

Chlordiazepoxide – GUIDANCE DURING SHORTAGE

10th September 2014

Clinical Indication: Adjunct in Acute Alcohol Withdrawal

Introduction

There is a current shortage of **Chlordiazepoxide (all preparations / strengths / brands)** resulting from a problem with the supply of a raw material required for its manufacture.

Greater Glasgow and Clyde have patients being prescribed chlordiazepoxide in both primary and secondary care during alcohol detoxification, receiving supplies from community pharmacies, inpatient units and day units. Chlordiazepoxide is usually prescribed by specialist prescribers in Addiction Services and GPs on request from Community Addiction Nurses. We are also aware of prescribing by GPs without Addiction Service staff support.

This report aims to reinforce current guidance and detail a suitable alternative UK licensed product to ensure that prescribers can continue to prescribe detox medications during the shortage.

Current Stock Situation

Community Pharmacy

The Community Pharmacy stock situation across the Health Board is variable.

Pharmacy Distribution Centre (PDC)

The PDC currently have stock of chlordiazepoxide 5mg and 10mg capsules as below:

Strength	Stock	How long will this last based on current use
10mg	62 packs of 100 caps	5 weeks
5mg	16 packs of 100 caps	3 weeks

Some TTO (To Take Out) packs produced by Tayside Pharmaceuticals are also in stock:

Strength	Number of caps in pack	Number of packs in stock
10mg	8	11
10mg	12	12
5mg	4	54

Wholesalers

No wholesaler currently has stock of the 10mg or 5mg capsules/tablets. Information regarding next supplies is vague but as follows:

Kent Pharmaceuticals	10mg – expected within a couple of weeks 5mg – no date
Meda Pharmaceuticals (Librium caps)	10mg – expected October 5mg – expected September

Advice for all Prescribers

Guidelines and evidence support assisted detoxification from alcohol being pre planned when possible and supported by specialist services.

Assessment for detox should include units of alcohol and severity of dependence (AUDIT, SADQ), liver function, nutrition, physical and psychological co-morbidities.

Detoxification should be accompanied by a care plan which includes psychosocial support and relapse prevention.

In the community setting, a fixed dose regime is recommended, with doses reducing over 7-10 days.

Please contact the patient's pharmacy prior to writing the prescription, as some pharmacies may still have chlordiazepoxide stock (capsules or tablets). Confirm the pharmacy has enough stock for the length of the detox so an alteration does not need to be made during the detox. Write the prescription for the appropriate form of chlordiazepoxide as per the pharmacies stock (capsules or tablets).

Alternative medication.

Diazepam is an alternative benzodiazepine also licensed as an adjunct in acute alcohol withdrawal. The BNF quotes 5mg diazepam \equiv 12.5mg chlordiazepoxide.

The GGC formulary recommends that diazepam is prescribed as 2mg tablets only.

Instalment dispensing should be considered with no more than 2 days medication available at one time.

An example regime for moderate dependence (i.e. daily units 15-25 and SADQ 15 - 25) using diazepam 2mg tablets (total quantity 66 tablets):

	9am	1pm	5pm	10pm
Day 1	10mg	10mg	10mg	10mg
Day 2	8mg	8mg	8mg	8mg
Day 3	6mg	6mg	6mg	6mg
Day 4	4mg	4mg	4mg	4mg
Day 5	2mg	2mg	2mg	2mg
Day 6	2mg	2mg	-	2mg
Day 7	2mg	-	-	2mg
Day 8	-	-	-	2mg

In liver impairment a benzodiazepine which requires limited liver metabolism should be used. Consider advice or referral to specialist services.

Day Units and Inpatient Addiction Units

Currently day units and inpatient wards will not be affected by the shortage as the PDC still holds stock. However if the shortage continues the above advice should be followed. Doctors experienced in the treatment of Addiction are resident in these areas and will make drug and dose adjustments for the use of diazepam as an alternative if necessary.

All staff should be informed of the current situation, especially if both medications are stored on the ward. Steps should be taken to minimise the risk of medication errors.

Inpatient Wards

Currently inpatient wards will not be affected by the shortage as the PDC still holds stock. However if the shortage continues advice should be sought from your ward pharmacist or local dispensary about which product is available and advice on its use.

All staff should be informed of the current situation, especially if both medications are stored on the ward. Steps should be taken to minimise the risk of medication errors.

Community Pharmacies

- **If you receive a prescription for chlordiazepoxide try and obtain a supply via contacting sister stores and other local stores. Confirm you can supply the full detox prescription so an alteration does not need to be made during the detox.**
- If chlordiazepoxide is not available contact the prescriber with regard to requesting a change of prescription as above. If the prescriber does not feel this is within their competence, they should contact a prescriber or alcohol nurse at their local addiction team for advice.

Additional information and updates on the current stock position will be provided when available.

Please contact Jennifer Torrens or other members of the Addiction Pharmacy Team if you require any further details or have any queries.

References

British National Formulary 67th Edition March – September 2014

SIGN 74 “The management of harmful drinking and alcohol dependence in primary care” 2004

NICE CG115 “Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence” 2011

NICE “Alcohol use disorders: sample Chlordiazepoxide dosing regimens for use in managing alcohol withdrawal” 2010

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