

Prednisolone Enteric Coated & non Enteric Coated

PREDNISOLONE: Enteric Coated and Non Enteric Coated

January 2011

Part 1 Medical information

There is a major switch taking place in the prescribing of Prednisolone

The switch is to Non Enteric Coated tablets.

We posed the question 'Why' to our medics and the reasons for this switch are more complicated than just cost.

1) "A recent review of the evidence by UKMI (United Kingdom Medicines Information), suggests that there is no evidence that Enteric Coated prednisolone causes less peptic ulceration than plain tablets and the evidence that it is less likely to cause dyspepsia is very poor.

Enteric Coated tablets can, in fact, lead to clinically significant problems with erratic absorption.

There is no recommendation from either NICE or MHRA suggesting any benefit, either financially or clinically for using prednisolone Enteric Coated over prednisolone tablets. "

If patients require GI protection while on regular high dose prednisolone then they should be prescribed a Proton Pump Inhibitor (PPI) such as Omeprazole or Lansoprazole .

2) "In my experience a switch to non EC prednisolone does not compromise patient care or tolerability. Most of my patients tolerate non EC prednisolone quite well, it is equally effective and considerably less expensive.

There is the occasional potential for confusion in elderly patients taking 5 mg and 1 mg tablets - so the dose, the number and strength of the tablets to be taken daily should be carefully explained and strengthened with a written explanation."

3) "It is difficult to tell whether patients are taking 5mg or 1mg tablets. Patients will have to bring all the tablets to the clinic & maintain a strict diary of steroid dose to avoid any confusion".

4) I have found that the non-enteric coated tablets are working more effectively for PMR patients.

End

Part 2 Patients take on the change (by a patient)

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January 2011 PATIENTS TAKE ON THE CHANGE TO NON ENTERIC COATED

Whilst we can accept and are grateful for the medics explanations as patients we do share some concerns the switch to non-enteric coated could lead to. e.g. problems in distinguishing tablets.

Currently 5mg come in red, 2.5mg come in brown and 1mg (non enteric) white. The 1mg are the same size as Frusemide, the 5mg same size as Aspirin 75mg both of which are frequently prescribed with Prednisolone.

But, if as the medical people have indicated, that they are finding that the non-enteric coated work better, (the coating could have been preventing it from being better absorbed) then perhaps it will be easier to lower the dosage necessary to keep patients at a comfortable level. Thus alleviating some of the side effects.

Most patients with PMR/GCA will be on PPI (Proton Pump Inhibitors) as they will be high dose prednisolone for longer, taking aspirin (soluble) for other conditions or GCA or taking alendronic acid to prevent osteoporosis.

We have members who have had side effects, like an allergy, and then found it was difficulty with the dye on the enteric coated and when they washed the tablets the problem did disappear and did not occur again.

Note: Not every pharmaceutical company uses the same ingredients for the coating, whilst they must adhere to the ingredients for the actual pill.

We have checked and Pharmaceutical Companies are still producing Enteric Coated, (the rest of Europe appears to use them) but it looks as though the prescription of these drugs will depend on your local (Primary Care Trusts) PCT's decision.

We are all going to have to be very careful with the tablets, as we have become used to the 'colour' to help us distinguish between the tablets.

We foresee the manufacturers of the 7, 14, one month, twice a day pill boxes find their sales have rocketed.

E:mail us on pmrgcafightersne@googlemail.com if you have any comments to make.