

Position statement on prescribing of topical rubefaciants on prescription

SW London CCGs* do not support the routine prescribing of topical rubefaciants on prescription in line with NHS England's national guidance on medicines which should no longer be routinely prescribed

These products include Algesal[®] cream, Balmosa[®] cream, Deep Freeze[®] cold gel 2%, Movelat[®] cream, Movelat[®] gel, Ralgex Heat spray[®] and Transvasin Heat Rub[®]. This list is not exhaustive.

Rationale

- The National Institute for Health and Clinical Excellence's (NICE) clinical guideline on osteoarthritis does not recommend rubefaciants for treating osteoarthritis.¹
- There is a lack of evidence to support the use of rubefaciants in acute or chronic musculoskeletal pain.
- A recently updated Cochrane review looked at salicylate-containing rubefaciants for acute and chronic musculoskeletal pain in adults and found that any evidence of efficacy came from the older, smaller studies, while the larger, more recent studies showed no effect.²

References

1. The Osteoarthritis: care and management NICE Clinical Guideline CG 177 (published 2014) <https://www.nice.org.uk/guidance/CG177>
2. Derry S, Matthews PRL, Wiffen PJ, Moore RA. Salicylate-containing rubefaciants for acute and chronic musculoskeletal pain in adults. Cochrane Database of Systematic Reviews. November 2014, Issue 11. Art. No.: CD007403. DOI: 10.1002/14651858.CD007403.pub3 Accessed 27/02/2015. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007403.pub3/abstract>
3. BNF online
4. <https://www.prescripp.info/-rubefaciants/send/224-rubefaciants-drop-list/2334-bulletin-114-rubefaciants>
5. Scottish Intercollegiate Guidelines Network (SIGN), Management of chronic pain, A national clinical guideline. SIGN 136. December 2013. <http://sign.ac.uk/guidelines/fulltext/136/index.html>

Further information available from:

- NHS England. Items which should not routinely be prescribed in primary care: Guidance for CCGs. <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/>. Updated November 2017.

*SWL CCGS (NHS Croydon CCG, NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG and NHS Wandsworth CCG) position statement on prescribing of rubefaciants



Guidance for clinicians

Rubefacients act by counter-irritation. Pain, whether superficial or deep-seated, is relieved by any method that itself produces irritation of the skin.³

Topical rubefacient preparations may contain nicotinate and salicylate compounds, essential oils, capsicum and camphor. The evidence available does not support the use of topical rubefacients in acute or chronic musculoskeletal pain.³

Recommendations:⁴

- All patients prescribed rubefacients should have their therapy reviewed.
- Patients identified with osteoarthritis and prescribed rubefacients should be managed in accordance with the NICE CG 177.
- Discontinue the prescribing of rubefacients on FP10, unless the patient has tried alternatives and oral NSAIDs are not clinically appropriate.⁵
- Consider recommending or prescribing an effective alternative treatment if appropriate.
- If these patients still wish to use a rubefacient they should be advised that they can be purchased as self-care over-the-counter with the support of the community pharmacist.
- Do not initiate new prescriptions for rubefacients.

Guidance for patients, carers and guardians

- Rubefacients can be purchased from pharmacies with the advice of the community pharmacist.
- If there is no response and symptoms of pain and inflammation continue or worsen, stop treatment and seek medical advice.

A patient information leaflet is also available: <https://www.prescgipp.info/items-which-should-not-routinely-be-prescribed-patient-leaflets>

The NHS belongs to YOU, use it responsibly