

Clinical Effectiveness Bulletin

June 2001

NHS WALSALL HEALTH AUTHORITY

Updating Health Professionals on Developments in Clinical Practice

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Allergy to grass pollen is the most common cause of hay fever in the UK.

Allergy to tree and weed pollens, as well as mould spores, also occurs.

Treatment that has worked previously to control hay fever symptoms should be documented and used as a basis for treatment for the "new season" and modified if necessary.

The summer months are prone to specific diseases and to conditions associated with increased travel.

The number of trips abroad by UK residents is increasing, as is the number of different countries vis-

ited and distances travelled. In the year ending April 2001 UK residents made over 58 million visits overseas, 12.3 million of which were to destinations outside Western Europe.

This issue of the

Clinical Effectiveness Bulletin focuses on some issues associated with summer and travel. We have also taken this opportunity to provide an update on the latest NICE guidance.

Hay fever

- Avoiding excessive exposure to pollen, especially during peak times, will often provide some relief of symptoms to hay fever sufferers. These preventative measures should complement drug therapy.
- Choice of drug treatment depends mainly upon predominant symptoms and patients' preference for topical or oral therapy. The mainstays of treatment are intranasal corticosteroids and oral antihistamines.
- Nasal corticosteroids are highly effective in treating hay fever. Oral antihistamines relieve rhinorrhoea and sneezing but not nasal congestion.

Ocular symptoms can be treated with an ocular antihistamine or an ocular cromoglycate.

- Ideally, treatment with a nasal steroid should begin at least a week before the hay fever season starts. For a first-time sufferer, a rapid onset oral antihistamine should be used initially, in conjunction with a nasal steroid.
- There is no difference in efficacy between the individual nasal steroids. Choice should be based upon patient preference and cost.
- Although oral antihistamines do not differ in efficacy, individual patient response may vary. In addition,

terfenadine and astemizole have been associated with potentially fatal cardiac arrhythmias at high plasma concentrations. This situation is avoidable in most patients provided suitable precautions are taken. Terfenadine is now only available on prescription.

- Many hay fever products are available to buy 'over the counter' from pharmacies. GPs should ensure they are aware of which products patients have tried before a prescribing decision is made.

Anon.
Treatment of seasonal allergic rhinitis (hay fever).
MeReC Bulletin 1998; 9: 9-12.

The safety of any individual medication in pregnancy can be discussed with the National Teratology Information Service on 0191 232 1525

The true frequency of DVT during long haul flights is unknown. One study found that 10% of over 50s developed symptomless DVT in the calf after journeys lasting over 8 hours.

It is important to identify those patients at risk of exposure to hepatitis B to prevent unnecessary treatment. For many travellers simple hepatitis A vaccination is adequate.

Treating hay fever in pregnancy

The best first line approach is avoidance of allergens. If this is ineffective drug treatment depends on symptom severity and the benefits and risks of treatment to the mother and foetus.

- Intranasal corticosteroids are considered superior to antihistamines and should be considered first line therapy. Use of the lowest effective dose is recommended.
- Mast cell stabilisers (eg sodium chromoglycate) can be considered as excellent first line therapy, especially in place of intranasal corticosteroids.
- Phenothiazines (eg promethazine) may be used without concerns regarding its teratogenicity.
- Decongestants may be used for short term symptom relief when

no safer alternatives are available.

- Allergen immunotherapy has a risk of maternal anaphylactic reactions and should be used with caution.

Any recommendations on treatment should be accompanied by informed consent.

NHS Centre for Reviews and Dissemination.
Treating allergic rhinitis in pregnancy: safety considerations.
University of York: DARE 2000.

“Economy class syndrome”

There has recently been increased publicity on the risk of venous thromboembolism after long haul aeroplane flights. Although there is currently little evidence on which to base recommendations the following preventative measures have been suggested:

- Drink plenty of water.
- Perform leg stretching exercises.
- For patients with risk factors for thrombosis, additional measures may be considered, including:
 - Graded compression stockings.
 - Aspirin.
 - Low molecular weight

heparin.

Similar advice should be provided for those undertaking long-distance bus or train travel.

Geroulakos G.
The risk of venous thromboembolism from air travel. The evidence is only circumstantial.
BMJ 2001; 322: 188.

Combined hepatitis A and B vaccines

Travellers to areas where hepatitis A and B are endemic may be at risk of infection of hepatitis A from drinking water and hepatitis B from medical or dental procedures. A combined vaccine should be offered to:

- Adults and children travelling frequently to endemic areas.
- Adults and children planning to stay in endemic areas for over 3 months.
- Patients who require regular blood transfusions or blood products who travel to or plan to reside in an endemic area. Such patients should have their antibody levels checked as they may already have acquired immunity.

Short-stay or business travellers are usually at low risk. However, they may increase their risk by:

- Their sexual behaviour.
- Lack of personal hygiene.

Anon.
Combined hepatitis A and B vaccines.
DTB 1997; 35: 84-6.

Malaria prevention in travellers

Non-drug preventive interventions

- Nets treated with insecticide reduce the number of mild episodes of malaria and reduce child mortality.
- There is limited evidence that wraps and top sheets treated with insecticide reduce the number of episodes of malaria.
- Air conditioning and wearing trousers and long sleeved shirts may reduce the incidence of malaria.
- Insecticide treated clothing, electric fans, mosquito coils, vaporising mats, smoke, insect repellent soap, and topical DEET reduce the risk of being bitten.

Drug prophylaxis

- There is limited evidence that doxycycline and mefloquine are effective.
- There is little good evidence on the adverse effects of antimalarial drugs, particularly mefloquine.

- Observational studies have associated DEET and doxycycline with severe adverse effects in children.

Vaccines

- There is insufficient evidence on the effects of antimalarial vaccines in travellers.

Croft A.
Malaria: prevention in travellers.
Clinical Evidence 2001; 4:
390-402.

It is important to confirm the latest information on endemic areas for malaria prophylaxis. Advice is available from any of the following numbers:

0121 766 6611

020 7636 3924

020 8200 6868
ext 3421

0151 708 9393

NICE referral practice

NICE have published a pilot version of a guide to appropriate referral from general to specialist services. The document gives a range of options that should have been tried prior to referral, but they should not be considered a guideline.

The topics piloted are:

- Acne.
- Acute low back pain.
- Atopic eczema in children.
- Glue ear in children.
- Menorrhagia.
- Osteoarthritis of the hip.
- Osteoarthritis of the knee.
- Psoriasis.
- Recurrent episodes of acute sore throat in children.
- Urinary tract (outflow) symptoms.
- Varicose veins.

Referral Practice. A guide appropriate referral from general to specialist services. Version under pilot. London: National Institute for Clinical Excellence, 2000.

The full guide to appropriate referral from general to specialist services can be downloaded from the NICE website :
www.nice.org.uk

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Date Released	Title	Summary
December 2000	Autologous cartilage transplantation for defects in knee joints	ACT should only be performed as part of a properly structured clinical trial.
December 2000	Laparoscopic surgery for colorectal cancer	Laparoscopic surgery for colorectal cancer should only be carried out as part of a clinical trial.
December 2000	Riluzole for motor neurone disease	Riluzole should be used to treat the amyotrophic lateral sclerosis form of MND.
January 2001	Drugs for Alzheimer's disease	Donepezil, rivastigmine and galantamine should be made available to patients with mild to moderate Alzheimer's disease in defined circumstances.
January 2001	Laparoscopic surgery for inguinal hernias	Laparoscopic surgery should be considered for the repair of hernias that reoccur or that are on both sides.
March 2001	Use of orlistat for obesity in adults	Orlistat should be available for adults who have lost at least 2.5 kg by diet and increased activity in the month prior to their first prescription and have either: <ul style="list-style-type: none"> • A BMI of 28 or more and a persistent serious illness despite standard treatment. • A BMI of 30 or more with no associated illness.
March 2001	Use of pioglitazone for type 2 diabetes	Pioglitazone combination therapy may be offered if patients are unable to take metformin and sulphonyl urea as a combination therapy or their blood glucose remains high despite adequate trial of this treatment.
April 2001	Temozolamide for brain cancer	Temozolamide may be considered as second line chemotherapy for recurrent malignant glioma in defined circumstances. It is only recommended as initial chemotherapy in clinical trials.
April 2001	Guidance on wound care	The use of debriding agent should be based on impact on comfort, odour control, patient acceptability, type and location of wound and total cost.
April 2001	Pressure ulcer risk assessment and prevention	Detailed guidelines can be found via the NICE website (www.nice.org.uk).
April 2001	Prophylaxis for patients who have experienced a myocardial infarction	Detailed guidelines can be found via the NICE website (www.nice.org.uk).
May 2001	Gemcitabine for pancreatic cancer	Gemcitabine may be considered as first line chemotherapy to patients with advanced pancreatic cancer and a Karnosky score of 50 or more.