Equality and Diversity Statement for Pharmacy Policies, Procedures and Guidelines

Tees, Esk and Wear Valleys NHS Foundation Trust is committed to actively recognising and promoting equality and diversity. The Trust believes in making every effort to be a fair and unbiased organisation. Further to this, the Trust aspires to be an organisation that embraces and values people, recognising the benefits that diversity brings to the Trust both as an employer and in the delivery of services.

It is essential to consider the impact of Pharmacy policies or guidance on people with different protected characteristics. Each of the protected characteristics are considered in turn. Whilst some examples and considerations have been provided, these are not exhaustive.

Race:

Genetic differences between different ethnic and racial groups may affect the metabolism, efficacy and side effect profiles of different medicines. This can be checked against the individual medicine's summary of product characteristics (SPC).

For example, individuals from certain ethnic populations, who are otherwise healthy and not prone to repeated or severe infections, commonly demonstrate recurrent low absolute neutrophil counts. This phenomenon is commonly defined as benign ethnic neutropenia (BEN), or benign familial neutropenia. Benign ethnic neutropenia (BEN) is the most common cause of chronic neutropenia seen in individuals of African, Middle Eastern and West Indian descent and studies report unidentified BEN as a key reason for clozapine underutilisation and early discontinuation in the black and ethnic minority communities in the UK. To mitigate this risk, clinicians need to be aware of these genetic factors in their clinical decision making.

Stigma and discrimination with mental health can affect how a person is engaged with treatment. For example, some communities, such as the Gypsy Romany Traveller community, may prevent people from accessing healthcare altogether.

Practitioners need to consider cultural beliefs about medication and the importance of building trust, co- production of treatment plans and ensuring the voice of the patient is heard.

References:

Influence of race or ethnicity on pharmacokinetics of drugs - PubMed (nih.gov)

Benign ethnic neutropenia: an analysis of prevalence, timing and identification accuracy in two large inner-city NHS hospitals

Sex:

Patients differ in their body composition and physiology (hormonal influences during the menstrual cycle, menopause, and pregnancy) and they present differences in drug pharmacokinetics (absorption, distribution, metabolism, and excretion) and pharmacodynamics. Clinicians need to understand sex-specific differences in drug efficacy and safety. The physical health monitoring and treatment offered to patients are accessible regardless of gender.

Disability:

Prescribing of medication needs to consider a patient's learning, physical or mental health disabilities.

Many disabled people, and especially older people, will not have access to the internet or may have difficulties using it. The telephone can be a very important method of communication for these groups.

Large print leaflets (BILL-XL) are available for patients with sight impairment on the Choice and Medication Website. Patients can also access medication information and request/ listen to medication information leaflets by ringing emc accessible on 0800 198 5000. Patients can also request leaflets in large/ clear print, in braille and on audio CD. This line is open 24 hours a day 7 days a week.

Learning disability:

There are ongoing concerns that psychotropic drugs are used inappropriately in people with an intellectual disability. It is recommended that there is clear rationale for prescribing of psychotropic medication, however recording of diagnoses can be problematic in patients who are unable to give a clear verbal account of their symptoms.

Medications are effective at the same doses as for those without an intellectual disability and there is no clear evidence that they have more side-effects. However, compliance with prescribed treatment, side-effects and potential drug interactions should be monitored carefully, particularly in those with more severe degrees of intellectual disability. The negative impact that side effects and missed doses can have on the mental health of these patients should also be considered.

The prescribing clinician should explain the proposed treatment to patients, their families and carers. Clinicians should address any concerns or negative thoughts or feelings that patients and their families have towards taking psychotropic medication. This may involve providing information in an easy-to-read format (available on the Choice and Medication website as very easy read (VERA) leaflets), making reasonable adjustments and involving independent advocates.

There should be a record of the patient's consent and capacity, any best-interests decisions taken in patients lacking capacity, timeframes for reviews and the tapering off or stopping of drugs that are ineffective.

References:

Stopping Over-Medication of People with a Learning Disability, Autism or Both

Psychotropic medicines in people with learning disabilities whose behaviour challenges

Psychotropic drug prescribing for people with intellectual disability, mental health problems and/or behaviours that challenge: practice guideline

Sexual orientation

Gay, lesbian, bisexual and transgender (LGBTQ+) patients have unique and different health needs to the heterosexual patient. LGBTQ+ patients should be offered evidence-based treatment irrespective of their sexuality. Real or perceived stigma and discrimination within healthcare may impact transgender people's desire and ability to access appropriate care.

References:

Barriers to Health Care for Transgender Individuals

Bockting W, Robinson B, Benner A, Scheltema K. Patient satisfaction with transgender health services. *Journal of Sex & Marital Therapy.* 2004;30:277–294.

Religion/ belief

Religion and spirituality can have a positive and negative effect on mental health. The experience of illness can be akin to a spiritual event for many psychiatric patients, which may have a negative effect on taking medication to treat a psychiatric condition. Patients, carers and their families may be more likely to consult religious teachings during times of illness.

Consideration of a patient's religious beliefs acknowledges that their beliefs are important to the clinician and builds trust between the patient and clinician, which ultimately leads to better outcomes.

Religious laws do not usually forbid the use of psychotropic medication, but many do forbid the consumption of animal-based derivatives of blood, bovine and/or porcine origin (e.g. gelatin, lactose and stearic acid) such as are found in many medicines. This could affect patients who follow Judaism, Islam, Hinduism, Buddhism and Seventh Day Adventism. Certain religions forbid the consumption of alcohol, which may be contained in certain liquid/ injectable formulations.

Vegetarian and vegan patients may also request plant-based alternatives to their prescribed treatment. Information relating to excipients can be found in the Summary of product characteristics for each individual medicine.

References:

Religious constraints on prescribing medication

Islam:

Prescribers and patients should contact the manufacturers of pharmaceutical products to ascertain their constituents and the process of preparation to determine if they are suitable for a halal diet.

As a broad guide: if a medication contains alcohol or pig products, then it should not be taken orally, where possible, an alternative treatment should be sought. Parenteral or external application of these ingredients is probably permitted. Injections through the skin, muscles, veins or joints (with the exception of vitamins) and Covid19 vaccinations are permitted. The use of medication for life- threatening illness is permitted- the preservation of

life takes priority in these situations. The use of porcine-derived material for life-threatening illness may become temporarily exempt from the dietary laws, but the decision requires discussion with religious leaders or Imams.

Medicines and Ramadan: Ramadan fasting is required of healthy adults. Exemptions (omitting the fast) are made for the ill (physically and mentally), travellers, pregnancy/ breastfeeding, old age/frailty/ dementia, where the fast is threatening to life or if the patient is compelled to break the fast. These days must be made up later. If the patient is too unwell to observe the fast, they are not accountable, and the priority is for their treatment and health.

Some patients may find that fasting improves their mental health as their spiritual needs are being met. If someone is taking regular medication, they should discuss with their doctor if the timings of the medications can be changed to outside daylight times. For example, if the patient is prescribed medication that needs to be taken with food, consideration can be made as to whether the time of administration can be amended to the adjusted mealtimes during Ramadan.

Local imams may not have the same understanding of medical terms and can be discouraging of mental health treatment- it is important that they assess if the patient has capacity to make the decision about whether to fast. Patients should seek advice from a local Imam, Sheikh or Muslim Chaplin along with their doctor about the decision to fast.

Useful resources:

Handy fact sheet: Ramadan and mental health medicines,

Chaplaincy advice about Ramadan,

What factors to consider when advising on medicines suitable for a Halal diet?

Judaism:

There are no restrictions or prohibitions on the injection or administration by other parenteral methods of non-kosher products such as porcine insulin. However, a rabbi must be consulted in matters pertaining to consumption of non-kosher medication by someone who is unwell but able to carry on with activities of daily living. Kosher gelatin has been formulated, or patients may request medication in a different form

Useful resource: List of kosher medicines 2021

Christianity:

Christians, with the exception of Seventh Day Adventists, are generally permitted to consume all animals, including pork, as well as any drug excipients derived from animals. Practising Roman Catholics are also more likely to observe fasting on holy days and specified periods of the church year, such as Lent. Seventh-day Adventists are encouraged to eat a vegetarian diet and have prohibitions on pork, alcohol, coffee and tea.

Jehovah's witnesses generally accept medication and medical treatment, but reject blood transfusions and health treatments or procedures that include occult practices. It is a personal choice, and Jehovah's witnesses are free to accept or reject medical treatments (See consent to examination or treatment policy).

Useful resource: Do Jehovah's Witnesses Accept Medical Treatment? | FAQ (jw.org)

Sikhism:

Vegetarian sikhs are prohibited from consuming animal-derived ingredients such as gelatin, certain thickeners (e.g. chitin) and animal-based lecithin emulsifiers.

Scientology

Scientologists consider drugs cause extremely damaging effects on a person—physically, mentally and spiritually. Scientologists do use prescribed medical drugs when physically ill e.g. antibiotics and also rely on the advice and treatment of medical doctors, but do not take psychotropic medication.

Age

The pharmacokinetics and pharmacodynamics of different medicines change with age, resulting in dose differences between the elderly and the general population. These can be found in the Summary of product characteristics for each individual medicine. In addition, the elderly sometimes have concurrent illnesses, resulting in polypharmacy, consideration needs to be given to drug- drug interactions.

Children differ to adults in their response to medicines. Neonates (the first 28 days of life) are at greater risk of toxicity due to reduced drug clearance and differing target organ sensitivity. Where possible, medicines for children should be prescribed within the terms of the marketing authorisation (product licence). However, many children may require medicines not specifically licensed for paediatric use (unlicensed or off-label use of medicines). The prescribing of medicines for children should follow a discussion of the benefits and risks and different treatment options with both the child and the child's carer. Children should be involved in decisions about taking medicines and encouraged to take responsibility for using them correctly. The degree of such involvement will depend on the child's age, understanding, and personal circumstances

Useful resources:

http://www.medicinesforchildren.org.uk/

BNF for children:

Guidance on Unlicensed and Off- Label Use of Medicines

Summary of product characteristics (SPC)

Gender reassignment

Clinicians may not always be aware that a patient is transgender or is undergoing treatment for gender reassignment. Clinicians rely on patients to disclose any medical treatment of gender reassignment that may affect prescribing decisions. Prescribing processes should ensure that there is no negative impact for these patients, and ensure steps are taken to minimise the impact should it occur. For example, the pregnancy prevention programme should be offered to all patients of child- bearing age taking valproate, regardless of gender.

Transgender patients are known to have worse health outcomes and a higher burden of disease than cisgender patients. Ultimately, we should endeavour to provide the most individualised patient-centred care possible to all patients, but we must pay particular attention to marginalised groups such as trans patients to help minimise associated health inequalities.

Hormone therapy affects serum creatinine and lean body mass in a way consistent with a transgender patient's gender identity, and after 6 months of hormone therapy it is prudent to calculate creatinine clearance and ideal body weight according to gender identity. Consistently using the appropriate creatinine clearance and ideal body weight calculations for each patient ensures safe and effective care. Additional studies are needed to confirm the effect of hormone therapy on renal clearance and lean body mass.

There is limited data available on the impact of long-term hormone therapy on how transgender people handle medication. These hormones change the composition of fat and muscle in patients, which will impact on the distribution of drugs. The change in muscle mass will alter creatinine levels and thus estimation of patients' renal function and how drugs are cleared, which may need to be considered when prescribing for these patients.

Pregnancy and maternity

When a medicine is licensed, there is often limited information on effects from use in pregnancy and breastfeeding. Medicines should be prescribed in pregnancy only if the expected benefit is thought to be greater than the risk to both the mother and fetus. Potential risks of drugs include major malformations, neonatal toxicity, longer term neurobehavioural effects and increased risk of physical health problems in adult life.

For example, valproate should not be prescribed to people of childbearing potential or pregnant patients unless other treatments are ineffective or not tolerated. This is because of the high risk of serious developmental disorders (in up to 30-40% of cases) and/or congenital malformations (in approximately 10% of cases) in children exposed to valproate in utero. If valproate treatment is continued during the pregnancy, specialised prenatal monitoring is advised in order to monitor the development of the unborn, including the possible occurrence of neural tube defects and other malformations

The decision to start, stop, continue or change a medicine before or during pregnancy should be made together with the patient and healthcare professional following a discussion of the benefits and risks of treatment. Maternal drug doses may require adjustment during pregnancy due to changes in maternal physiology.

Breastfeeding patients may require medication for acute or chronic health conditions. For some people, this need for medication can become a barrier to breastfeeding, in spite of most medicines being considered compactible with lactation. The main areas of concern are a lack of information about medication safety, lack of support in decision- making and maintaining breastfeeding which lead to early cessation of breastfeeding. Tailored interventions are required that adopt a non-judgmental and person-centred approach to support decision-making in regard to infant feeding, providing people with information that can best enable them to make infant feeding choices.

Useful resources: BUMPS (Best use of medicines in pregnancy)

Choice and medication leaflets on drugs in pregnancy

Why does the need for medication become a barrier to breastfeeding? A narrative review

Knowledge, attitudes and practices of health professionals and women towards medication use in breastfeeding: A review

MHRA Drug safety update: Medicines related to valproate: risk of abnormal pregnancy outcomes

Marriage and Civil Partnership

No negative impact detected