

Prescribing Support Information

Glyceryl Trinitrate Transdermal Patch for Children

AMBER following specialist initiation

Your patient has been identified as being suitable to receive GTN transdermal patch in accordance with the indication detailed below. He/she has been started on treatment and has been reviewed to assess the efficacy and adverse effects of the treatment by the specialist team.

This medicine has been considered as appropriate for prescribing in primary care and the information contained in this document has been provided to support you to prescribe the medicine for your patient in the community.

Glyceryl trinitrate (Deponit®)

Glyceryl trinitrate (GTN) (a nitrate) is a dilator of vascular smooth muscle, which not only reduces peripheral vascular resistance but also cause venous dilatation which results in dilatation of capacitance vessels and increase of venous pooling. GTN transdermal patch offers an alternative to oral calcium channel blockers for symptomatic relief of paediatric Raynaud's phenomenon. There is some evidence that nitrate derivatives administered transdermally may reduce the frequency and severity of Raynaud's phenomenon. The use of glyceryl trinitrate transdermal patch in children with Raynaud's phenomenon is 'off-label'. Informed patient consent on its off-label use should be sought before prescribing. The specialist should clearly communicate that this discussion has taken place and the actual recommended dose in the letter to the GP.

The brand Deponit® GTN patches seem to adhere to the skin particularly well and not leak medication when cut into quarters; therefore, this brand is recommended but an alternative brand of matrix patch may be used if there was a supply problem with Deponit®.

Indication

Raynaud's phenomenon in children

Drug, Form and Dose

Glyceryl trinitrate transdermal patch (Deponit®)

Recommended Preparations

Transdermal patch 5mg/24 hours

Specialist initiation

To be prescribed as one 5mg patch, cut into quarters, with one quarter of a patch to be placed on each hand +/- each foot once daily (remove overnight). This dose can be increased to half a patch on each hand and foot once daily if needed.

When the patient is stabilised on the optimum dose under the supervision of the specialist clinical team, the GP is requested to continue the prescribing of glyceryl trinitrate transdermal patch once the specialist has provided primary care with a diagnosis and a full treatment plan.

The specialist will review the patient after treatment is started if the GTN is not offering any therapeutic benefit.

The GP is asked to contact the specialist of any concerns or side effects associated with glyceryl trinitrate treatment. See contact details on page 3.

The dose may be altered by the specialist clinical team; this change will be communicated via letter to the GP.

If the GP does not feel it is appropriate to take on the prescribing, then the prescribing responsibilities will remain with the specialist. The GP should inform the specialist of the reason for declining.

Monitoring recommendations

No specific monitoring is necessary. Patients will be reviewed in the rheumatology specialist clinic to establish beneficial effect of the patches and any adverse effects. If the patches are not tolerated, treatment can be altered to nifedipine / amlodipine. The specialist may be contacted to help with this change and assess suitability for the patient.

How long the medicine should be prescribed for

Treatment with glyceryl trinitrate should continue whilst the specialist or GP or patient / parent deems there to be benefit to the patient and the patient is not suffering undue adverse effects.

Contra-indications

Contraindications will be assessed by the specialist team. Please refer to the Summary of Product Characteristics (SPC) for the complete list.

Adverse effects

The most common adverse effects include

Headache, light-headedness

Decreased blood pressure

Tachycardia

Nausea and vomiting

Facial flushing

Please note this list is not exhaustive – refer to SPC for complete list.

Interaction with other medicines

Phosphodiesterase inhibitors (e.g. sildenafil, tadalafil) potentiate the blood pressure-lowering effect – strictly contraindicated.

Calcium antagonists, ACE inhibitors, beta-blockers, diuretics, antihypertensives, tricyclic antidepressants and major tranquilisers may potentiate the blood pressure lowering effect of glyceryl trinitrate. Use with caution.

Please refer to SPC for full list of drug interactions.

Prescribing support information

Further advice:

In case of concerns or suspected adverse events, the paediatric rheumatology team can be contacted for advice. See contact details below.

Contact details**Alder Hey Rheumatology Team**

Rheumatology Specialist Pharmacist Tel: 0151 228 4811 ext 2369

Paediatric Rheumatology Clinical Team: Tel: 0151 228 4811 ext 4521

Reference:

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