

# GP Practice Placement

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Pre-registration pharmacist

- ❖ Spent time with reception
- ❖ Understand the process of repeat prescription
- ❖ Gain knowledge of patient-access system and understand how is used before, during and after consultation
- ❖ Got familiarized with the process of coding and how this may benefit patients
- ❖ Spent time with GP and had a chance to visit a patient at home
- ❖ Diabetic nurse, asthma nurse
- ❖ warfarin clinic and how to check INR
- ❖ health visitors

# Hydroxyzine hydrochloride

- Hydroxyzine is associated with small risk of QT interval prolongation and Torsade de Pointes.
- This risk is higher in patients who have risk factor for QT prolongation such as concomitant use of drugs which that prolong the QT intervals, Cardiovascular disease and family history of cardiac death.
- Low potassium and magnesium concentration or significant bradycardia may precipitate the condition

## Some drugs associated with QTc prolongation

### Antibiotics

azithromycin  
clarithromycin  
erythromycin  
roxithromycin  
metronidazole  
(with alcohol)  
moxifloxan

### Antifungals

fluconazole  
(in cirrhosis)  
ketoconazole

### Antivirals

nelfinavir

### Antimalarials

chloroquine  
mefloquine

### Anaesthetics

halothane

### Antiarrhythmics

disopyramide  
procainamide  
quinidine  
amiodarone  
sotalol

### Antidepressants

amitriptyline  
clomipramine  
imipramine  
dothiepin  
doxepin

### Antipsychotics

risperidone  
fluphenazine  
haloperidol  
clozapine  
thioridazine  
ziprasidone  
pimozide  
droperidol

### Antihistamines

terfenadine\*  
astemizole\*

### Other

probucol  
cisapride

# How to manage the problem?

- Avoid to use hydroxyzine in elderly patients (over 65)
- Consider the risk of QT prolongation
- Consider doing ECG before prescribing
- Hydroxyzine is contraindicated in patients with QT prolongation
- The maximum daily dose for adult is 100mg
- The maximum daily dose for elderly is 50mg if it can't be avoided
- It should be prescribe for lowest dose for a short period of time

# Conclusion

- Pharmacist primary role is to deal with medicine related problems (side effects, suggesting alternative, and contraindications)
- Practice pharmacists can deal with minor ailments and they can help elderly and complicated patients with chronic conditions
- Several minor ailments can be solved with practice pharmacist (Decrease the pressure of work from GP)
- Working with other clinicians, will ensure patients are getting the most out of their medications
- Intervention of pharmacists in GP practice will reduce a lot of prescriptions errors and monitoring problems which is so cost effective
- Many reviews for chronic conditions (asthma and diabetes...) can be done with pharmacist

**Thank you for your attention!**