

RefTweets – November 2024

Guidance for Corticosteroid Induced Osteoporosis, Giant Cell Arteritis, Polymyalgia Rheumatica has been updated. Patients aged >60 starting prednisolone do not need a DXA scan, as likely to have osteopenia & qualify for treatment. More info:

<https://apps.nhsllothian.scot/refhelp/guidelines/rheumatology/osteoporosis/corticosteroid-induced-osteoporosis/>

RefHelp AAA, Varicose Veins, Intermittent Claudication and the Vascular Surgery Landing page have all been updated in advance of our Vascular Surgery #RefTalks on 28th November.

<https://apps.nhsllothian.scot/refhelp/guidelines/vascularsurgery/>

cCBT Perinatal wellbeing programme is aimed at parents/caregivers who are in the perinatal period and covers the time of pregnancy and one-year post birth. Referral forms available for those without Sci Gateway access. PIL included too! More details here:

<https://apps.nhsllothian.scot/refhelp/guidelines/mentalhealthadult/perinatalmentalhealth/ccbt-for-perinatal-wellbeing/>

New Shared Care Agreements (SCAs) for hormonal prescribing for gender dysphoria developed after several years of close collaborative work between Chalmers Gender Identity Clinic (GIC) & RefHelp.

New arrangements start today, 11th November. FAQs & more info:

<https://apps.nhsllothian.scot/refhelp/gender-identity-prescribing/>

Do you have 5 minutes to spare? Why not watch our RefBites videos with service info about SARCS, Long Covid, ROAM and Cardiac Rehab or a clinical one on HIV Indicator conditions:

<https://apps.nhsllothian.scot/refhelp/education/refbites-bitesize-learning/> Don't forget to give us your feedback: <https://forms.office.com/e/v828u8zUzN>

Primary care migraine management guidance updated: Topiramate contraindication in women <55yrs, Atogepant & Rimegepant prescribing in primary care, and change in referral criteria to trying 3 instead of 4 first line preventative agents. Detailed info :

<https://apps.nhsllothian.scot/refhelp/guidelines/neurology/>

New recommended regimes for patients who find it difficult to tolerate oral iron - low dose intermittent therapy can work well. Also, outlining hazards of intravenous iron especially bone side effects and the need to try alternatives. More advice here:

<https://apps.nhsllothian.scot/refhelp/guidelines/haematology/anaemia/irondeficiencyanaemiahaematology/>

A new RefHelp page on Constipation in Children and Young People has been added to our site. This can be found as a subpage under Medical Paediatrics here

<https://apps.nhsllothian.scot/refhelp/guidelines/paediatrics/medical-paediatrics/constipation/>

Iron deficiency is common and referral for intravenous iron does not require a haematology specialist - please refer instead to the specialty already involved in the patient's management. More referral info here:

<https://apps.nhsllothian.scot/refhelp/guidelines/haematology/anaemia/irondeficiencyanaemiahaematology/>