UK, nitazenes, upon analysis, have been found in heroin samples, as you may expect, with both being opioid-based substances. But what is alarming is that in Wales, they have been found, on numerous occasions, as confirmed by WEDINOS, within benzodiazepine samples. So, there is a likelihood that people with no previous experience and thus tolerance to opioids, could consume these dangerous substances. As nitazenes can come in many forms, including pills and powders, without testing, it is hard to know whether they are in a drug sample. And this may just be the start. Up until 2022, Afghanistan was consistently the global leader for illicit opium poppy cultivation and opium production. However, following a ban enforced by the Taliban in relation to the cultivation and production of the substance, a significant decline has since been reported. With no sign of this ban being lifted, the threat and emergence of synthetic opioids, such as nitazenes, is a real one that we are already facing and there are widespread concerns that is only going in one direction. China, India and to a lesser extent, Russia, are now coming to the forefront as the main players in the production of these clandestine laboratory-produced substances.

SO, WHAT CAN BE DONE?

Firstly, we need to ensure that as many people as possible carry naloxone, even if they themselves don't use opioids. Naloxone can temporarily reverse the effects of an opioid overdose, but as mentioned, people who use other substances may still encounter the likes of nitazenes. Naloxone is available from any drug and alcohol treatment service, as well as via Barod's Wales-wide click and deliver service.

Given the fragile nature of our illicit drugs market, and the emergence of nitazenes, community-based drug-checking services are paramount to helping identify rogue samples and allow people to make more informed decisions about their substance use. The Loop, a drug-checking service that have provided both front and back of house testing at festivals across the UK over the last few years, have since established a monthly drop-in drug-checking service in Bristol. Essentially this allows people to walk in off the streets, get their substances tested and receive the results along with harm reduction information, within a matter of hours, if not quicker. It also allows for greater knowledge of what substances are in circulation that can then help advise other people. This is the first-of-its-kind in the UK and will no doubt help save lives across the city.

There are a range of other solutions too, ideally established alongside one another. All eyes are on Glasgow following the announcement of the UK's first legally-sanctioned overdose prevention centre, due to be opened later this year in the Scottish city. Add access to rapid / same-day opioid substitution prescribing, diamorphine-assisted treatment and drug diversion schemes, to name just a few, these harm reduction initiatives are doable, and have been facilitated with great success, across the UK. The implementation of such services does require financial backing, and it is imperative that if they were, they do not financially undermine what is already available.

But for now, we must be ready with what resources we currently have at our disposal. The substance use sector is resilient, and one that oftens rises to the challenge, often armed with limited resources and a wealth of ingenuity and flexibility. But that can sometimes only take you so far, and we must urge those in power to help us establish services and facilities that can ultimately support a health-based approach to substance use, allowing for the creation of a more prosperous and equal Wales.

MAKING THEIR VOICES HEARD

Ensuring healthcare accessibility for everyone demands consideration of individual needs, including the needs of those who stammer. STAMMA, the British Stammering Association – the UK's leading charity for those who stammer – published findings that uncover challenges navigating the healthcare system for those who stammer. They emphasise the crucial role of patient interaction, particularly over the phone, and recommend changes in the way healthcare is delivered to accommodate diverse patient needs. Here, STAMMA delve deeper into the patient journey of those who stammer.

STAMMA recently carried out a survey that explored the experiences of people who stammer when they come into contact with healthcare services. Many respondents were quick to acknowledge the pressures that staff working in healthcare services face, and there were some wonderful stories of very positive experiences. Overall, however, the findings highlighted pressing concerns which are outlined here. They led to the development of some simple recommendations, a handy patient contact guide, and free training resources for healthcare settings.

STAMMERING

Stammering (also known as stuttering) is when someone repeats sounds or words, prolongs sounds, or has a silent block where a sound or word gets stuck. The person knows what they want to say, but can't get it out in that moment. You might notice physical effort as the person works hard to get out the sound or word.

Approximately eight per cent of children experience a period of stammering, and at least one per cent of adults stammer.

One crucial aspect of stammering is that it's not always obvious that someone has a stammer. There are lots of reasons for this. Stammering fluctuates, in broad waves from year-to-year and month-to-month, but also in narrower waves from day-to-day, situation-to-situation or moment-to-moment. Indeed, it is often said that the only constant thing about stammering is its inconsistency. In addition to those fluctuations, many people who stammer often find they stammer more when they are tired or unwell, all of which can play into situations when they come into contact with healthcare services.

Some people who stammer go to great lengths to mask or hide the visible and audible aspects of stammering. Often this is due to fears of a negative or unhelpful reaction from others. To mask stammering is extremely effortful and often achieved in ways that limit communication, such as:

- Swapping words or finding a different, less specific, way of saying something
- Using lots of filler sounds, such as 'um' and 'er' or taking a run-up at a stammered word by repeating a phrase or sentence that came before
- Saying less
- Avoiding a situation altogether

STAMMERING AND HEALTHCARE SERVICES – THE CHALLENGES

People who stammer are just as prone to health issues as the rest of the population and often find themselves struggling to communicate effectively within the rigid procedures of healthcare settings.

PHONE CONTACT

The telephone is a source of anxiety for many people who stammer. The fact that the person on the other end of the line can't 'see' that the person is stammering tends to make telephone conversations particularly challenging.

For example, in STAMMA's recent survey 68 per cent of respondents reported that the only route to booking an appointment with their GP was via the phone. Yet 41 per cent of respondents who stammer said they found it 'very difficult' to use the phone to book appointments, in contrast to only 23 per cent of those who do not stammer.

54 per cent of respondents who stammer reported significant mental distress around using the phone in a healthcare context. Respondents reported they had been hung up on, misunderstood, rushed, laughed at, or simply not given enough time to explain their needs. This led some to delay making appointments or even avoid them altogether, with a subsequent impact on their health.

'I was really struggling on the phone, like the kind of block where you're not even saying anything. And the receptionist was so busy that they just hung up on me.'

'With my heart pounding, I dialled the number, only to be greeted by a brisk, impatient voice at the other end. I began to speak, but my stutter was particularly bad that day. The receptionist cut me off several times, clearly frustrated by my pauses and repetitions. I felt rushed, as though I was an inconvenience. Things took a turn for the worse when I heard laughter at the other end. I was crushed. The humiliation was unbearable, and I hung up without completing the call. I felt ostracized, misunderstood, and dejected. The incident left such a profound impact on me that I decided not to call again, despite my worsening health.'

'I find the present system where everything is done by telephone to be incredibly challenging. Even trying to call for an appointment makes me nervous. After waiting at least 20 minutes to speak to the receptionist, she told me that she couldn't hear me and I should speak clearly. I replied that I had a speech impairment and can't speak clearly. She then said she would put the phone down on me, was that okay? Clearly, it was not okay as I was not offered any alternative way to make an appointment by email or online booking system.'

'Just recently the doctor thought I sounded out of breath on the phone and wanted me to have a chest X-ray because she thought I sounded like I had a chest infection. I said no I was just finding using the phone difficult because of my stammer.'

'… endless waiting in the phone queue, and being cut off because I can't speak quickly enough or the auto machine doesn't understand me.'

'They can hear I am struggling to speak and ask lots of questions. I just wanted to scream, why are you making it so hard for me.'

So many health services offer phone-only routes to contact and appointment management, yet these can exclude many people who stammer, particularly if staff are not trained to recognise stammering and respond appropriately. As one of the respondents so clearly articulated, *'We need more patient, empathetic voices on the other end of the phone, and multiple ways of communication – online, emails, or text, as alternatives to calling. These are not luxuries; they are necessities. No-one should have to risk their health because they fear the booking process.'*

IDENTIFICATION PROCEDURES

Saying specific words on demand is difficult for many people who stammer. But that is exactly what identification procedures require. They tend to be particularly tough for people who mask or deal with their stammering by swapping words or finding a different way to say something. You can't simply change your name, your date of birth, your address, or the name of your condition or medication. For this reason many people who stammer find giving these specific details or terms under time pressure a significant trigger for stammering.

'Then when I do manage to get through to someone they then ask my name and date of birth which I dread and always get stuck on.'

'In one instance, they thought I was trying to impersonate somebody else because I couldn't share my details fast enough.'

'They refused to speak to me about my own medical condition, saying I was 'being hesitant' when giving my date of birth so they believed I was not the patient.'

'Pharmacies need to be more aware of stammering – they can become quite impatient when you are collecting a prescription and they ask for your address, they presume you haven't heard them and keep asking you for it even though you are trying to speak.'

FACE-TO-FACE

STAMMA's survey revealed that even face-to-face interactions can be bruising for people who stammer.

'I asked the senior nurse which ward my wife was on and stammered. She burst out laughing and turned to the others expecting them to share the joke.'

'I went to get my prescription and I struggled to tell them why I was there and what my name was. I was already anxious which made my speech even less fluent. Then they asked which medication I was after and I didn't get past the first syllable before they finished the word for me. In the end they didn't even have my prescription so I went through all that for nothing. I cried when I got home.'

'I landed in hospital with a doctor who refused to speak to me as he didn't have time to wait for me. He would only speak to my husband.'

RECOMMENDATIONS AND RESOURCES

RECOMMENDATIONS

In response to the survey findings, STAMMA has made the following recommendations:

- Flexible communication channels: more than one channel for booking appointments, getting a prescription, etc., so that patients can choose the channel by which they can communicate most effectively
- Training: training for frontline staff in healthcare settings so that they can engage with patients who stammer appropriately and supportively
- Opt-in patient record flags: the implementation of opt-in patient record flags for people who stammer. This way, frontline staff can be proactively alerted that a patient stammers and allow time for the patient to speak or communicate in the way which works best for them

RESOURCES

In response to the survey findings, STAMMA created a series of resources.

- Patient Contact Guide: a compact downloadable guide that gives practical tips for making the patient journey accessible for people who stammer. You can download the guide via the QR code at the bottom of the page or access it at www.stamma.org/about-us/campaigns/making-gp-bookings-accessible/recommendations
- Training: STAMMA also develop short training videos and offer free online workshops to staff working in healthcare settings. Visit www.stamma.org/training for more details, contact training@stamma.org or call STAMMA's helpline on 0808 808 0002 and request a return call from the Training Team

THE WHOLE PICTURE

Fusing his own first-hand experience with the population's evolving needs, WPR's Chris Flannagan reflects on the benefits of the lyophilisate vs oral dispersible.

Many children experience difficulties when taking medications, both prescribed and OTC. This can often be due to the formulation, the flavour, the colour, or even sometimes just the name. When a child is neurodivergent, however, these issues can multiply exponentially. Such children are often focused on a pattern of familiarity, routine and understanding what the plan is everytime an action is carried out.

Changes due to school holidays, for example, can be overcome simply with an explanation of 'school is closed' but when it comes to medication and especially those which are prescribed, these traits of a neurodivergent child can present real difficulties, causing potential issues with compliance.

In my own experience, my son has recently been diagnosed with dyspraxia, which is usually associated with fine motor skills problems, difficulty in concentrating for an extended period, and balance issues. There are, however, additional symptoms which focus on knowing what is going to happen with his daily routine – he prefers the same brand of food, same brands of clothing, and the same flavour of paracetamol for when he is feeling unwell.

Changing the formulation of a medication for my son would not be possible and would ultimately result in him not wanting to take it. This would lead to the medical complaint not being resolved and further affecting his day / night.

If this is taken in the context of a lyophilisate formulation or an oral dispersible one, the changes may be irrelevant to a wide number of patients however, children and especially neurodivergent children, will more often than not act negatively to this change.

The impact this seemingly minimal decision from the prescriber can have on the family network can't be underestimated. In the instance of desmopressin, if the formulation is changed, and the patient either does not want to take it or refuses to take it, this can lead to their nocturnal enuresis not being controlled and therefore having sequential effects on the family.

Lack of sleep for the parents / siblings / other family members is a high possibility on top of additional washing and / or purchasing of bedclothes, sleep wear etc.

This can then lead to an increase in stress of the parents at work and siblings at school. All this will have occurred due to the prescriber innocently changing the formulation of the patients' treatment which is an issue that can be easily avoided.

If a neurodivergent patient's overall medical needs are thought of as a whole, and not just for one particular treatment, then their condition can be managed effectively and efficiently without an increase in stress for their family unit.

Davina Richardson, Children's Specialist Nurse, Bladder & Bowel UK, explained, 'Many children become anxious about taking medication. They may worry about whether the texture or taste will be unpleasant and whether it will be difficult to swallow, particularly if it is a tablet. Once a child is used to a medication, changing formulation may cause their anxieties to re-emerge. For children with sensory differences that affect smell, taste, or touch this may be a particularly significant issue, that may cause stress for child and parent.

'Children may have different responses to different formulations of the same medication and the different formulations may have different requirements for administration that needs adjustment to routines. Therefore, the rationale for changing formulation should always be to benefit the child, either by trying to increase response, or to make administration more straightforward and acceptable to the individual.'

* The article has been created in collaboration with BBUK & WPR. Funded by Ferring pharmaceuticals.
* The content in the article is author's own opinion.
* Prescribing Information & AE reporting can be found on the right.

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Prescribing Information: DesmoMelt® 120 and 240 micrograms oral lyophilisate. **Please consult the full Summaries of Product Characteristics before prescribing. Name of Product:** DesmoMelt 120 micrograms oral lyophilisate; DesmoMelt 240 micrograms oral lyophilisate; **Composition:** 120 or 240 micrograms of desmopressin (lyophilisate as acetate). **Indications:** Treatment of primary nocturnal enuresis (5 to 65 years of age). **Dosage and administration:** Children and adults (5–65 years of age) with normal urine concentrating ability: Initial dose of 120 micrograms sublingually at bedtime and if this dose is not sufficiently effective, the dose may be increased up to 240 micrograms, administered sublingually. Fluid restriction should be observed. DesmoMelt is intended for treatment periods of up to 3 months. The need for continued treatment should be reassessed by means of a period of at least 1 week without desmopressin. If adequate clinical effect is not achieved within 4 weeks following dose titration the medication should be discontinued. In the event of signs or symptoms of water retention and/or hyponatraemia treatment should be interrupted until the patient has fully recovered. When re-starting treatment fluid restriction should be enforced. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. Known or suspected cardiac insufficiency and conditions requiring treatment with diuretics, moderate and severe renal insufficiency. DesmoMelt should only be used in patients with normal blood pressure and they should not be used in patients with known hyponatraemia, syndrome of inappropriate ADH secretion or patients (SIADH) over the age of 65. Exclude diagnosis of psychogenic polydipsia (resulting in urine production exceeding 40 ml/kg/24 hours). **Side Effects:** Common; headache. Please consult the full Summary of product characteristics for further information about side effects. **Special Warnings:** Take care in patients with reduced renal function and/or cardiovascular disease or cystic fibrosis. In chronic renal disease the antidiuretic effect of DesmoMelt would be less than normal. Fluid intake must be limited to a minimum from 1 hour before until the next morning (at least) 8 hours after administration. Treatment without concomitant reduction of fluid intake may lead to water retention and/or hyponatraemia with or without accompanying signs and symptoms. All patients and, when applicable, their guardians should be carefully instructed to adhere to the fluid restrictions. **Precautions**: Severe bladder dysfunction and outlet obstruction should be considered before starting treatment. Elderly patients and patients with serum sodium levels in the lower range of normal may have an increased risk of hyponatraemia. Treatment with desmopressin should be interrupted during acute intercurrent illnesses characterised by fluid and/or electrolyte imbalance (such as systemic infections, fever, gastroenteritis). Caution should be used in: illnesses characterized by fluid and/or electrolyte imbalance; patients at risk for increased intracranial pressure. Hyponatraemia should be avoided by careful attention to fluid restriction and frequent sodium monitoring in case of concomitant treatment with drugs known to induce SIADH, treatment with NSAIDs and some antidiabetics of the sulfonylurea group particularly chlorpropamide. **Special precautions for storage:** None. **Presentation**: Carton containing 30 oral lyophilisates in blister strips. **Marketing Authorisation Number:**120 micrograms 03194/0094. 240 micrograms 03194/0095. **Marketing Authorisation Holder:** Ferring Pharmaceuticals Ltd., Drayton Hall, Church Road, West Drayton, UB7 7PS. **Legal Category:** POM. **Basic NHS Prices:** 30 x 120 micrograms £30.34. 30 x 240 micrograms £60.68. **Date of Preparation:** March 2023. All trademarks registered to Ferring. **PI approval code:** UK-MN-2300008

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FERRING
PHARMACEUTICALS

Cystic Fibrosis Trust

SAVING THEIR BREATH

As one of the UK's most common life-threatening inherited diseases, understanding cystic fibrosis is core to ensuring that patients receive the most effective care possible. In this article, the Cystic Fibrosis Trust survey the condition's impact and the severity of symptoms, as well as their mission to accelerate research and recognition – and how we can play a part.

Cystic fibrosis is an inherited genetic condition that affects over 11,000 people in the UK. The condition is caused by a faulty gene which controls the movement of salt and water in and out of your cells. One-in-25 people carry the cystic fibrosis gene and you must have two biological parents with the gene to have a one-in-four chance of the child having cystic fibrosis.

Cystic fibrosis affects many organs and tissues within the body, including the lungs, which become clogged with thick, sticky mucus, making it hard to breathe and clear away infection-causing bugs and particulates in the air. The digestive system is also often affected, with the tubes that transport enzymes out of the pancreas becoming blocked by mucus, meaning that people with cystic fibrosis need to take supplementary enzymes with meals to help digest food.

The median age of death of someone with cystic fibrosis is just 33, and people with the condition may have to take up to 40 pills daily, plus undergo gruelling physiotherapy to stay somewhat well. Lung infections can make people with cystic fibrosis very ill, sometimes requiring them to receive IV treatments, either at home or in hospital. Antimicrobial resistance, where the lung infections are resistant to the medicines used to treat them, is a serious problem for people with cystic fibrosis.

People with cystic fibrosis are also unable to meet up in person with other people with the condition, as they carry bugs in their lungs which can be incredibly harmful to each other. There is no cure for cystic fibrosis and while modulator treatments do exist, not everyone can access them due to their genotypes, or tolerate the side-effects.

HOW ARE PEOPLE DIAGNOSED WITH CYSTIC FIBROSIS?

All newborn babies in the UK are now screened for cystic fibrosis shortly after birth using the heel-prick blood test. This tests for the most common mutations of the gene that causes cystic fibrosis.

Around one-in-10 children with cystic fibrosis are diagnosed before, at, or shortly after birth, due to a condition called meconium ileus that causes the gut to become blocked with meconium – a thick, dark, sticky substance that is made in all babies' intestines before being born. Urgent surgery may be needed to relieve the blockage.

Some children born earlier than 2007 who were not screened at birth, or those with more unusual mutations of the cystic fibrosis gene, may be diagnosed later in life, after they have become unwell and developed symptoms.

WHAT ARE THE SYMPTOMS OF CYSTIC FIBROSIS?

In people with cystic fibrosis the lungs make thicker sputum (mucus) than normal, which can trap bacteria in the small airways and lead to infection. Symptoms that typically develop include persistent cough, wheezing, shortness of breath and breathing difficulties and repeated chest infections.

Thickened mucus secretions block the normal flow of digestive juices from the pancreas, which means food can not be digested or absorbed properly, in particular fatty foods and fat-soluble vitamins (vitamins A, D, E and K). This can cause malnutrition, leading to poor growth and poor weight gain, a bloated abdomen and tummy aches, constipation and prolonged diarrhoea.

Other symptoms can include sinus infections and nasal polyps.

Some adults with cystic fibrosis may also get cystic fibrosis-related diabetes, arthritis, osteoporosis and liver problems.

Symptoms usually first develop within the first year of life, but in a minority of cases may not appear until later in childhood or beyond. The severity of symptoms can vary and not all people with cystic fibrosis will have every symptom.

HOW DOES CYSTIC FIBROSIS AFFECT DAILY LIFE?

Cystic fibrosis affects everyone differently, but for many it involves a rigorous daily treatment regime, including physiotherapy, oral, nebulised and occasionally intravenous antibiotics, and taking enzyme tablets with food. Some people with cystic fibrosis will have a feeding tube overnight.

For those who are very ill with cystic fibrosis and have very poor lung function, daily life can be a struggle as basic tasks can leave them breathless. Some patients use a wheelchair to get around and oxygen to help them breathe.

HOW IS CYSTIC FIBROSIS TREATED?

People with cystic fibrosis often have to undergo a rigorous daily regime of treatments to stay healthy. This can include taking inhaled and injected drugs to clear mucus and fight infections, taking dozens of enzyme pills to digest food and having physiotherapy morning and night.

People with cystic fibrosis may also need a transplant. Lung transplants are the most common type for people with cystic fibrosis, as usually these are the organs most affected by cystic fibrosis. However, some people will have problems with their liver, kidneys or pancreas, and may need these organs transplanted.

WHERE DO PEOPLE WITH CYSTIC FIBROSIS GET THEIR CARE?

The majority of adults with cystic fibrosis go to one of the specialist cystic fibrosis centres in the UK. Children may have a shared-care arrangement, where they have some of their care at a local hospital and some at the nearest specialist cystic fibrosis centre, though the centre takes responsibility for their health.

It's vitally important that those with cystic fibrosis receive appropriate healthcare to ensure a better quality and length of life. Therefore, we strongly recommend that people with cystic fibrosis receive care from the multidisciplinary team of specialist doctors, nurses and allied health professionals at a recognised specialist cystic fibrosis centre. This includes specialist cystic fibrosis dietetic care and physiotherapy and should also include psychosocial support.

ABOUT THE CYSTIC FIBROSIS TRUST

The Cystic Fibrosis Trust is the only UK-wide charity dedicated to uniting for a life unlimited for everyone affected by cystic fibrosis. The trust funds cutting-edge research, provides confidential advice, support, and information on any aspect of cystic fibrosis, including help with financial support.

2024 marks the trust's 60th anniversary. Over the years we've seen vast improvements in the care, treatment, and life-expectancy of people with cystic fibrosis, but there is still no cure. People with cystic fibrosis are living longer, but more complex challenges are arising with the cost-of-living, the impact of ageing, and a higher risk of some comorbidities.

The trust is working hard to adapt and evolve to the changing needs of the cystic fibrosis community and continue to fund research that is a priority for those with cystic fibrosis, provide up-to-date support and advice, and be at the forefront of an ongoing journey to find a cure for it.

HOW YOU CAN SUPPORT US

From running a marathon to hosting a tea party, there are lots of ways you can help work towards a life free from the limits of cystic fibrosis. You can visit our website page at www.cysticfibrosis.org.uk/get-involved/join-us to find out how you can join Team Cystic Fibrosis, sign up for one of our events, and raise money for the trust.

Alternatively you can donate directly to us at www.cysticfibrosis.org.uk/get-involved/donate.

Your donation will help provide vital information and support to people affected by cystic fibrosis and fund research to find better treatments that work for everyone. We are extremely grateful for every single donation we receive; we wouldn't be able to achieve what we do without these.

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KENNETH O'LEARY - LATCH AMBASSADOR & LONG TERM FUNDRAISER

When Kenneth O'Leary & his long-term partner Nicola Plummer were informed in 2010 that their 2-year-old son Max had been diagnosed with acute lymphoblastic leukaemia, their world was turned into chaos. With 3 young children & uncertain times ahead, this incredible family were supported by LATCH, from hospital accommodation to continued emotional support.

Children, young people and their families who are affected by cancer or leukaemia often face a long, gruelling & uncertain journey. The essence of LATCH Welsh Children's Cancer Charity is, and has been since its inception in the early 1980s, about giving hope, making life a little easier for children, young people & their families and putting their needs first, working for what's best for each child.

Fast forward 14 years – Max is now fighting fit after a long road to recovery, about to turn 16 & Ken O'Leary has an incredible story to share inspired by the resilience of his son & the support they received from LATCH all those years ago.

Ken decided to start running simply put 'to keep fit for football' in 2014, though had no idea how many miles he'd actually end up running over the next 10 years! He began running & fundraising for LATCH & many other charities such as Make A Wish foundation, Ronald McDonald House & Alzheimer's UK. Since then, Ken has ran the London Marathon 8 times, the Berlin, Chicago & New York Marathon (all within 2 months in 2023) as well as countless half marathons, not to mention climbing Mount Kilimanjaro & trekking to Everest Base camp!

Nicola explained

"When something like this happens, it's very difficult in a number of ways. You rely on people so much, for simple things like having fresh clothes. Ken did not drive at the time so you don't realise how difficult the impact of the upheaval can really have on you & your family. We stayed in LATCH accommodation for around one month & it really was a home away from home. Being able to be close to Max, having a bed, a fridge to store your food & a washing machine to wash your clothes if needed really made such a difference. Max would often have to be in isolation & could be very sick so these little things genuinely meant so much. The rainbow ward really was such an inspiring place to be, younger children are so resilient. We had heard of LATCH but we had never experienced anything remotely on this level, they really did go above & beyond & their work is so relevant to what we needed at the time"

Over the years, Ken with the support of Nicola have raised over £100,000 – an astounding amount. Max has even visited Madrid & met Ronaldo! Speaking with this humble couple it's exceptionally difficult not to be inspired – and they are not stopping there!

The day before Ken's birthday on March 3rd 2024 he will be in Japan for… you guessed it…his next marathon! He is also now an ambassador for LATCH & says he will "run until he can't anymore" Ken has also signed up for the Boston & Chicago Marathon this year again to complete the World major Marathon accolade - a huge achievement!

Thanks to supporters like Ken, over the last forty years LATCH has supported thousands of children, young people & their families across South, Mid, East and West Wales.

Today LATCH supports on average at any one time, 130 families undergoing treatment for cancer or leukaemia at the Children's Hospital for Wales through providing practical, financial & emotional support.

LATCH offers several valued support services including financial grants, a social work service, holiday caravans, events & activities for children, young people & their siblings, which aim to bring families together for mutual support & to give children the chance to relax and play.
We have a purpose-built eight-bed accommodation unit at the Hospital for families to be able to stay onsite whilst their child is an inpatient.
Our team of social workers specialise in the issues facing the families of children receiving treatment for cancer and leukaemia and provide information, practical, emotional & financial support.

To find out more about LATCH or if you would like to run for us visit www.latchwales.org.

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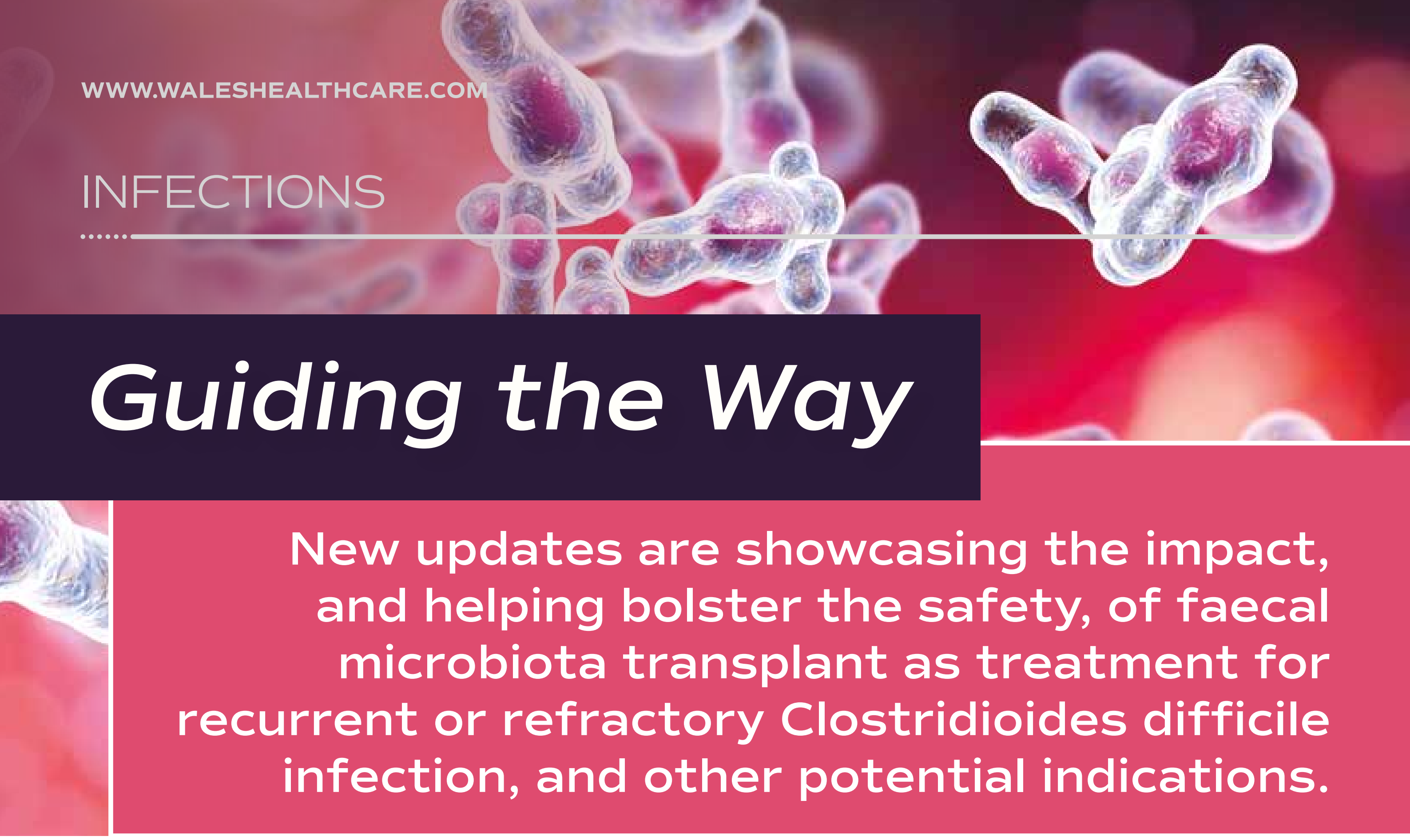

Guiding the Way

New updates are showcasing the impact, and helping bolster the safety, of faecal microbiota transplant as treatment for recurrent or refractory Clostridioides difficile infection, and other potential indications.

In a step towards advancing medical treatment options, the British Society of Gastroenterology, alongside the Healthcare Infection Society (HIS), have released a set of draft guidelines for external consultation on the use of faecal microbiota transplant (FMT) as a potential therapy for recurrent or refractory Clostridioides difficile infection (CDI), and other indications.

Clostridioides difficile (formerly Clostridium) – also called C. difficile, or informally just 'C. diff' – is a major cause of healthcare-associated diarrhoea, and is increasingly present in the community. (1) Since its recognition as a significant healthcare-associated infection, multiple infection control measures and treatment modalities have been explored and this remains an evolving field. (2)

FMT, a procedure involving the transfer of screened healthy donor faeces into an affected patient's gastrointestinal tract, has gained increasing attention in recent years for its potential to treat various gastrointestinal disorders (especially recurrent or refractory CDI), and even disorders beyond the gut.

The guidelines serve as an update to the first version of the joint BSG / HIS FMT guidelines, first published in 2018, and reflect the fast-moving updates in the literature since this point.

They have been developed through extensive collaboration between experts in the field, and provide a comprehensive framework for healthcare professionals to understand and evaluate the use of FMT for treatment of C. difficile and, potentially, for other conditions.

The primary focus of these guidelines is to standardise the clinical and research aspects of FMT to ensure its safety and efficacy.

KEY POINTS ADDRESSED IN THE DRAFT GUIDELINES INCLUDE

- Patient selection: recommendations for identifying suitable candidates for FMT, particularly for those with recurrent or refractory difficile infection
- Donor screening: protocols for donor screening and selection to minimise potential risks and ensure recipient safety
- FMT procedure: protocols for the procedure itself, including preparation, when it should be offered, and the best ways to administer it
- Research: encouraging further research to expand FMT applications and improve its effectiveness

Benjamin Mullish, Chair of the FMT Working Party, and one of the principal authors of the draft guidelines, stated, 'These guidelines represent a significant step toward standardising and regulating the use of FMT, ensuring the best possible outcomes for patients while upholding the highest standards of safety for this major healthcare-associated infection.'

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INNOVATIVE E-LEARNING PLATFORM TO STRENGTHEN TRAINING IN INFECTION PREVENTION AND CONTROL

The HIS has unveiled a new e-learning platform designed to educate and empower healthcare professionals. This initiative aims to strengthen education as a core tool in the fight against healthcare-associated infections and in improving patient safety.

James Price, Chair of the Professional Development Committee, expressed, 'The release of the e-learning platform is a significant step towards creating a modernised learning environment for the infection prevention and control community. The Professional Development Committee alongside the HIS team have spent a lot of time and effort to perfect the platform and I want to express my gratitude to the whole team.'

The modules are delivered by world-class experts in their field.

Dr Elisabeth Ridgway, President of the HIS, emphasised the importance of the course as part of infection control professionals' education pathways, stating, 'Infection control is pivotal to patient safety, and creating this innovative course allows us to provide relevant and up-to-date content for a wide range of healthcare professionals.'

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

HOLDING OUT HOPE

An international team have demonstrated that the injection of a type of stem cell into the brains of patients living with progressive multiple sclerosis is safe, well-tolerated – and has a long-lasting effect that appears to protect the brain from further damage.

An exciting new study, led by scientists at the University of Cambridge, University of Milan Bicocca and Hospital Casa Sollievo della Sofferenza (Italy), represents a significant step towards developing an advanced cell therapy treatment for progressive multiple sclerosis (MS).

Over two million people live with MS worldwide, and while treatments exist that can reduce the severity and frequency of relapses, two-thirds of MS patients still transition into a debilitating secondary progressive phase of disease within 25-to-30 years of diagnosis, where disability grows steadily worse.

In MS, the body's own immune system attacks and damages myelin, the protective sheath around nerve fibres, causing disruption to messages sent around the brain and spinal cord.

Key immune cells involved in this process are macrophages (literally 'big eaters'), which ordinarily attack and rid the body of unwanted intruders. A particular type of macrophage, known as a microglial cell, is found throughout the brain and spinal cord. In progressive forms of MS, they attack the central nervous system, causing chronic inflammation and damage to nerve cells.

Recent advances have raised expectations that stem cell therapies might help ameliorate this damage. These involve the transplantation of stem cells, the body's 'master cells', which can be programmed to develop into almost any type of cell within the body.

Previous work from the Cambridge team has shown in mice that skin cells re-programmed into brain stem cells, transplanted into the central nervous system, can help reduce inflammation, and may be able to help repair damage caused by MS.

Now, in research published in the Cell Stem Cell, scientists have completed a first-in-human, early-stage clinical trial that involved injecting neural stem cells directly into the brains of 15 patients with secondary MS recruited from two hospitals in Italy. The trial was conducted by teams at the University of Cambridge, Milan Bicocca and the Hospitals Casa Sollievo della Sofferenza and S. Maria Terni and Ente Ospedaliero Cantonale and the University of Colorado.

The stem cells were derived from cells taken from brain tissue from a single, miscarried foetal donor. The Italian team had previously shown that it would be possible to produce a virtually limitless supply of these stem cells from a single donor – and in future it may be possible to derive these cells directly from the patient – helping to overcome practical problems associated with the use of allogeneic foetal tissue.

The team followed the patients over 12 months, during which time they observed no treatment-related deaths or serious adverse events. While some side-effects were observed, all were either temporary or reversible.

All the patients showed high levels of disability at the start of the trial – most required a wheelchair, for example – but during the 12-month follow-up period none showed any increase in disability or a worsening of symptoms. None of the patients reported symptoms that suggested a relapse and nor did their cognitive function worsen significantly during the study. Overall, say the researchers, this points to a substantial stability of the disease, without signs of progression, though the high levels of disability at the start of the trial make this difficult to confirm.

The researchers assessed a subgroup of patients for changes in the volume of brain tissue associated with disease progression. They found that the larger the dose of injected stem cells, the smaller the reduction in this brain volume over time. They speculate that this may be because the stem cell transplant dampened inflammation.

The team also looked for signs that the stem cells were having a neuroprotective effect – that is, protecting nerve cells from further damage. Their previous work showed how tweaking metabolism – how the body produces energy – can, in turn, reprogramme microglia from 'bad' to 'good'. In this new study, they looked at how the brain's metabolism changes after the treatment. They measured changes in the fluid around the brain and in the blood over time and found certain signs that are linked to how the brain processes fatty acids. These signs were connected to how well the treatment works and how the disease develops. The higher the dose of stem cells, the greater the levels of fatty acids, which also persisted over the 12-month period.

Professor Stefano Pluchino from the University of Cambridge, who co-led the study, reflected, 'We desperately need to develop new treatments for secondary progressive MS, and I am cautiously very excited about our findings, which are a step towards developing a cell therapy for treating MS.

'We recognise that our study has limitations – it was only a small study and there may have been confounding effects from the immunosuppressant drugs, for example – but the fact that our treatment was safe and that its effects lasted over the 12 months of the trial means that we can proceed to the next stage of clinical trials.'

Caitlin Astbury, Research Communications Manager at the MS Society, added, 'This is a really exciting study which builds on previous research funded by us. These results show that special stem cells injected into the brain were safe and well-tolerated by people with secondary progressive MS. They also suggest this treatment approach might even stabilise disability progression. We've known for some time that this method has the potential to help protect the brain from progression in MS.

'This was a very small, early-stage study and we need further clinical trials to find out if this treatment has a beneficial effect on the condition. But this is an encouraging step towards a new way of treating some people with MS.'

MUM’S THE WORD

Pregnancy is a critical period where the health and wellbeing of both the mother and the developing baby are of utmost importance. Lifestyle interventions during pregnancy have emerged as a promising approach to promote optimal maternal health and potentially reduce pregnancy complications. These interventions encompass a range of factors, such as diet, physical activity, and stress management, all of which have the potential to positively impact long-term outcomes for both the mother and child. In this article, Cerebra explore the benefits of lifestyle interventions in pregnancy.

Numerous studies on maternal diet before and during pregnancy have reported long-term implications for both the mother’s and baby’s health, from placental development (1), risk of developing gestational diabetes (2), birth complications (3) and birth weight (4). More recently, focus has shifted on the Mediterranean diet in particular, as it is widely recognised for its healthy dietary pattern, which includes a high intake of fruits, vegetables, wholegrain cereals, legumes, fish and nuts. Researchers have demonstrated that a Mediterranean diet intervention in pregnant women proved to lower the risk of developing gestational diabetes. (5, 6)

Mind-body interventions have also emerged as non-pharmacological therapies. These interventions are based on several practices designed to facilitate the mind’s positive impact on the body. Studies in pregnancy have reported that mindfulness-based interventions played a significant positive role in reducing stress for most types of pregnant women and were associated with lower levels of anxiety, depression and perceived stress. (7, 8) However, no studies have evaluated the effect of these interventions on pregnancy outcomes.

THE IMPACT BCN TRIAL: EXAMINING THE EFFECTS OF MEDITERRANEAN DIET AND MINDFULNESS

This was a study carried out by researchers from BCNatal (Hospital Clínic-IDIBAPS and Hospital Sant Joan de Déu in Barcelona) with the support of Cerebra and published in JAMA. The results demonstrated, for the first time, that a Mediterranean diet or mindfulness-based stress reduction intervention during pregnancy reduces the percentage of low birth weight by 29-to-36 per cent and improves complications in pregnancy for which no previous treatment had demonstrated positive effects, when used in a structured, guided manner. (9)

The three-year IMPACT BCN clinical trial involved more than 1,200 pregnant women at high risk of having a small baby at birth. Participants were randomly divided into three groups: one in which they had visits with a nutritionist in order to follow a Mediterranean diet, a second group in which they followed a mindfulness programme to reduce stress, and a control group with standard care.

THE ROLE OF DIET IN WOMEN'S WELLBEING, SLEEP QUALITY, AND STRESS DURING PREGNANCY

The group has continued working on the analysis of the data generated by the IMPACT BCN trial, with the aim to better understand the mechanisms behind these benefits and further evaluate their impact. A recent subanalysis (10) evaluated the effects of a Mediterranean diet intervention on maternal wellbeing, sleep quality, and stress throughout pregnancy.

Although pregnancy is a transformative and exciting time, it also brings immense physical and emotional changes for women. Hormonal fluctuations, weight gain, and the anticipation of becoming a mother can all contribute to increased stress levels and decreased overall wellbeing. In addition, sleep disturbances are common during pregnancy, further exacerbating these issues. Although there has been increasing interest on the effects of a Mediterranean diet on mental health, stress, and quality of life in general (11), the role of diet on women's wellbeing during pregnancy remains undefined. The current study, conducted as a part of the IMPACT BCN trial, aimed to address that.

Analysis included participants from the Mediterranean diet and control groups. Participants in the intervention group were given olive oil and walnuts and were encouraged to eat fresh fruit, wholegrains, vegetables and dairy products, as well as consuming a diet rich in legumes, fish and white meat. Women in the non-intervention group received pregnancy care as per institutional protocols. Neither group received advice or intervention on mental health, sleep quality, wellbeing, stress, or anxiety.

Questionnaires were used to obtain information on dietary patterns, lifestyles, anxiety, stress levels, wellbeing, and sleep quality at baseline and follow-ups during the study. Levels of cortisone, cortisol, and other metabolites in urine were also measured in a subset of the participants.

The results demonstrated that a Mediterranean diet intervention significantly reduced the stress and anxiety levels of pregnant women, as well as improved their sleep quality and wellbeing throughout their pregnancy. Considering the increasing importance of the role of mental health during pregnancy, these findings might imply the promotion of a pregnancy-adapted Mediterranean diet among pregnant women as a powerful public health strategy.

MATERNAL PRO-INFLAMMATORY DIET AND ITS IMPACT ON PERINATAL OUTCOMES

Another recently-published subanalysis of the IMPACT trial data (12) identified maternal pro-inflammatory diet as a risk factor to developing maternal overweight and low-weight foetuses. Pregnancy involves several physiological changes to promote foetal growth and prepare the mother for delivery, including a systemic immune-inflammatory response. (13)

Although gestation is considered to have an anti-inflammatory profile, some pregnancy stages are characterised by increased inflammation. The balance between pro-inflammatory and anti-inflammatory molecules determines a physiological, or complicated pregnancy course. (14)

Diet plays a key role in the regulation of chronic inflammation in pregnant and non-pregnant adults. (15, 16) The current analysis aimed to further explore the relationship between the Dietary Inflammatory Index (DII) and perinatal outcomes, shedding light on the importance of maternal dietary choices during pregnancy.

The study, conducted as part of the IMPACT BCN trial, involved a large sample of pregnant women. Their dietary information was assessed using a 17-item dietary score to evaluate Mediterranean diet adherence and a 151-item food frequency questionnaire. DII score was established according to 33 food and nutritional pro-inflammatory and anti-inflammatory items.

The results revealed an association between a higher DII with maternal overweight and foetal undergrowth. Pregnant women with an anti-inflammatory diet profile showed a high adherence to the Mediterranean diet. As such, nutritional interventions during pregnancy aiming to improve dietary patterns could be an effective measure to improve the maternal dietary inflammatory profile and reduce the risk of adverse perinatal outcomes.

PROMOTING OPTIMAL PERINATAL OUTCOMES: THE IMPORTANCE OF LIFESTYLE INTERVENTIONS

Both studies provide further evidence on the effectiveness of structured lifestyle interventions in pregnant women. They emphasise the importance of maintaining a healthy and balanced diet during pregnancy to reduce the risk of complications and promote optimal foetal development. By implementing strategies to improve maternal nutrition, such as increasing access to fresh and nutritious foods, affordability, educating women about the importance of a healthy diet during pregnancy, and providing support and resources, we can strive towards better perinatal outcomes.

ABOUT CEREBRA

Cerebra is a research charity committed to listening to the families of children with brain conditions and using what they say to inspire the best research and innovation. They work with leading international research experts at universities across the UK and in Europe. Forging partnerships with pioneers in their field is key to the research-driven solutions and services they provide.

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

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ALL IN A DAY'S WORK

From harnessing her expertise in the crucial area of perinatal mental health, to the acceleration of her career ever since – including the obstacles and ambitions lining the way – Alice Evans presents the evolution of her role as a perinatal mental health pharmacist at Hywel Dda University Health Board.

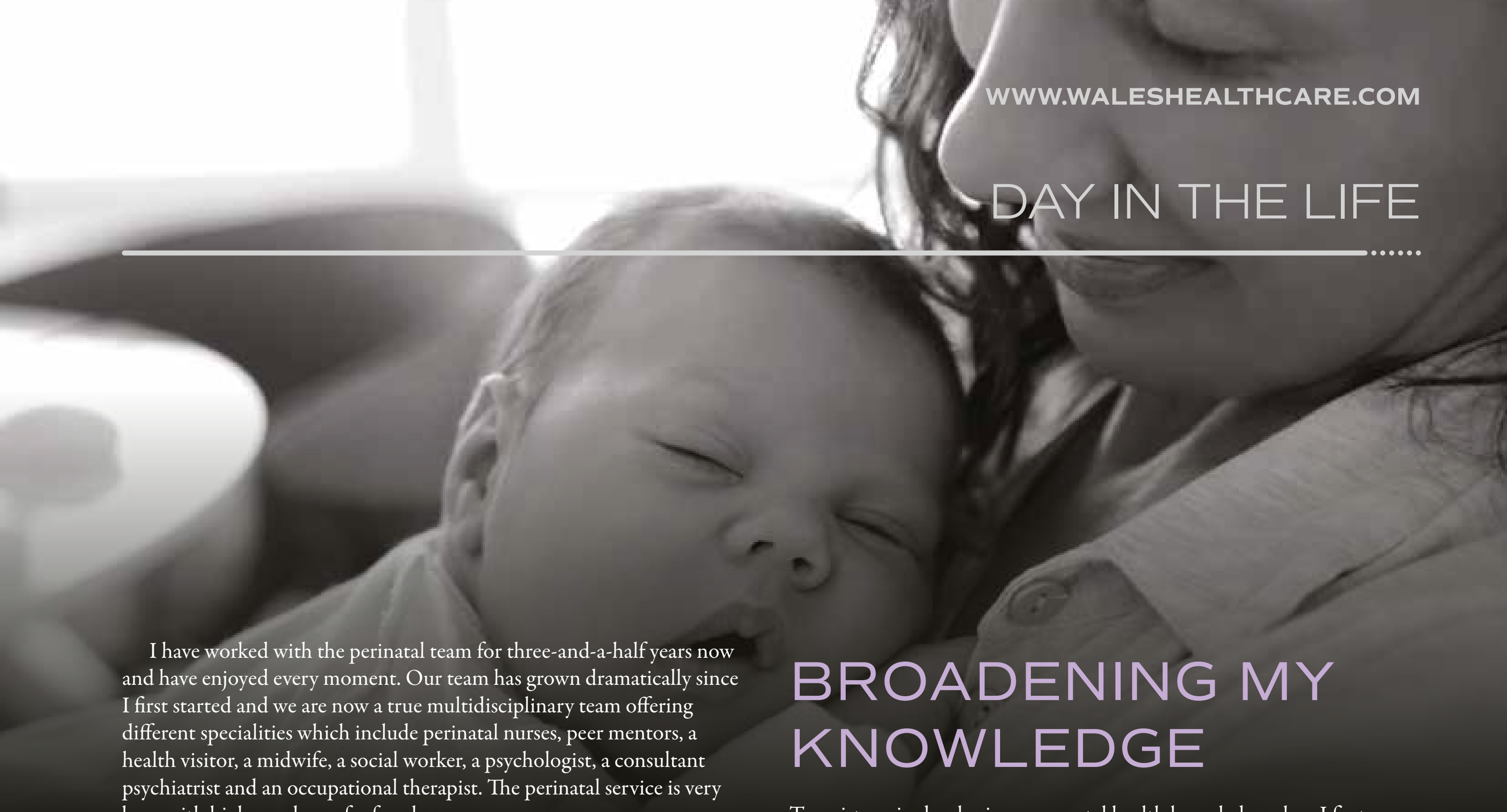

Alice Evans

I studied Pharmacy at Cardiff University which was an excellent school and close to home. I graduated in 2017 and achieved my pre-registration training in Carmarthenshire where I completed split placements between community, hospital, and primary care which I found very interesting and gave me an insight into the role of a pharmacist in different sectors.

Although I enjoyed my time in all three sectors, I had an enthusiasm to work within the hospital setting. Following my pre-registration year, I was successful in securing a role at Glangwili Hospital, Carmarthen, where I attained my Clinical Diploma with Cardiff University. I am thankful that I chose to work at Glangwili as I enjoyed my time there and the staff were very supportive, helpful, and friendly. During my Diploma, I had the opportunity to develop my knowledge in different specialities, such as intensive care, paediatrics, and mental health.

PASSION AND PROGRESSION

Prior to my placement I was told that I would either love or hate my time in mental health – to my relief I found that I thoroughly enjoyed my time there and this ignited a passion, and I finally knew that this is where I would like my career to progress towards. It was during my mental health placement that I learned about perinatal mental health which I found very thought-provoking and was eager to learn more. When the opportunity came to work within the team, I jumped at the chance. I currently work with the perinatal team three days a week and the other two days are spent with general mental health. The perinatal mental health team support women and their families from pre-conception through to when the baby is aged one, working with women and families who have difficulties with moderate-severe mental illness.



I have worked with the perinatal team for three-and-a-half years now and have enjoyed every moment. Our team has grown dramatically since I first started and we are now a true multidisciplinary team offering different specialities which include perinatal nurses, peer mentors, a health visitor, a midwife, a social worker, a psychologist, a consultant psychiatrist and an occupational therapist. The perinatal service is very busy with high numbers of referrals.

RISING TO THE CHALLENGE

COVID-19 has had a big impact on our service and many other mental health services within the NHS. We have found that many women had a traumatic experience with their last pregnancy during COVID-19 which has impacted negatively on the current pregnancy. COVID-19 also has changed the way we communicate with patients with video consultation being used more frequently, which for some women and their families is a benefit as they do not have to think about leaving the home with a newborn baby for an appointment.

When I began my role, the biggest challenge was to develop my role, as I was the first pharmacist in the team and there were no specialist team processes and procedures to follow. I began to search outside the organisation for peer support and mentorship, and finding other perinatal pharmacists in the UK who explained their role helped me to develop my role within Hywel Dda. Having very supportive managers who have allowed me to shape the role to my preference while ensuring the fulfilment to the RCPsych CCQI Guidelines, has been of benefit.

A STANDARD SCHEDULE

My typical day includes consultations with patients either online or in-person. Consultations vary from commencing and reviewing medication, pre-conception advice and information on the use of medication in pregnancy and breastfeeding to those needed to talk about their feelings. There is also the importance of consulting patients on the de-prescribing of antidepressants and, therefore, I conduct consultations with a reduction plan for the patients.

My favourite part of the role is seeing the improvement in the women from my first to the last consultation as I find it very rewarding. You can see how much they have learned from their time within the service, whether that is therapy, medication, or support around the home or with the children.

BROADENING MY KNOWLEDGE

To assist me in developing my mental health knowledge when I first commenced the role, I approached managers and was supported to complete the Postgraduate Certificate in Psychiatric Therapeutics at Aston University which I found incredibly helpful. Also, through reflection, I was aware that there was a niche for me to complete my independent prescribing within the team due to limited consultant time. I was lucky enough to be able to complete this at Swansea University, specialising in antidepressants within the perinatal period. I found this challenging but knew it would be rewarding. I have found that this course improved my clinical knowledge and benefited the patients.

I also felt that I needed to improve my knowledge on perinatal mental health so again, I asked my manager for support and I was able to complete courses, including the Institute of Health Visiting Perinatal Champion's Training and also Solihull Training, along with OXPIP Assessing parent-infant relationship course. Part of my role is also to deliver a physical health clinic and, therefore, I am trained to take bloods. To support the team further and to develop my skills, I wanted to branch out of pharmacy a little with the team and had the opportunity to complete SPRING training which supports people with PTSD through a self-guide programme.

LOOKING TO THE FUTURE

A highlight of my career was being nominated for an award at the Welsh Pharmacy Awards although I was unsuccessful in winning the award, it has inspired me to further create a bespoke perinatal pharmacy interventions.

My short-term ambitions include carrying on developing my role within the team by continuing to support the physical health of our patients and being involved in creating a contraception clinic. Long-term ambitions would be to become an Advanced Pharmacist in Mental Health through support from the Royal Pharmaceutical Society and the College of Mental Health Pharmacy. I will also like the opportunity to carry out a research project around women's mental health around the perinatal period.

In conclusion, I thoroughly enjoy my role and I love the opportunity of developing further and proving that pharmacists are more than 'pill counters' and that we can provide an essential role in the care of patients.

IN WITH THE NEW

From fostering students' potential, to fuelling the improvement of workplace wellbeing culture, WPR checks in on how Pharmacist Support – the profession's independent charity – proceeds to help the sector take crucial steps forward.

PHARMACIST SUPPORT INTRODUCES GROUNDBREAKING COURSE: 'EMBRACING A WORKPLACE WELLBEING CULTURE' FOR PHARMACY MANAGERS AND LEADERS

Pharmacist Support is excited to announce the launch of its transformative new course, 'Embracing a Workplace Wellbeing Culture,' specially designed for pharmacy managers and leaders.

This pioneering course aims to empower professionals in the pharmacy sector with the knowledge and tools to foster a positive and supportive workplace culture.

The 'Embracing a Workplace Wellbeing Culture' course directly addresses the unique challenges faced by pharmacy managers and leaders in cultivating a healthy environment for their teams. Drawing on extensive research and industry insights, the course offers practical strategies that can be implemented immediately, contributing to improved team wellbeing and performance.

Danielle Hunt, Chief Executive, and Melissa Cochrane, Wellbeing Development Manager, at Pharmacist Support, expressed their enthusiasm for the course.

Danielle stated, 'The evidence from our joint annual Workforce Wellbeing surveys with the Royal Pharmaceutical Society show that the pressures on the pharmacy workforce continue to negatively impact on mental health and wellbeing. We have seen consistently very high levels of burnout, with around 50 per cent of respondents citing a lack of work-life balance, lack of protected learning time and lack of colleague or senior support as factors which have negatively impacted their mental health and wellbeing.'

She added, 'Research by Mind has found that 56 per cent of employers would like to do more to improve staff wellbeing, but they don't feel they have the right training or guidance.'

'In today's dynamic pharmacy landscape, effective leadership is not just about managing operations; it's also about nurturing the wellbeing of your team,' said Melissa.

'A supportive line manager can make a huge difference in terms of wellbeing in the workplace. However, the reality is that many managers are promoted because of their job-based skills but have not been trained in mental health and wellbeing and may not have the interpersonal skills to manage these issues sensitively.'

According to the Chartered Institute of Personnel and Development, positive relationships with line managers are associated with higher levels of job satisfaction, commitment, and loyalty, which, in turn, are linked with higher levels of performance.

For more information and to register for the 'Embracing a Workplace Wellbeing Culture' course, visit www.pharmacistsupport.org/how-we-can-help/wellbeing-service/embracing-a-workplace-wellbeing-culture.

ALLIANCE HEALTHCARE UK AND PHARMACIST SUPPORT ANNOUNCE THREE-YEAR PARTNERSHIP TO SUPPORT THE CHARITY'S STUDENT BURSARY SCHEME

Pharmacist Support has announced a transformative three-year partnership with Alliance Healthcare UK – the UK's largest medicines wholesaler – In support of the Pharmacist Support Student Bursary Scheme.

The profession's independent charity annually opens its Student Bursary Scheme to fully accredited pharmacy schools across Great Britain. This initiative provides a lifeline to third year (or fourth year for those undertaking a five-year sandwich degree) MPharm students who are facing unexpected adversity.

The scheme is designed to support outstanding students who have demonstrated exceptional qualities in overcoming ongoing adversity, and financial hardship, and have received an endorsed expectation by their university for a positive contribution to the field of pharmacy in Great Britain.

Successful applicants are awarded bursaries of either £3,000 or £5,000.

'Our collaboration with Alliance Healthcare UK marks a significant step forward in our ongoing commitment to supporting future generations of pharmacists,' explained Danielle Hunt.

'Together, we aim to make a positive impact on the lives of these students, providing them with the resources they need to overcome challenges and pursue successful careers in pharmacy.'

'Alliance Healthcare UK shares our commitment to empowering the next generation of pharmacy professionals and this collaboration will strengthen our collective efforts to nurture talent and promote excellence in the pharmacy sector. By committing to a longer-term relationship, Alliance Healthcare UK becomes an integral part of our strategic vision, contributing to the development and execution of services that create lasting change within the pharmacy sector. This multi-year partnership allows us to plan and execute initiatives that have a sustained impact over time. It provides stability, enabling us to allocate resources more efficiently and plan for the future with confidence.'

Marie Evans, Managing Director, Alliance Healthcare UK, added, 'We are excited to partner with Pharmacist Support on their annual Student Bursary Scheme. This partnership reflects our commitment to investing in the future of pharmacy professionals and fostering a supportive environment for aspiring talent in the field. We believe in the importance of investing in the education and wellbeing of aspiring pharmacists, and this partnership aligns perfectly with our values and commitment to making a positive impact on the communities we serve.'

The three-year partnership signifies a long-term commitment to fostering positive change in the pharmacy sector, providing opportunities for growth and success. Pharmacist Support and Alliance Healthcare UK look forward to making a meaningful contribution to the lives of these students through the Pharmacist Support Student Bursary Scheme.

For more information about the Pharmacist Support Student Bursary Scheme, visit www.pharmacistsupport.org/i-need-help-managing-my/student-experience/national-bursary-scheme.

PHARMACIST SUPPORT

TAKING STOCK

95 per cent of UK farmers under the age of 40 rank poor mental health as one of the biggest hidden problems impacting farmers today – sparking the fruition of an important campaign aiming to drive dialogue and bring greater awareness to the issues facing the industry.

Farming in the UK has been hit by an increase in flooding, drought, and heatwaves in recent years.

The effects of the relentless season of storms have had huge consequences for those whose lives and livelihoods depend on the land. Fields flooded, crops destroyed, and animals in danger, have made recent headlines – but this is only the tip of the iceberg. The UK's farming industry has faced many challenges over the past few years, but the emerging mental health challenge may prove the most devastating.

A GROWING CONCERN

A recent study by leading rural charity, the Farm Safety Foundation (Yellow Wellies), revealed that poor mental health among farmers and agricultural workers is of growing concern. In a sample of 450 farmers under the age of 40, respondents almost universally (95 per cent) agreed that poor mental health is the biggest hidden problem facing the industry today.

In addition, the research showed a very clear relationship between average working hours and mental health (as measured by WEMWBS). Those with shorter working hours demonstrated higher levels of mental wellbeing. 61 per cent of farmers surveyed work at least a 10-hour day, 15 per cent working a 14- or 15-hour day, with many rarely or never taking a day off. This is something that is giving charities like the Farm Safety Foundation real cause for concern.

In an industry that continues to have the poorest safety record of any occupation in the UK, making sure farmers are prioritising their physical and mental wellbeing has never been more important. 21 farm workers lost their lives in farm accidents in 2022 / 2023, however, there were 36 suicides registered in England and Wales by those working in the farming and agricultural industry in 2021 according to the Office of National Statistics.

MIND YOUR HEAD CAMPAIGN

As a result, the charity has been focusing on the issue through its seventh annual Mind Your Head campaign. The campaign will continue to raise awareness of the various challenges facing the UK's farming industry, break down the stigma attached to poor mental health in the farming sector, but recognise that there are steps being taken to address it.

Stephanie Berkeley, Manager of the Farm Safety Foundation, explained, 'Mind Your Head launched in 2018 when concerns about Brexit, policies, administration and legislation were causing increased anxiety in the industry. Fast-forward seven years and the campaign has grown and is now recognised by 67 per cent of farmers in the UK. Mental health is always a sensitive subject but it's something that is thankfully growing in importance and profile. The answer to the question 'who cares?' is everyone – and everyone should.

'Agriculture is a proud and hardworking industry and vital to the UK economy. Far from being downtrodden, the UK's farmers are resilient and resourceful and committed to finding ways to tackle any challenge they face. Over the years we've been encouraged by the growing numbers of farm businesses and organisations wanting to learn more about how to help their workers and suppliers, as well as the incredible individuals taking steps to improve their mental wellbeing and, in this year's campaign, we will be highlighting them and hopefully inspiring many more to do the same.'

The charity has also been working with film director, Rebecca Rose, and Swift Rocket Films to premiere an original award-winning independent British short film that explores the aftermath of suicide in a farming family.

WAKE is a film about how a family comes to terms with tragic loss and how they cope both psychologically and practically.

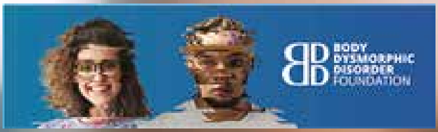
Rebecca Rose commented, 'WAKE raises awareness of the under-reported social issue of mental health and suicide in the seemingly idyllic countryside setting and how simple conversations about feelings can start a process to prevent the downward spiral toward the finality of suicide.'

Starring Gavin and Stacey actress Alison Steadman OBE, Poldark's Mark Frost, Emmerdale's Louisa Clein, and rising star Stuart Campbell, the film toured international film festivals in 2022 / 2023, and the charity launched it through their social media channels as part of the Mind Your Head campaign.

BBC Countryfile presenter Adam Henson, who last year launched the Keeping on Track podcast to raise awareness of mental health difficulties among farmers and rural communities, joins the team again. Adam is no stranger to the challenges of rural life, however the shock of losing a farming friend to suicide in 2018 inspired him to start campaigning and raising awareness of the mental health issues affecting the industry.

'I have lived on a farm and been involved in farming all my life,' he reflected. 'As anyone working in farming knows, every day brings potential joy and disaster – you never quite know what is going to happen and there are many things you can't control.'

For more information on the Mind Your Head campaign, visit www.yellowwellies.org or follow them on social media – @yellowwelliesUK on Facebook, Instagram and X using the hashtag #MindYourHead.



BENEATH THE SURFACE

It's reported that two per cent of the population have Body Dysmorphic Disorder, however, the condition is under-diagnosed due to resistance and shame in seeking help. The Body Dysmorphic Disorder Foundation help us grasp the 'hidden condition' better and how we can assist in relieving suffering for people with BDD by advancing research, treatments and awareness.

WHAT IS BODY DYSMORPHIC DISORDER?

Body Dysmorphic Disorder (BDD) is a mental health condition that causes individuals to develop a strong pre-occupation with a perceived flaw or defect in their appearance. The most common concerns are usually around facial features e.g. skin, hair, nose, eyes, chin, and teeth. However, any part of the body can become a focus of concern.

Usually, the 'flaw' is very minor or non-existent, however, those suffering are plagued by intrusive and all-consuming thoughts about this flaw, how they view themselves, and how they feel they are perceived by other people. The intrusive thoughts become extremely debilitating and individuals commonly become housebound, unable to engage in day-to-day activities, relationships or work. The fear and shame of being seen becomes overwhelming and often those suffering become isolated, withdrawn and depressed. Sadly, the rate of suicide in BDD is high, with approximately 80 per cent of people with BDD experiencing suicidal thoughts, and about one-in-four attempting suicide.

HOW MIGHT YOU KNOW SOMEONE IS EXPERIENCING BDD?

People with BDD typically carry out a range of repetitive behaviours to try to cope with their appearance concerns e.g. try to camouflage their perceived flaw by covering it with clothing, excessive amounts of make-up, or using other parts of their body. They can also spend huge amounts of time examining their appearance in mirrors and other reflective surfaces (known as 'checking') or may avoid looking in mirrors as they find this too distressing. It is very common for people with BDD to also spend a lot of time carrying out grooming routines, such as applying make-up and cosmetic products. This is not about vanity; it's about trying to correct their perceived defects in an attempt to look 'normal'. Lots of people compare their appearance to others and seeking reassurance from friends and family. Some people with BDD engage in behaviours that can be harmful when they are trying to improve their appearance e.g. picking spots or skin, which may cause scars and further anxiety.

Overall, you may notice someone has become withdrawn from social activities, spending a lot of time checking their appearance or researching how to change their appearance. They will present with sadness and low mood, anxiety, low self-esteem and feeling disgusted by themselves.

IS IT TREATABLE?

The good news is that BDD is treatable. The bad news is that lots of medical professionals are still not aware of the symptoms or treatment pathways. In reading this article, you are contributing towards raising awareness and improved understanding of BDD.

The evidence-based treatment for BDD is specialised Cognitive Behaviour Therapy (CBT) with exposure and response prevention and SSRI medication. Upon diagnosis, individuals will be offered one or both of these treatment pathways. Currently, there is a significant lack of resource in providing appropriate treatment through public health services. Where individuals have the resource to do so, they are often encouraged to access treatment privately. However, not everyone has the resource to access private treatment, leading their BDD to deteriorate and leaving them at significant risk of harm to themselves. BDD is considered a chronic condition, which rarely improves without treatment.

Unsurprisingly, many individuals with BDD seek cosmetic procedures. Since they are seeing themselves very differently to how they really look, changing themselves physically seems like the logical option. However, the majority of people with BDD who engage in cosmetic treatments report that their symptoms worsen, there is no difference, or the pre-occupation moves to a different body part. Engaging in cosmetic treatments or surgery can be extremely dangerous for someone with BDD, often leading to increased suicidal thoughts and attempts.

HOW CAN YOU HELP?

The key areas you can offer support are through education and funding. Share this article with your colleagues, educate others in knowing the symptoms and signpost anyone you are concerned about to the BDD Foundation to access suitable support and guidance in accessing treatment. Perhaps you could circulate a flyer or add it to a work notice board. Medical professionals need to be aware of this common and poorly-understood condition, and you can find some tailored resources at www.bddfoundation.org/support/supporting-someone-with-bdd/information-for-mental-health-professionals.

You can also support through funding or sponsorship. The BDD Foundation is a small charity with limited resource and funding. We offer those suffering and waiting on treatment an E-Helpline, online and in-person support groups, a 20-week group CBT therapy programme, information and guidance, and educational webinars. However, there is so much more we need to provide those suffering, which can be possible with your support. Donate or get in touch today if you'd like to support us in a longer-term capacity.

For more information, visit www.bddfoundation.org or email info@bddfoundation.org.

FOR THEIR INFORMATION

Despite being one of the biggest cancer killers in the UK, public awareness of pancreatic cancer and its symptoms is extremely low and therefore people may not consider their symptoms to be important and may delay visiting their doctor. Pancreatic Cancer Action drive forward the urgency in helping individuals secure a prompt diagnosis and medical assistance.

WHAT YOU NEED TO KNOW

Pancreatic cancer is the fifth biggest cancer killer and the 10th most common cancer in the UK. In the UK, approximately 10,500 people are diagnosed with pancreatic cancer every year. That's 29 people every day. Of these, 26 people will die every day.

The five-year survival rate for pancreatic cancer in the UK is 7.3 per cent, a statistic that has not improved significantly in 50 years, while breast cancer survival rates have doubled in this time.

Pancreatic cancer has the lowest survival rates of all 22 common cancers. This is largely due to late diagnosis. Patients are often diagnosed late due to their vague symptoms masking as other, less severe conditions. Examples include IBS, gallstones, and diverticulitis.

Pancreatic cancer occurs when a malignant tumour forms in the pancreas. Early diagnosis of pancreatic cancer is important because if it can be diagnosed and treated at an early stage, before it has spread or grown too large, then survival rates for patients are significantly better.

Currently, only around 10-to-20 per cent of pancreatic cancer patients are diagnosed at an early stage and in time for potentially life-saving surgery. However, if surgery is an option, then it increases the patient's five-year survival from 7.3 per cent to around 29 per cent.

There are many reasons why pancreatic cancer is diagnosed late:

- There is currently no screening tool that can be used to detect the cancer before people have symptoms (e.g. like there is a mammogram test for breast cancer)
- There is no simple diagnostic tool (such as a blood test) for the disease
- Pancreatic cancer often presents with vague symptoms that make it difficult to diagnose. For some people, symptoms only appear at a late stage of the disease
- Public awareness of the disease and its symptoms is low. Therefore, people may delay visiting their doctor as they do not consider their symptoms serious
- There are barriers to people visiting their GP, for example, due to embarrassment, inability to make an appointment, or difficulty accessing local health services
- Healthcare professionals lack awareness of the disease and lack the confidence to diagnose it. This may cause delays in organising appropriate tests or referrals to specialists
- Patients often bounce around the system between services, causing appointment and diagnosis delays

Pancreatic Cancer Action is the only UK pancreatic cancer charity dedicated to saving lives through early diagnosis.

PANCREATIC CANCER AWARENESS MONTH

In November 2023, we launched our #MISSED campaign to raise awareness of the signs and symptoms of pancreatic cancer to improve the statistics around missed diagnoses. Patients will visit their GP an average of four times before being diagnosed, with at least one patient visiting their GP 23 times before a correct diagnosis.

Data also shows that 43 per cent of pancreatic cancer patients are diagnosed when admitted to A&E, but by this point, for over half of these patients, it is too late for any curative treatment.

SO, WHAT ARE PANCREATIC CANCER ACTION DOING TO CHANGE THINGS?

At Pancreatic Cancer Action, we provide the world's first CPD-accredited healthcare professional e-learning modules for GPs and pharmacists.

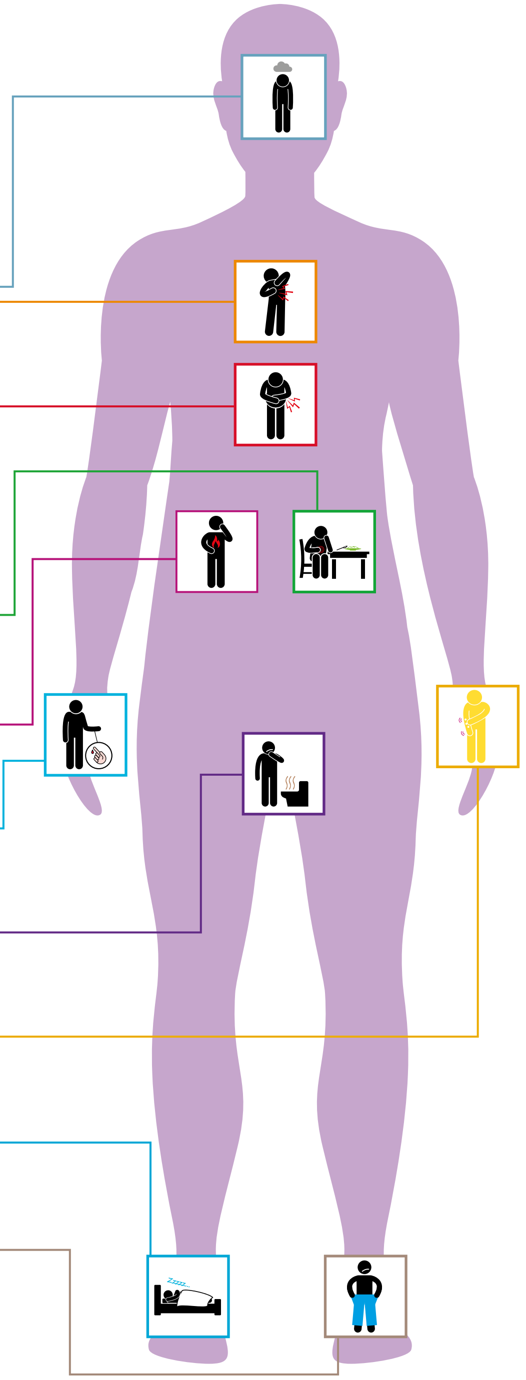
These can be accessed here by scanning here:

If you'd like to learn more about Pancreatic Cancer Action, our work or would like more healthcare information, please email healthinfo@panact.org or call us on 0303 040 1770.

pancreatic cancer action

Signs & Symptoms

of pancreatic cancer



Low mood or depression Continued feeling of sadness

Mid-back pain or discomfort

Upper abdominal pain or discomfort

Pain on eating or loss of appetite

Indigestion Not responding to medication

Diabetes New onset type 2

Pale and smelly stools That don't flush easily

Jaundice Yellowing of the skin and whites of the eyes, &/or very itchy skin

Fatigue Persistent feeling of tiredness or exhaustion

Unexplained weight loss Without trying

DO NOT IGNORE THEM!

If you persistently experience one or more of these symptoms which are not normal for you, **contact your GP straight away** or call the **NHS 111 Service**

Saving lives through early diagnosis

Common Misdiagnosis

- Gallstones
- Gastritis
- Irritable Bowel Syndrome
- Gastroenteritis
- Indigestion
- Liver disease
- Muscular pain and Diverticulitis

panact.org **0303 040 1770**

Trusted Information Creator
Patient Information Forum

A PRESSURE POINT

Jane Hanna

Concerns over access to life-saving medicines are being propelled forward by epilepsy charity, SUDEP Action, in a bid to raise more awareness of the severe repercussions which the restrictions could bring.

Epilepsy charity, SUDEP Action, is calling for more to be done to ensure that people with epilepsy have better access to life-saving medicines.

The charity has expressed concerns about changes to the prescribing of the drug sodium valproate which came into effect from 31st January 2024.

Jane Hanna, Director of Policy and Influencing for SUDEP Action, says that the valproate issue is compounding other NHS pressures relating to the vital supply of epilepsy medicines to patients.

She explained, 'Medicines are the first line of defence against preventable epilepsy deaths, including SUDEP. At the moment, the epilepsy scene is frightening because of restrictions on access to medicines, either through shortages or through national medicines policy – and this is happening against a context of rising NHS waiting lists and massive backlogs.'

SUDEP stands for Sudden Unexpected Death in Epilepsy. It is when someone with epilepsy dies and no other cause of death can be found. At least 21 people with epilepsy die each week in the UK. Research shows that SUDEP is connected with seizures, particularly tonic-clonic seizures, but no-one knows the exact cause and there may be no single explanation. However, research is clear that in many people with epilepsy, risks can be reduced – with seizure control being a key way to improve safety.

Last year, the MHRA announced new restrictions which mean no-one under the age of 55 will be newly-prescribed sodium valproate unless two specialists agree there is no other effective or tolerated treatment, or there are 'compelling reasons that the reproductive risks do not apply.'

According to the MHRA, about one-in-nine babies born to mothers taking valproate will have birth defects and about 30-to-40 of 100 will have learning difficulties. The MHRA has also said that there is a risk of reduced fertility in men and boys taking valproate.

However, for around 10 per cent of people with generalised epilepsies, valproate is the first-line defence against hospitalisation and the risk of sudden unexpected death in epilepsy.

SUDEP Action has raised concerns that there is little understanding nationally on how to apply the new directive around sodium valproate, which remains an effective treatment option for many with epilepsy who can't or don't want to have children. The charity has also voiced concerns that the number of patients managed in primary care by GPs is unknown, so introducing patient pathways will burden an already stretched secondary care service.

Jane Hanna continued, 'There is no single drug for epilepsy – instead, we need a toolbox of medicines and combinations for some 40-plus different forms of epilepsy. Everyone's epilepsy is individual so it's really important people get the most effective treatments for them and that they are able to have proper discussions around the benefits and risks of medicines, as you would expect for any other condition.'

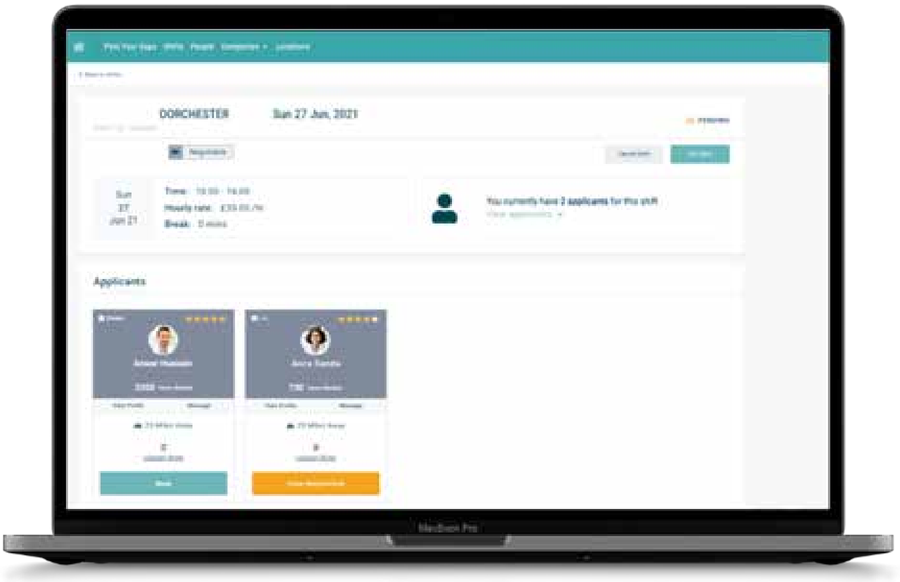
ABOUT SUDEP ACTION

Action is the only UK charity supporting and working alongside those whose loved ones have died from an epilepsy-related death. Its support service is tailored and led by what the bereaved need and want – which can include advocacy, information, advice and involvement in research through its Epilepsy Deaths Register. The support service can also assist and empower families in their interactions with the coronial service and other agencies.

Additionally, the charity provides free award-winning tools, including:

- The SUDEP & Seizure Safety Checklist: for clinicians to discuss and review epilepsy risks with their patients so potentially life-saving interventions can happen
- The EpSMon app: helping people with epilepsy to quickly monitor any changes to their condition and wellbeing in-between appointments

To contact SUDEP Action, call 01235 772 850 (main office) or 01235 772 852 (support line) or email info@sudep.org.



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CLOSE TO HOME

For a significant proportion of asthma patients, their day-to-day life is shrouded in triggers and spent strategising methods for keeping unnecessary exacerbations at bay. How can they maximise the safety of their home setting?

THE GLOBAL INITIATIVE FOR ASTHMA: COMMON ASTHMA TRIGGERS

Firstly, individuals should try to discover what triggers their asthma. Common triggers include tobacco smoke, cold air and exercise.

- Individuals should be strict about no smoking inside their home and other places where they spend time. Exposure to tobacco smoke makes asthma worse in most people
- Cold air triggers symptoms more easily when individuals aren't getting enough treatment for their asthma, and increasing their dose of anti-inflammatory medication will often help
- Exercise is important and should normally not be discouraged, because asthma symptoms during or following exercise can usually be prevented by good medication
- Pressure on the chest can be caused by situations like sleeping on their back as this builds the pressure, making the individual uncomfortable and asthmatic. They can prevent this by simply getting a memory foam mattress

Some allergens can be avoided. For example, if the patient is allergic to horses or cats they should keep away from them. Other allergens and environmental triggers, such as house dust mites, pollen and air pollution, are more difficult to avoid completely.

There is a difference between triggers that cause inflammation (inducers) and those that only cause temporary symptoms. Full advice about which allergens and environments patients should avoid can only be given after talking to their doctor and often after they have been tested for allergies.

WHAT CAN PATIENTS DO TO IMPROVE THEIR HOME ENVIRONMENT IN GENERAL?

It is important that their home is easy to ventilate and keep clean, particularly the floors. Wood, tile or linoleum flooring is better than fitted textile carpeting, which tends to collect a lot of dust, dust mites and allergens.

In general, they shouldn't keep furry animals or birds, even if they're not specifically allergic to them, as they will lead to an increase in the amount of house dust.

The individual should try to avoid strong perfumes, aftershave, deodorants and fragrant flowers inside the house, as these are all possible triggers of asthma. They shouldn't allow anyone to smoke indoors (and avoid other smoky environments, such as bars).

WHAT ABOUT ALLERGIES TO DUST MITES?

House dust mites and their allergens are difficult to avoid. Individuals should try to keep their house, and especially the living area and the bedrooms, dry and well-ventilated. They should avoid textile floor coverings. If possible, someone else should do the cleaning and floors should be mopped instead of vacuuming them.

It can be a good idea to encase pillows, quilts and mattresses in airtight covers that do not allow dust mites or their allergens to pass through. Alternatively, they should wash their pillow, blanket and bedding regularly at 60C. Previously, it was recommended that their pillow is put in the freezer regularly to reduce the number of dust mites, but this is unnecessary if a cover is attained for the pillow and mattress that doesn't let the dust mites through. A vacuum cleaner with a HEPA (high efficiency particulate air) filter and double bags can be used. Individuals can also feel better if they avoid having dust-collecting textiles and furniture.

For more information, visit www.ginasthma.org.

INDOOR METABOLITES REVEALED AS KEY INDICATORS IN ASTHMA AND ALLERGIC RHINITIS

In a groundbreaking study published in the journal Eco-Environment & Health, researchers have made a pivotal discovery concerning asthma and allergic rhinitis (AR). This work underscores the critical roles of indoor microorganisms and metabolites, shedding new light on the environmental factors that trigger these prevalent respiratory conditions.

INDOOR METABOLITES: A CHEMICAL FINGERPRINT OF THE HOME ENVIRONMENT

This study, conducted by researchers in China and Malaysia, takes a novel approach by focusing on indoor metabolites and chemicals – the products of both microbial and human activity in the home environment. Using high-throughput technologies, the team compared the dust composition of homes with children diagnosed with asthma, AR, or both, with homes of healthy children. The analysis revealed distinct differences in the chemical profiles of the two groups. Homes with diseased children had higher levels of mycotoxins (toxic fungal metabolites) and synthetic chemicals like herbicides, insecticides, and food / cosmetic additives.

Conversely, homes of healthy children were enriched with beneficial environmental microbes and metabolites like keto acids, indoles, pyridines, and flavonoids (astragalin and hesperidin).

Excitingly, the researchers developed a model based on these characteristic metabolites and chemicals that could accurately predict the prevalence of asthma and AR in an independent dataset from Malaysia. This suggests that analysing dust for its chemical fingerprint may be a more reliable and consistent way to assess environmental risk for these diseases than studying the complex and variable microbiome.

TOWARDS A 'METABOLICALLY HEALTHY' HOME ENVIRONMENT

The study's findings pave the way for exciting new possibilities in preventing and managing childhood asthma and AR. By testing for specific metabolites in household dust, we could potentially identify homes with unhealthy chemical profiles and implement targeted interventions. This could involve promoting the growth of beneficial microbes through probiotic sprays or adjusting ventilation systems to reduce toxin exposure.

Luforbec now offers a 52% NHS list price saving vs Fostair pMDIs.[1]

The 1st certified carbon neutral pMDI

ACHIEVED THROUGH CARBON OFFSETTING[2-4]

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Luforbec®

beclometasone/formoterol

100/6 & 200/6 Extrafine formulation

To discuss the cost improvement potential Luforbec could offer your ICS/Health Board, contact:

ukrespiratory@lupin.com or scan here

Luforbec 100/6 is indicated for adult asthma and COPD (FEV$_1$ <50% predicted normal).[5] Luforbec 200/6 is indicated for asthma in adults.[6]

Prescribing Information: Luforbec® 100/6 and 200/6 pressurised metered dose inhaler (pMDI) Consult the full Summary of Product Characteristics (SmPC) before prescribing. Presentation: Pressurised inhalation solution. Luforbec 100/6 pMDI: Each dose contains beclometasone dipropionate (BDP) 100 micrograms (mcg) and formoterol fumarate dihydrate 6 mcg. Luforbec 200/6 pMDI: Each dose contains beclometasone dipropionate (BDP) 200 mcg and formoterol fumarate dihydrate 6 mcg. **Indications: *Asthma:*** Regular treatment of asthma where use of an inhaled corticosteroid/long-acting beta$_2$-agonist (ICS/LABA) combination is appropriate: patients not adequately controlled on ICS and as needed short-acting beta$_2$-agonist, or patients already adequately controlled on both ICS and LABA. ***COPD* (Luforbec 100/6 only):** Symptomatic treatment of patients with severe COPD (FEV$_1$ <50% predicted normal) and a history of repeated exacerbations, who have significant symptoms despite regular therapy with long-acting bronchodilators. **Dosage and administration:** For inhalation in adult patients (≥18 years); not recommended for children and adolescents under 18 years. ***Asthma:* Maintenance therapy:** Luforbec 100/6 pMDI: 1–2 inhalations twice daily. Luforbec 200/6 pMDI: 2 inhalations twice daily. The maximum daily dose is 4 inhalations, ensuring a separate short-acting bronchodilator is available as needed. Patients should receive the lowest dose that effectively controls symptoms. **Maintenance and reliever therapy (Luforbec 100/6 pMDI only):** Luforbec can be taken as a regular maintenance treatment and as needed in response to asthma symptoms: 1 inhalation twice daily (morning and evening) plus 1 additional inhalation as needed in response to symptoms. If symptoms persist after a few minutes, an additional inhalation is recommended. The maximum daily dose is 8 inhalations. Patients should be advised to always have Luforbec available for rescue use. Close monitoring for dose-related adverse effects is needed in patients who frequently take high numbers of Luforbec as-needed inhalations. ***COPD* (Luforbec 100/6 pMDI only):** 2 inhalations twice daily. Luforbec pMDI can be used with the AeroChamber Plus® spacer device. BDP in Luforbec is characterised by an extrafine particle size distribution which results in a more potent effect than formulations of BDP with a non-extrafine particle size distribution (100mcg of BDP extrafine in Luforbec are equivalent to 250mcg of BDP in a non-extrafine formulation). When switching patients from previous treatments, it should be considered that the recommended total daily dose of BDP for Luforbec is lower than that for non-extrafine BDP containing products and should be adjusted to the individual patient's needs. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients. **Warnings and precautions:** Not intended for initial management of asthma. Treatment should not be initiated during an exacerbation, or during significant worsening or acutely deteriorating asthma. Treatment should not be stopped abruptly. Medical attention should be sought if treatment is ineffective. Patients should be advised to take Luforbec every day even when asymptomatic. Treatment should be discontinued immediately if the patient experiences a paradoxical bronchospasm. Use with caution (which may include monitoring) in patients with cardiac arrhythmias, especially third degree atrioventricular block and tachyarrhythmias, aortic stenosis, hypertrophic obstructive cardiomyopathy, severe heart disease, particularly acute myocardial infarction, ischaemic heart disease, congestive heart failure, occlusive vascular diseases, arterial hypertension, aneurysm, thyrotoxicosis, diabetes mellitus, phaeochromocytoma and untreated hypokalaemia. Caution should be used when treating patients with known or suspected prolongation of the QTc interval (QTc > 0.44 seconds). Formoterol itself may induce QTc prolongation. Potentially serious hypokalaemia may result from beta$_2$-agonist therapy and may also be potentiated by concomitant treatments (e.g. xanthine derivatives, steroids and diuretics). Particular caution is advised in severe asthma as this effect may be potentiated by hypoxia. Caution is recommended in unstable asthma when a number of rescue bronchodilators may be used. Formoterol may cause a rise in blood glucose levels. Luforbec should not be administered for at least 12 hours before the start of anaesthesia if halogenated anaesthetics are planned due to risk of arrhythmias. Use with caution in patients with pulmonary tuberculosis or fungal/viral airway infections. An increase in pneumonia and pneumonia hospitalisation in COPD patients receiving ICS has been observed. Clinical features of pneumonia may overlap with symptoms of COPD exacerbations. Systemic effects of ICS may occur, particularly at high doses for long periods e.g. Cushing's syndrome, Cushingoid features, adrenal suppression, decrease in bone mineral density, cataract and glaucoma and more rarely, psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression and aggression. Consider referral of patients reporting blurred vision or visual disturbances to an ophthalmologist as causes may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy. Prolonged treatment with high doses of ICS may result in adrenal suppression and acute adrenal crisis. **Interactions:** Possibility of systemic effects with concomitant use of strong CYP3A inhibitors (e.g. ritonavir, cobicistat) cannot be excluded hence caution and appropriate monitoring is advised. Beta-blockers should be avoided in asthma patients. Concomitant administration of other beta-adrenergic drugs and theophylline may have potentially additive effects, therefore exercise caution. Concomitant treatment with quinidine, disopyramide, procainamide, phenothiazines, antihistamines, monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants can prolong the QTc interval and increase the risk of ventricular arrhythmias. L-dopa, L-thyroxine, oxytocin and alcohol can impair cardiac tolerance towards beta$_2$-sympathomimetics. Concomitant treatment with MAOIs including agents with similar properties (e.g. furazolidone, procarbazine) may precipitate hypertensive reactions. Concomitant treatment with xanthine derivatives, steroids, or diuretics may potentiate a possible hypokalaemic effect of beta$_2$-agonists. Hypokalaemia may increase the likelihood of arrhythmias in patients receiving digitalis glycosides. There is a small amount of ethanol in Luforbec pMDI hence a theoretical potential for interaction in particularly sensitive patients taking disulfiram or metronidazole. **Pregnancy and lactation:** Use only during pregnancy or lactation if the expected benefits outweigh the potential risks. **Effects on driving and operating machinery:** Unlikely to have any effect on the ability to drive and use machines. **Side effects:** *Common:* Pharyngitis, oral candidiasis, headache, dysphonia, pneumonia (in COPD patients). *Uncommon:* Influenza, oral fungal infection, oropharyngeal candidiasis, oesophageal candidiasis, vulvovaginal candidiasis, gastroenteritis, sinusitis, rhinitis, granulocytopenia, allergic dermatitis, hypokalaemia, hyperglycaemia, restlessness, tremor, dizziness, otosalpingitis, palpitations, electrocardiogram prolonged QTc interval, ECG change, tachycardia, tachyarrhythmia, atrial fibrillation (in COPD patients), hyperaemia, flushing, cough, productive cough, throat irritation, asthmatic crisis, diarrhoea, dry mouth, dyspepsia, dysphagia, burning sensation of the lips, nausea, dysgeusia, pruritus, rash, hyperhidrosis, urticaria, muscle spasms, myalgia, C-reactive protein increased, platelet count increased, free fatty acids increased, blood insulin increased, blood ketone body increased, blood cortisol decrease (in COPD patients). *Rare:* Ventricular extrasystoles, angina pectoris, paradoxical bronchospasm, angioedema, nephritis, increased blood pressure, decreased blood pressure. *Very rare:* Thrombocytopenia, hypersensitivity reactions, including erythema, lips, face, eye and pharyngeal oedema, adrenal suppression, glaucoma, cataract, dyspnoea, exacerbation of asthma, peripheral oedema, decreased bone density, growth retardation in children and adolescents. *Unknown frequency:* Psychomotor hyperactivity, sleep disorders, anxiety, depression, aggression, behavioural changes (predominantly in children), blurred vision. Refer to SmPC for full list of side effects. **Legal category:** POM **Price and Pack:** £13.98 1x120 actuations. **Marketing authorisation (MA) No(s):** PL 35507/0204, 35507/0205 **MA holder:** Lupin Healthcare UK Ltd, The Urban Building, Second Floor, 3-9 Albert Street, Slough, Berkshire, SL1 2BE, United Kingdom. **PI Last Revised:** November 2023. AeroChamber Plus® is a registered trademark of Trudell Medical International.

Adverse events should be reported. Reporting forms and information can be found at https://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App store. Adverse events should also be reported to Lupin Healthcare UK Limited on +44 (0)1565 751 378 or EU-PV@lupin.com

Ref: 1. NHS BSA. Drug Tariff. https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff Accessed: November 2023. **2.** Certifications of carbon neutrality for Luforbec 100/6 and 200/6 pMDI. **3.** Carbon Footprint Limited, Luforbec Life Cycle Assessment Report 2022. Data on File. **4.** MIMS: Inhaler Carbon Emissions. https://www.mims.co.uk/inhaler-carbon-emissions/respiratory-system/article/1739635. Accessed: November 2023. **5.** Luforbec 100/6 pMDI. Summary of Product Characteristics (SPC). Lupin Healthcare UK Limited. **6.** Luforbec 200/6 pMDI. Summary of Product Characteristics (SPC). Lupin Healthcare UK Limited. Fostair® is a registered trademark of Chiesi Ltd

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PRACTICES AWARDED FOR TAKING ACTION TO HELP THE PLANET

Primary care staff are introducing greener ways of working throughout their Swansea Bay practices. GP practices, pharmacies, opticians and dental practices have been striving to become more environmentally-friendly by making changes to the way they work.

Public Health Wales nationally launched the Greener Primary Care Wales Framework and Award Scheme to encourage primary care staff to introduce greener ways of working to their practices. It's the first-of-its-kind in Wales and is made up of a suite of both clinical and non-clinical 'green' actions, with accompanying information and resources to help with implementation.

Practices can choose which actions to complete, with one point achieved for each they manage to do. As the number of actions completed increases, so does the level of award achieved – ranging from bronze to silver and then gold.

Oliver Newman, Greener Primary Care Champion and Assistant Divisional Manager for Pharmacy and Medicines Management, stated, 'The award scheme gives all primary care contractors a choice of actions. A number of them apply to all contractors, however there is a flexibility for contractors to choose actions that are specific to their line of work. Many of the actions are likely to already be standard practice, such as switching off all equipment at the end of the day or using energy-efficient lighting.'

UNAFFORDABLE HOUSING RISKS HARMING HEALTH AND WELLBEING IN WALES

More needs to be done to make homes affordable, to protect the health and wellbeing of everyone in Wales. A new report highlights how the cost-of-living crisis is making homes less affordable for more people and how this is impacting on their health.

Not being able to afford rent or mortgage payments has negative impacts on mental health, while high energy bills mean that people are more likely to live in cold and damp homes, leading to higher risk of heart attacks, strokes, arthritis and respiratory conditions.

Right now in Wales:

- There is not enough social housing to meet demand
- People buying a house can expect it to cost over six times their earnings
- Private rental prices have increased significantly, while Local Housing Allowance rates have remained frozen between 2020-to-2023
- Increasing interest rates have added hundreds of pounds to monthly mortgage repayments
- The gap between those who can and can't afford their housing has increased over the past decade, which risks trapping those who are worse off, in poor or unsafe housing or of being made homeless, further worsening their health and wellbeing

Evidence suggests that renters and disabled people have been hit harder by the effects of the cost-of-living crisis on housing affordability, while older people, children and babies are at particularly high risk of the negative health impacts of living in cold and damp homes.

Another potential issue comes from being unable to afford energy efficiency improvements to homes. This can lock people into unaffordable energy bills, and mean households are using more energy at a time when Wales is looking to reduce energy usage to help combat climate change.

Looking to the future, adaptations needed to mitigate the effects of a changing climate (such as overheating), could also put unmanageable financial burdens on households if not managed fairly. Changes to household sizes (including an increase in single-person households) and the way people use their home (for example, due to increased home working) may also put further pressure on housing demand, in a system where it is already outstripping supply.

NEW STUDY TO SUPPORT THE WELLBEING OF WOMEN WITH RECURRENT URINARY TRACT INFECTIONS

Research funded by the Health and Care Research Wales Faculty is seeking to produce a decision aid to help women with recurrent urinary tract infections (UTIs) make informed decisions about their treatment options.

Dr Leigh Sanyaolu, a GP in Torfaen and a Health and Care Research Wales / NIHR Doctoral Fellow at Cardiff University, explained that, 'Recurrent UTIs can have a big impact on women's lives and impact their ability to work and function normally. They can also have a significant impact on women's mental health and some worry about the possibility of further UTIs in the future.

'Generally, the main treatment to prevent recurrent UTIs are long-term, low-dose antibiotics, which have been shown to be effective. The concern is the development of antibiotic-resistant infections, but the effect of long-term antibiotics on resistance is currently not clear.

'There are several non-antibiotic options, but their effectiveness is much less recognised. It's vital to understand the long-term effects of antibiotics used for this condition and the effectiveness of alternative options.'

Dr Sanyaolu will use healthcare data from the Secure Anonymised Information Linkage Databank to get a more accurate picture of the burden of the condition.

The study will look over an 11-year period at women with recurrent UTIs.

Dr Sanyaolu is collecting and consolidating information on both the positives and negatives of the various treatment options for recurrent UTIs, with his research to develop a decision aid about the best treatment option to prevent recurrent UTIs.

The decision aid will support discussions between women with recurrent UTIs and their healthcare professional around the pros and cons, evidence, side-effects and rationale for each option to support shared decision-making to manage their condition.

Kevesy® 5mg/ml & 10mg/ml

solution for infusion
Levetiracetam

For the rapid treatment
of epileptic seizures

5mg/ml (100ml of infusion solution contains 500mg levetiracetam)

10mg/ml (100ml of infusion solution contains 1,000mg levetiracetam)

- Ready to Use
- Time & Cost Saving

Prescribing information

Refer to the full Summary of Product Characteristics (SmPC) before prescribing.
Name and active ingredients: Kevesy® 5mg/ml solution for infusion and Kevesy® 10mg/ml solution for infusion. Active ingredient is levetiracetam. **Pharmaceutical form:** Clear, colourless to light yellow solution for infusion. pH: 5.3 – 6.0; osmolarity (mOsmol/Kg): 270 – 330. Kevesy® 5mg/ml solution for infusion contains 5mg of levetiracetam therefore each 100ml bag contains 500mg of levetiracetam. Kevesy® 10mg/ml solution for infusion contains 10mg of levetiracetam therefore each 100ml bag contains 1000mg of levetiracetam. **Indications:** As adjunctive therapy for the treatment of partial onset seizures with or without secondary generalisation in adults, adolescents and children from 4 years of age with epilepsy, treatment of myoclonic seizures in adults and adolescents from 12 years of age with Juvenile Myoclonic Epilepsy and treatment of primary generalised tonic-clonic seizures in adults and adolescents from 12 years of age with Idiopathic Generalised Epilepsy. **Posology and method of administration:** See SmPC section 4.2 for dosage, preparation, administration, duration and special populations. **Contraindications:** Hypersensitivity to the active substance or other pyrrolidone derivatives or to any of the excipients listed in section 6.1 of the SmPC. **Special warnings and precautions for use:** Precautions should be taken regarding: renal impairment, acute kidney injury, decrease in blood cell count, suicide, abnormal and aggressive behaviours, worsening of seizures, electrocardiogram QT interval prolongation, paediatric use and patients on a low sodium diet. **Interactions:** The list of products to avoid concomitant use of or to closely monitor the use of can be found in the SmPC section 4.5. **Adverse reactions:** The most commonly reported adverse reactions are: nasopharyngitis, anorexia, depression, hostility/aggression, anxiety, insomnia, nervousness/irritability, somnolence, headache, convulsion balance disorder, dizziness, lethargy, tremor, vertigo, cough, abdominal pain, diarrhoea, dyspepsia, vomiting, nausea, rash and asthenia/fatigue. For full details on adverse reactions, see SmPC section 4.8
Presentations: Both the 5mg/ml and 10mg/ml strengths are presented in a 100ml dual port bag with aluminium over wrap, equipped with two administration tubing ports (injection port and a twist off port with closure). NHS Cost: Kevesy® 5mg/ml solution for infusion: £127.30. Kevesy® 10mg/ml solution for infusion: £254.60. **Legal Classification:** POM **Marketing Authorisation Number:** 5mg/ml PL 21844/0027 10mg/ml PL 21844/0028. Distributed by Kent Pharma UK Ltd.
Date of preparation: April 2022. UK22/001/SmPC Feb 2021.

Adverse events should be reported. Reporting forms and information can be found at: www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Kent Pharma UK Ltd on 01233 506574 or medical@kent-athlone.com. For a copy of the SmPC or further medical information, please contact: medical@kent-athlone.com. Additional information available on request.

For further information on this product, please contact your Kent Pharma Hospital Key Account Manager or our customer service team.

KENT PHARMA

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www.kentpharma.co.uk

Date of preparation: April 2023 Ref: UK23/10/00

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Zalkya® 2mg film-coated tablets

dienogest

A significant progress in the **treatment of endometriosis**[1]

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Suitable for
vegetarians
and vegans

Dienogest is a 4th generation selective progestin having anovulatory and anti-proliferative effect in endometrial cells, as well as anti-inflammatory and anti-angiogenic actions.[2]

- Reduces endometrioma volume[3]
- Preserves the ovarian reserve[4]
- As effective as GnRH agonists in relieving pain associated with endometriosis[5]
- Presents a favourable adverse events profile vs GnRH agonists[5]

In addition to a significant pain reduction, **women treated with Zalkya® 2mg experienced hypoestrogenic symptoms less frequently** than women treated with Leuprolide acetate.[5]

References

1. Vercellini et al., Fertility and Sterility Vol. 105, No. 3, March 2016. **2.** Sasagawa S et al, Steroids 2008; 73: 222-231. **3.** Angioni et al. Gynecological Endocrinology 2019. **4.** Muzii et al., Gynecological Endocrinology 2019. **5.** Strowitzki T. et al, Human Reproduction, Vol.25, No.3 pp. 633–641, 2010.

Prescribing information

Please refer to the Summary of Product Characteristics (SmPC) before prescribing.
Name and active ingredient: Zalkya® 2mg film-coated tablets. Each tablet contains 2mg of dienogest. **Indications:** Treatment of endometriosis. **Posology and method of administration:** One tablet daily without any break, taken preferably at the same time each day with some liquid as needed. The tablet can be taken with or without food. For oral use. **Contraindications:** Zalkya® should not be used in the presence of any of the conditions listed and should any of the conditions appear with first use of Zalkya® treatment must be discontinued: active venous thromboembolic disorder, arterial and cardiovascular disease, past or present (e.g. myocardial infarction, cerebrovascular accident, ischemic heart disease), diabetes mellitus with vascular involvement, presence or history of severe hepatic disease as long as liver function values have not returned to normal, presence or history of liver tumours (benign or malignant), known or suspected sex hormone-dependent malignancies, undiagnosed vaginal bleeding or hypersensitivity to the active substance or to any of the excipients listed (see section 6.1 of the SmPC). **Special warnings and precaution for use:** Precautions should be taken regarding serious uterine bleeding, changes in bleeding pattern, circulatory disorders, tumours and osteoporosis (see SmPC section 4.4). **Interactions:** Inducers or inhibitors of CYP3A4 may affect the progestogen drug metabolism. An increased clearance of sex hormones due to enzyme induction may reduce the therapeutic effect of Zalkya® and may result in undesirable effects e.g. changes in the uterine bleeding profile. Substances increasing the clearance of sex hormones (diminished efficacy by enzyme-induction), e.g.: phenytoin, barbiturates, primidone, carbamazepine, rifampicin, and possibly also oxcarbazepine, topiramate, felbamate, griseofulvin, and products containing St. John's wort (Hypericum perforatum). See section 4.5 of the SmPC for full information. **Adverse reactions:** The most commonly reported adverse reactions of Zalkya® are: weight increase, depressed mood, sleep disorder, nervousness, loss of libido, altered mood, headache, migraine, nausea, abdominal pain, flatulence, abdominal distension, vomiting, acne, alopecia, back pain, breast discomfort, ovarian cyst, hot flushes, uterine / vaginal bleeding including spotting, asthenic conditions, irritability. See section 4.8 of SmPC for full information. **Presentation:** 2 x 14 white film-coated tablets packed in PVC (250 µm)-Aluminium (20 µm) push-through-blister. Pack Size: 28 film-coated tablets. NHS Cost: £20.50. **Legal Classification:** POM. **MA Number:** PL 21844/0037. Distributed by Kent Pharma UK Ltd. Date of preparation: February 2023. UK21/007/01 SmPC Sept 2019.

Adverse events should be reported: Reporting forms and information can be found at: www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Kent Pharma UK Ltd on 01233 506574 or medical@kent-athlone.com. For a copy of the SmPC or further medical information, please contact: medical@kent-athlone.com. Additional information available on request.

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