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Pharmaid

Numerous requests have been received from developing countries for BNFs. The Pharmaid scheme of the Commonwealth Pharmacists Association will dispatch old BNFs to Commonwealth countries. BNFs will be collected from certain community pharmacies in November. For further details check the health press or contact:

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Feedback

We welcome feedback from you. If you have any comments or suggestions please let us know at editor@bnf.org.

Dear BNF user

Welcome to BNF 61. We have highlighted below some of the key changes you will find in this new edition.

Updated prescribing information

Management of stroke

BNF 61 now includes prescribing notes on the management of stroke. Stroke is associated with a significant risk of morbidity and mortality, and patients presenting with acute symptoms should be immediately transferred to hospital for accurate diagnosis and initiation of treatment, preferably within a specialist stroke centre. Section 2.9 (p. 150) includes information on therapies used in the initial and long-term management of transient ischaemic attack, ischaemic stroke, and intracerebral haemorrhage.

Antiepileptic medication in pregnancy

Guidance on the use of antiepileptic medication in pregnancy has been reviewed and updated in section 4.8.1 (p. 280). All women with epilepsy who become pregnant, or want to become pregnant, should be referred to a specialist. It is important that women taking anticonvulsants at the time of becoming pregnant should not discontinue their medication without specialist advice; the risk of harm to the mother and unborn child from seizures outweighs any teratogenic risk. The concentration of antiepileptic medication in the blood may change during pregnancy. This is especially a concern for phenytoin, lamotrigine, and carbamazepine, and these medications require plasma-drug concentration monitoring during pregnancy.

Rosiglitazone withdrawal

The marketing authorisation for rosiglitazone has been suspended following a review by the European Medicines Agency. The European Medicines Agency have concluded that the benefits of rosiglitazone treatment do not outweigh the cardiovascular risks associated with it. New or repeat prescriptions for rosiglitazone should not be issued, and the treatment of patients who are taking rosiglitazone should be reviewed.

Drug interactions with combined hormonal contraceptives

Advice on interactions between combined hormonal contraceptives and antibacterials that do not induce liver enzymes has been updated in section 7.3.1 (p. 495) to take into account the recommendations of

the Faculty of Sexual and Reproductive Healthcare Clinical Guidance: *Drug Interactions with Hormonal Contraception* (January 2011). Current recommendations are that additional contraceptive precautions are no longer necessary when antibacterials that do not induce liver enzymes are taken with *combined* oral contraceptives, unless diarrhoea or vomiting occurs. No additional contraceptive precautions are required when contraceptive patches or vaginal rings are used with antibacterials that do not induce liver enzymes.

Some other interactions of hormonal contraceptives have been updated in Appendix 1: Interactions (under Oestrogens and Progestogens).

Cautionary and advisory labels

BNF 61 includes a revised set of cautionary and advisory labels. All of the existing labels have been user-tested and the revised wording reflects terminology that is better understood by patients. The wording of the original cautionary and advisory labels was recommended by a working party of the Royal Pharmaceutical Society of Great Britain; minor adjustments to the wording were made over time by the BNF's Joint Formulary Committee. The label or labels for each preparation are recommended after careful consideration of the information available, however, it is recognised that in some cases the information on the recommended label may be either incomplete or open to a different interpretation; the BNF will therefore be grateful to receive any constructive comments on the labelling suggested for any preparation.

Reorganised sections in BNF 61

Section 4.10: Substance misuse

For BNF 61, section 4.10 has been updated and reformatted into three new sections; alcohol dependence is section 4.10.1, nicotine dependence is section 4.10.2, and opioid dependence is section 4.10.3.

The prescribing notes on alcohol dependence (p. 310) have been updated in line with NICE Clinical Guideline 100: *Alcohol-use disorders. Diagnosis and clinical management of alcohol-related physical complications* (June 2010). Additional advice is now provided on the treatment of acute alcohol withdrawal, alcohol dependence, and Wernicke's encephalopathy.

The new nicotine dependence section (p. 311) has advice on choice of nicotine preparation, expanded indications for use, and dosing guidelines for each formulation of nicotine replacement therapy.

The prescribing notes on opioid dependence (p. 314) have been updated in line with the Department of Health (England) and the devolved administrations' guideline *Drug Misuse and Dependence: UK Guidelines*

on Clinical Management (2007). The prescribing notes now contain information on the risk of precipitated withdrawal with buprenorphine therapy, advice in pregnancy and breast-feeding, and details of adjunctive therapy for opioid withdrawal symptoms.

Chapter 5: New look for table summarising antibacterial therapy

Table 1 (section 5.1, p. 322) which provides a summary of antibacterial therapy for infections, has been reformatted in BNF 61. The new layout makes it easier to identify first-line antibacterial treatments, suggested durations of treatment, the alternatives to these treatments and, where appropriate, the circumstances under which the alternatives should be prescribed. Guidance on the treatment of meningitis has also been revised to take into account the recommendations of the NICE Clinical Guideline: *Bacterial Meningitis and Meningococcal Septicaemia* (June 2010).

Combined oral contraceptives tabulated

For BNF 61, the oral contraceptive preparations in section 7.3.1 have been reorganised into a tabular format (p. 498). The new format will enable easier comparison of the preparations, including oestrogen and progestogen content, type of preparation (e.g. phasic or monophasic), and price.

Learning with the BNF

BNF e-learning modules for pharmacists

BNF Update is an e-learning programme developed in collaboration with the Centre for Pharmacy Postgraduate Education (CPPE). Using a series of clinical case studies, the programme enables pharmacists to identify and assess how significant changes in the latest BNF affect their clinical practice. There are two e-learning programmes: one for pharmacists working in the community and other primary care settings, and another aimed at hospital pharmacists. New modules will be released every 6 months to complement the publication of each new edition of the BNF. Recognised as an essential component of every pharmacist's continuing professional development, BNF Update can be accessed free of charge by pharmacists and pre-registration pharmacists in England at <http://www.cppe.ac.uk>.

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