

Evidence based management of Neurological Disease (2007)

CPLD reviews its distance learning programmes every twelve months to ensure currency. This update has been produced by an expert and should be read in conjunction with the Evidence based management of Neurological Disease (2007) distance learning course. Where updated information has been provided, we have indicated the relevant section and page number in Evidence based management of Neurological Disease (2007) for your reference. All updated information is available to download from the CPLD website www.nicpld.org

Pharmacists are reminded that information contained in this addendum is correct at the time of publication (October 2009) but it is their responsibility to keep up-to-date with any changes in practice.

Section 1: Epilepsy

P17 - Note: there is ongoing debate regarding classification of epilepsy, and practice varies. The ILEA web address has been updated to www.ilae-epilepsy.org

P27 - The results of the SANAD study have now been published in a National Institute for Health Research (NIHR) Health Technology Assessment: Marson AG et al. A randomised controlled trial examining the longer-term outcomes of standard versus new antiepileptic drugs. The SANAD trial. Health Technology Assessment 2007; Vol. 11: No. 37 (available online at www.hta.ac.uk/1031).

Arm A of the trial looked at patients with newly diagnosed focal (partial) seizures and concluded that lamotrigine may be a clinical and cost-effective alternative to the existing standard drug treatment, carbamazepine. Arm B studied patients with generalised seizures or difficult to classify epilepsy, and concluded that valproate remains the clinically most effective drug, although topiramate may be a cost-effective alternative for some patients.

(These results do not alter the guidance on the choice of antiepileptic agent in table 5 on page 35).

P29 - Individuals of Han Chinese or Thai origin should be tested for HLA-B*1502 allele before starting treatment with carbamazepine due to an increased risk of Stevens-Johnson syndrome in the presence of HLA-B*1502 allele.

P31 - Lamotrigine is licensed for monotherapy for adults and children of 12 years and older.

P33 - Gabapentin is now licensed for monotherapy as well as add-on therapy in focal (partial) seizures with or without secondary generalisation for adults/children 12 years and above.

P33 - Levetiracetam is now licensed for adjunctive treatment of generalised seizures. Licensed for adjunctive treatment from age 1 month or 12 years, depending on indication. Licensed for monotherapy from 16 years of age.

P34 - Rufinamide is a new drug licensed for the adjunctive treatment of seizures in Lennox-Gastaut syndrome. Side effects include serious hypersensitivity syndrome (possibly including rash, fever, lymphadenopathy, hepatic dysfunction, haematuria, and multi-organ dysfunction), especially in children and upon initiation of therapy. Patients should be warned to seek immediate medical attention if signs or symptoms of hypersensitivity develop.

P34 - Lacosamide is a new drug licensed for the adjunctive treatment of partial onset seizures with or without secondary generalisation, for adults and children 12 years and older. Common side effects include dizziness, headache, nausea and diplopia.

P36 - Patients taking antiepileptic drugs should be advised not to take St John's Wort as it can reduce blood levels and increase the frequency and severity of seizures.

Evidence based management of Neurological Disease (2007)

Update October 2009

Update October 2009

Update October 2009

Update October 2009

P36 - Antiepileptic drugs have been associated with a small increased risk of suicidal thoughts and behaviour; this can occur as early as 1 week after starting treatment. Patients should be advised to seek medical advice if they develop mood changes or suicidal thoughts.

Section 2: Parkinson's Disease

P57 - The third row of table 9 should read 'Multi-infarct state^d' rather than 'Multi-infarct state⁴'.

P62/63 - Excessive daytime sleepiness and sudden onset of sleep can occur with co-careldopa, co-beneldopa, and dopamine receptor agonists. Patients starting treatment with these drugs should be warned of the possibility of these effects and of the need to exercise caution when driving or operating machinery.

P63 - The ergot-derived dopamine-receptor agonist, lisduride, has been discontinued.

P63 - All dopamine agonists are now thought to cause impulse control disorders such as pathological gambling, increased libido, hypersexuality and compulsive shopping. Product literature has been updated and patients should be counselled accordingly and screened for such behaviours when reviewed.

P68 - Table 12. Options for later treatment of Parkinson's disease. Note: all patients should be on levodopa.

P72 - Dementia in Parkinson's disease shares a number of similarities with dementia with Lewy bodies (DLB). The recommendations for DLB in NICE Clinical Guideline CG42 (November 2006) 'Dementia: Supporting people with dementia and their carers in health and social care' may be useful when considering treatments for dementia in Parkinson's disease.

Section 3: Multiple Sclerosis

P89. Table 20 - Interventions currently available in the management of multiple sclerosis. Note: intravenous immunoglobulin is no longer recommended.

P92 - Natalizumab is now recommended as a possible treatment for people with rapidly evolving severe relapsing-remitting multiple sclerosis. Further information can be found in NICE Technology Appraisal TA127 (August 2007) 'Natalizumab for the treatment of adults with highly active relapsing-remitting multiple sclerosis'.

Section 4 – Motor Neurone Disease

P111 - The Summary of Product Characteristics (SPC) for riluzole has been updated with the following information:

Cases of interstitial lung disease have been reported in patients treated with riluzole, some of them were severe. If respiratory symptoms develop such as dry cough and/or dyspnea, chest radiography should be performed, and in case of findings suggestive of interstitial lung disease (e.g. bilateral diffuse lung opacities), riluzole should be discontinued immediately. In the majority of the reported cases, symptoms resolved after drug discontinuation and symptomatic treatment.

Evidence based management of Neurological Disease (2007)

Exercise and Case Study Reviews

PA2 - Exercise 11. The MHRA Drug Safety Update bulletin April 2009 provides the following advice for healthcare professionals:

- The available data suggest that phenytoin, carbamazepine, primidone, and sodium valproate are associated with decreased bone mineral density, which may lead to osteopenia, osteoporosis, and increased fractures in at-risk patients
- Phenytoin, carbamazepine, phenobarbital, and primidone are associated with an increased risk of osteomalacia
- Vitamin D supplementation should be considered for at-risk patients who receive long-term treatment with primidone, phenytoin, carbamazepine, phenobarbital, or sodium valproate.

Update October 2009

Update October 2009

Update October 2009

Update October 2009



NI Centre for
Pharmacy Learning
& Development