



# Nützliches auf der Internetseite der UKMi

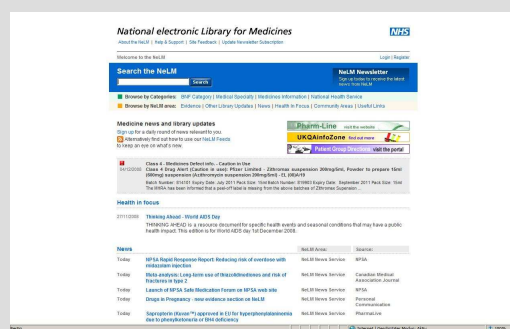
UK Medicines Information

Carolin Schuhmacher  
Villingen-Schwenningen



## Gliederung

- Was ist UKMi?
- UKMi-Website
- NeLM-Website



## Was ist UKMi?



- *UK Medicines Information Service of the National Health Service (NHS)*
- *Specialist pharmacy service*
- Bietet *high-level and evidence-based* Arzneimittel-Information und -Beratung
- Zielgruppe:
  - *healthcare professionals*
  - andere NHS-Organisationen

## Organisation und Struktur



- kooperierendes Netzwerk aus
  - ca. 250 lokalen MI-Zentren
  - 16 regionalen MI-Zentren (in England und Schottland)
  - 2 nationalen MI-Zentren (Nordirland, Wales)







# Rubrik UKMi Activities – Clinical governance

**Enquiry Answering - Anfragebearbeitung:**  
zahlreiche Informationen, Hilfsmittel und Arbeitsunterlagen als Word- oder pdf-Dateien

## Enquiry Answering

### Enquiry answering guidelines

in Monographien aufgebaut:

- adverse drug reaction
- compatibility of i.v. drugs
- paediatrics
- renal impairment
- usw.

### Medicines Information Enquiry answering guidelines

These guidelines draw together current UKMi guidance and resources (e.g. quick question guide, workbook, specialist centres, Medicines Q&As) and provide a guide to answering enquiries categorised by type. They can be easily adapted to include local resources.

The document can be used for training or as a helpful reminder for more experienced medicines information staff looking for inspiration.

For all enquiries you need to know:

1. The enquirer.
2. Contact details.
3. Urgency of enquiry.
4. Purpose of enquiry e.g. patient specific, project.
5. What sources already been used (NB. Try to assess enquirers experience of searching more complicated resources as you may feel you need to do extra research).

Each monograph is divided into the following sections:

1. Background information specific to the enquiry type.
2. Resources:
  - a. First-line resources.
    - i. In-house past enquiries. Always be aware of currency of information.
    - ii. UKMi Medicines Q&As – its like past enquiries - you will be annoyed if you a find a relevant one later!
    - iii. Other easily accessible resources.
  - b. Additional resources.
  - c. Local resources e.g. contact details of experts, relevant departments, policies, in-house filing systems.
3. Answering the enquiry – useful pointers to factors that should be considered.
4. Keyword suggestions for future enquiry retrieval.

Key to resources: F = free access to NHS, P = purchase or subscription required. Where there is an electronic version this has been listed as the preferred choice.

Adverse Drug Reactions	2	New Products	27
Breast Feeding	5	Paediatrics	28
Compatibility Of Intravenous Drugs	7	Palliative Care	31
Compatibility Of Subcutaneous Drugs	9	Poisoning or Overdose	33
Complementary Medicine	11	Pregnancy	34
Contraception (hormonal)	13	Psychiatry	36
Dentals	15	Renal Impairment	37
Hepatic Impairment	18	Sport	40
Identification	21	Substance Misuse	41
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Publication date: Jan 07. Revision date: Jan 09

## Rubrik Clinical

**UKMi** UK Medicines Information NHS

**Clinical:**

- enthält klinisch-pharmazeutische Datenbanken
- teilweise Link zu anderen Websites, u.a. **NeLM**
- teilweise passwortgeschützt!

34th UKMi Practice Development Seminar

Resources for the public can be found at [NHS Direct](#).

For UK health professionals, click on the map to search for your local medicines information centre.

UKMi 2008 practice development seminar [posters](#) now available (23/11/2008)

Drugs in pregnancy (NTIS): [NSAIDs](#) (28/10/2008)

Drugs in pregnancy (NTIS): [Erythromycin](#) (28/10/2008)

more >>>

Terms | Admin | Search | Site Map

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<http://www.ukmi.nhs.uk/#> Internet | Geschützter Modus: Aktiv | 100%

## Welcome to the UKMi website

**UKMi** UK Medicines Information NHS

Clinical | **UKMi** | UKMi Activities | Sign on Site | Login | Feedback

Home

UKMi Information

**Welcome to the UK Medicines Information website.**

This site is designed to support the UKMi network. It hosts our strategy, policies, clinical governance standards and training materials, together with minutes of meetings of the UKMi Executive and its working groups.

UKMi resources to support medicines management initiatives are hosted by the National electronic Library for Medicines ([NeLM](#)).

Resources for the public can be found at [NHS Direct](#).

For UK health professionals, click on the map to search for your local medicines information centre.

MI News

Medicines evaluation: [Topotecan for advanced cervical cancer](#) (23/12/2008)

Thinking ahead: [World AIDS day](#) (23/12/2008)

Medicines evaluation: [Lacosamide as adjunctive therapy for partial seizures](#) (23/12/2008)

UKMi resources to support medicines management initiatives are hosted by the **National electronic Library for Medicines (NeLM).**

Drugs in pregnancy (NTIS): [Erythromycin](#) (28/10/2008)

more >>>

Terms | Admin | Search | Site Map

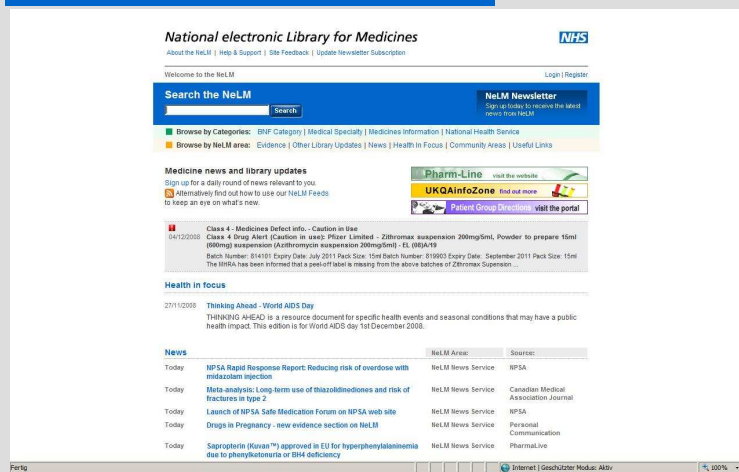
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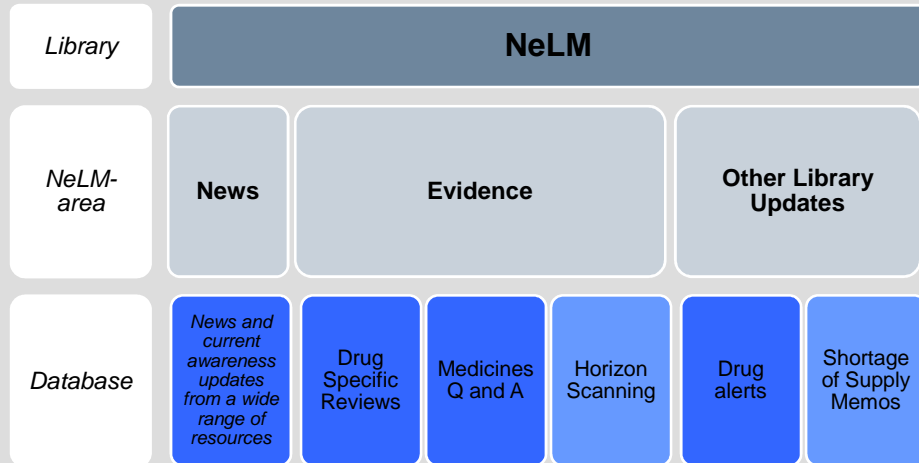
## Welcome to the NeLM website - www.nelm.nhs.uk



## Was ist NeLM?

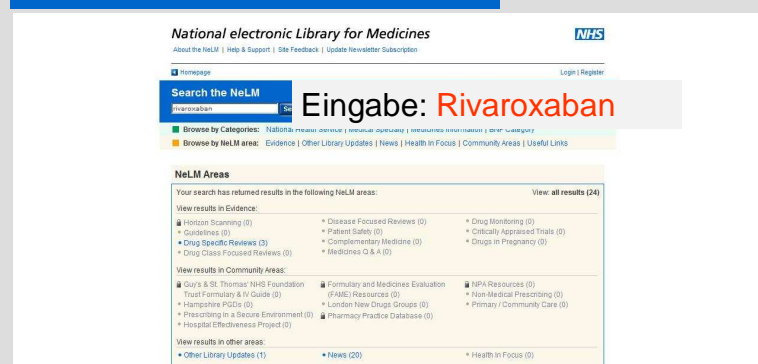
- **National electronic Library for Medicines**
- **largest medicines information portal for healthcare professionals in the UK NHS**
- Auswahl und Bereitstellung der Informationen durch **MI pharmacists** von UKMi
- jede Information als „item“ aufrufbar
- tägliche Aktualisierung, kostenloser Zugriff
- zwei Benutzer-Level:
  - „NHS user“ (Zugriff auf alle Daten)
  - „standard user“ (Zugriff auf 80% der Daten)

## Aufbau von NeLM



und andere *NeLM*-areas und *Databases* mehr...

## Recherchebeispiel: Rivaroxaban in NeLM



**Eingabe: Rivaroxaban**

**NeLM Areas**  
Your search has returned results in the following NeLM areas: [View: all results \(24\)](#)

**View results in Evidence:**

- Horizon Scanning (0)
- Guidelines (0)
- Drug Specific Reviews (3)
- Drug Class Focused Reviews (0)
- Disease Focused Reviews (0)
- Patient Safety (0)
- Complementary Medicine (0)
- Medicines Q & A (0)
- Drug Monitoring (0)
- Critically Appraised Trials (0)
- Drugs in Pregnancy (0)

**View results in Community Areas:**

- Gu's & St. Thomas NHS Foundation Trust Formulary & IV Guide (0)
- Hampshire PGDs (0)
- Prescribing in a Secure Environment (0)
- Hospital Effectiveness Project (0)
- Formulary and Medicines Evaluation (FAME) Resources (0)
- London New Drugs Groups (0)
- Pharmacy Practice Database (0)
- APPA Resources (0)
- Non-Medical Prescribing (0)
- Primary / Community Care (0)

**View results in other areas:**

- Other Library Updates (1)
- News (20)
- Health in Focus (0)

Ergebnisse in *NeLM*-areas:

- ✓ 3 Treffer in **Evidence**, in der *Database* **Drug Specific Reviews**
- ✓ 1 Treffer in **Other Library Updates**
- ✓ 20 Treffer in **News**



## Rivaroxaban in Drug Specific Reviews

**Rivaroxaban (Xarelto)**

Original article by: Alexandra Deaby  
Source: London New Drugs Group  
Keywords: rivaroxaban, venous thromboembolism, hip replacement, knee replacement  
Date published: 23/10/2008 14:01

**Summary**  
by Alexandra Deaby

Rivaroxaban (Xarelto®) is the first in a new class of drugs: oral factor Xa inhibitors. By inhibiting factor Xa, thrombin production and the formation of clots are ultimately inhibited.

Rivaroxaban is licensed for the prevention of venous thromboembolism (VTE) in adults undergoing elective hip or knee replacement surgery, at a fixed dose of 10mg daily.

There were four main randomised, placebo-controlled, double-blind phase III studies: RECORD 1, 2, 3 and 4.

The primary efficacy analysis for the RECORD trials was the total number of venous thromboembolic events (VTE) both asymptomatic (as shown on venograms) and symptomatic (deep vein thrombosis (DVT) or non-fatal pulmonary embolism (PE)) and all-cause mortality during treatment.

The main secondary efficacy endpoint was major VTE (composite of proximal DVT, non-fatal PE or death from VTE). Other efficacy outcomes were the incidence of DVT (any thrombosis, both distal (further from the hip joint) and proximal), symptomatic VTE during treatment and during follow up and death during follow up.

The RECORD 1 study compared rivaroxaban 10mg with enoxaparin 40mg in 4541 adults having elective total hip replacement. Treatment was given daily for up to 35 days. Rivaroxaban was shown to be superior to enoxaparin in preventing VTE events, without an increase in the risk of bleeding.

RECORD 2 was conducted in 2509 adults having elective total hip replacement. The study aim was to compare the proposed extended prophylaxis regimen of rivaroxaban 10mg (daily up to 35 days), with the commonly-used regimen of enoxaparin 40mg given daily for 10-14 days. The differences in treatment duration tell little about the relative efficacy of the two anticoagulants, but this trial does show that extended duration of treatment with rivaroxaban leads to significantly fewer VTE events, without an increase in major bleeding.

The RECORD 3 study compared the efficacy of rivaroxaban 10mg daily with enoxaparin 40mg daily, in 2531 patients undergoing elective total knee replacement. Treatment was given daily for up to 14 days. Rivaroxaban was shown to be superior to enoxaparin in preventing VTE events, without an increase in the risk of bleeding.

The RECORD 4 study compared rivaroxaban 10mg with enoxaparin 30mg bd. The dose of enoxaparin differs to that used in the UK: this study has not been included in this review.

About this library entry  
Category: 2.6.2 Oral anticoagulants | Drug reviews | Venous Thromboembolism  
Full text area: Evidence > Drug Specific Reviews  
Rivaroxaban Oct 08.pdf



**UKM**

**London New Drugs Group  
APC/DTC Briefing Document**

**October 2008**

**RIVAROXABAN (XARELTO)**

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**Summary**

- Rivaroxaban (Xarelto®) is the first in a new class of drugs: oral factor Xa inhibitors. By inhibiting factor Xa, thrombin production and the formation of clots are ultimately inhibited.
- Rivaroxaban is licensed for the prevention of venous thromboembolism (VTE) in adults undergoing elective hip or knee replacement surgery, at a fixed dose of 10mg daily.
- There were four main randomised, placebo-controlled, double-blind phase III studies: RECORD 1, 2, 3 and 4.
- The primary efficacy analysis for the RECORD trials was the total number of venous thromboembolic events (VTE) both asymptomatic (as shown on venograms) and symptomatic (deep vein thrombosis (DVT) or non-fatal pulmonary embolism (PE)) and all-cause mortality during treatment.
- The main secondary efficacy endpoint was major VTE (composite of proximal DVT, non-fatal PE or death from VTE). Other efficacy outcomes were the incidence of DVT (any thrombosis, both distal (further from the hip joint) and proximal), symptomatic VTE during treatment and during follow up and death during follow up.
- The RECORD 1 study compared rivaroxaban 10mg with enoxaparin 40mg in 4541 adults having elective total hip replacement. Treatment was given daily for up to 35 days. Rivaroxaban was shown to be superior to enoxaparin in preventing VTE events, without an increase in the risk of bleeding.
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- The RECORD 4 study compared rivaroxaban 10mg with enoxaparin 30mg bd. The dose of enoxaparin differs to that used in the UK: this study has not been included in this review.

Produced for the London New Drugs Group by:  
Alexandra Deaby  
Regional NI Manager (Projects & New Products)  
London New Drugs Group  
Medicines Information Service  
Northwick Park Hospital  
Hammersmith  
HA1 3UJ  
Tel: 020 8869 3551  
alexandra.deaby@nhs.uk  
Further copies of this document are available from UfL:  
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PRODUCED TO INFORM LOCAL DECISION-MAKING USING THE BEST AVAILABLE EVIDENCE AT THE TIME OF PUBLICATION.**



# Database Medicines Q & A



## Medicines Q & A:

- This database contains a selection of enquiries about medicines with answers prepared by UK Medicines Information (UKMi) pharmacists for the NHS.
- Herausgeber: UKMi Network

## How do we treat hypertension in pregnancy?

**How do we treat hypertension in pregnancy?**

Prepared by UK Medicines Information (UKMi) pharmacists for NHS healthcare professionals  
Issue: 27 July 2009

**Background**

Hypertension is the most common medical disorder during pregnancy, occurring in up to 10% of all pregnancies(1). The aim of treating hypertension in pregnancy is to prevent maternal complications without compromising foetal/placental perfusion and foetal growth(1). General principles which should be considered when prescribing in pregnancy can be accessed(2).

**Answer**

**Methyldopa**

Methyldopa is considered the drug of choice for the treatment of hypertension in pregnancy. It has been extensively studied in randomized clinical trials(3-5). Methyldopa crosses the placenta leading to foetal serum concentrations similar to that of maternal serum, however extensive use and published reports of exposure to all three trimesters indicate the possibility of foetal or neonatal effects(1, 3). A small longitudinal trial in high pre-eclamptic risk pregnancies (n=10) reported exposure to methyldopa between 10-20 weeks gestation (foetal blood in the last 47 weeks of pregnancy) and no adverse effects(6). In a study of 100 pregnancies treated with methyldopa, no foetal or neonatal effects were reported(7). Other potential adverse effects of methyldopa include liver dysfunction(8), a positive Coombs test may develop in approximately 10% to 20% of patients with multiple or methyldopa treatment however less than 1% to 5% go on to develop haemolytic anaemia(1, 7). Maternal hypertension has been associated with an increased risk of postnatal depression, methyldopa is continued in patients who have a history of depression and contraindicated to those with anti-depressants(1).

**Beta Blockers**

Beta blockers in particular atenolol have been linked to an increased risk of obstetric complications (OR 1.11)(9). However a meta-analysis of 46 randomized controlled trials involving 2772 pregnant women with mild to moderate hypertension, concluded that atenolol is preferred to a variety of other beta-blockers but probably has more to do with the fall in mean arterial pressure(10). Despite the results of the meta-analysis, it has been suggested that atenolol is preferred to other beta-blockers because of its safety(11). Atenolol has been widely used and is the only beta blocker currently licensed for use in pregnancy(10). Propranolol and metoprolol are also considered to be a good choice(10). Other potential adverse effects of beta-blockers include fetal bradycardia, intra-uterine growth retardation, neonatal hypoglycaemia and neonatal respiratory depression(1).

**Calcium channel blockers**

There is limited clinical data regarding the use of calcium channel blockers in pregnancy. However, amlodipine and nifedipine do not appear to pose a major teratogenic risk(12). Nifedipine is the most widely used calcium channel blocker during pregnancy(13, 14). Nifedipine may be preferred over the standard forms as they avoid significant falls in blood pressure(15). Adverse effects are mainly hypotension and include headache, flushing, nausea, dizziness and peripheral oedema(16). Constipation is a particular problem with verapamil and amlodipine an already existing problem in up to 10% of pregnancies(16).

**Diuretics**

Diuretics are seldom used in pregnancy because of the association of pre-eclampsia with reduced plasma volume(17, 18). However, some diuretics (such as furosemide) were found to appear to be associated with foetal death in some observational studies and a meta-analysis(19). The use of oral hydrochlorothiazide, thiazide and amiloride does not suggest an increased risk of foetal mortality.

From the National Electronic Library for Medicines: [www.nelm.nhs.uk](http://www.nelm.nhs.uk)

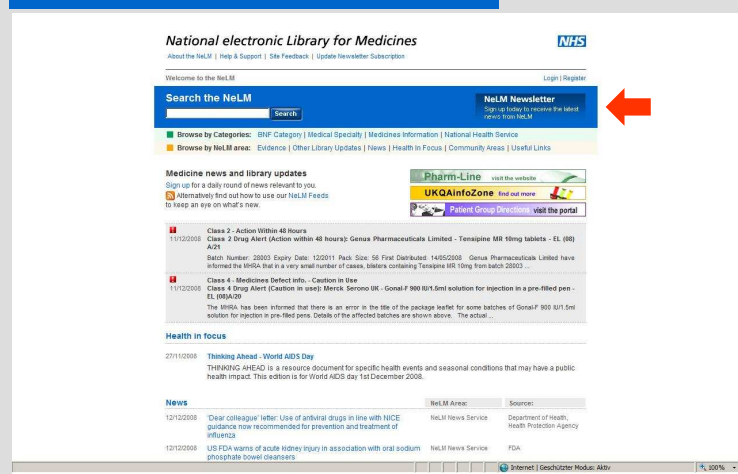
**Gliederung:**

- Question
- Background
- Answer
- Summary
- Limitations / Disclaimer
- References
- Quality Assurance

## E-Mail Newsletter von NeLM

- kostenloses E-Mail Abonnement
- automatische Zusendung der neuesten *News and Updates* vom *NeLM News Team*
- zusätzlich beliebige Auswahl von *areas of interest*, z.B. *Drug Specific Reviews*

## E-Mail Newsletter von NeLM

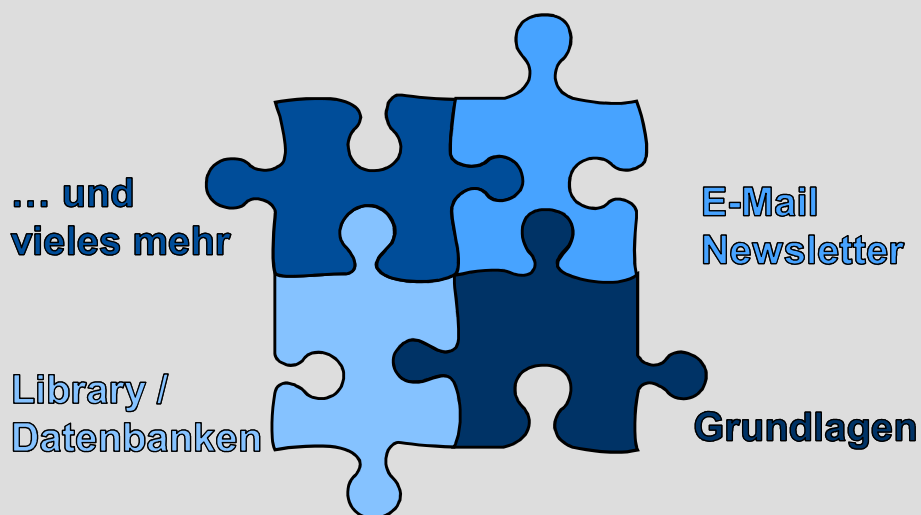


The screenshot shows the NeLM website interface. At the top, there is a navigation bar with the text "National electronic Library for Medicines" and the NHS logo. Below this, there is a search bar and a "NeLM Newsletter" link highlighted with a red arrow. The main content area includes sections for "Medicine news and library updates" and "Health in focus".



## Zusammenfassung: Was bietet uns UKMi und NeLM?

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Lust auf mehr?

[www.ukmi.nhs.uk](http://www.ukmi.nhs.uk)

[www.nelm.nhs.uk](http://www.nelm.nhs.uk)



Vielen Dank für Ihr Interesse!

