



QUALITY AUDIT 25/04 – QUININE AUDIT

Dr Paul Driscoll, Helen Flatt

Title

Review the prescribing of Quinine over the last seven years

Reason

SPC is a group made up of seven sites with a total size of over 69,000 patients

For some years the MHRA has been advising about the risks of quinine predominantly used for muscular cramps in older people

[Quinine: not to be used routinely for nocturnal leg cramps - GOV.UK](https://www.gov.uk/drug-safety-update/quinine-not-to-be-used-routinely-for-nocturnal-leg-cramps)

Method

SPC had a focus on limiting quinine prescribing on a couple of occasions in the past.

More recently focused attention with messaging out was sent directly to patients from Central quality team with the message below:

*Dear <title> <surname>
In line with national guidance and safety advice, Quinine has been removed from your repeat prescription. This decision has been made due to concerns about potential risks associated with long-term use. Further information is available here: <https://www.gov.uk/drug-safety-update/quinine-not-to-be-used-routinely-for-nocturnal-leg-cramps>
If you would like to discuss this further, please contact the Surgery.
Kind regards <organisation_name>*

Results

Last 7 years Quinine prescribing across practices:

Quinine on Repeat	Site B	Site C	Site D1	Site D2	Site H1	Site H2	Site O	Total
Nov 2025	1	3	4	6	1	5	8	28
Sep 2025	20	1	3	5	1	5	8	43
Sep 2024	21	9	3	4	0	6	11	54
Sep 2023	19	10	2	6	1	6	9	53
Sep 2022	30	12	2	8	2	3	10	67



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Quinine on Repeat	Site B	Site C	Site D1	Site D2 (N/A in 2020 & 2019)	Site H1	Site H2	Site O	Total
Sep 2021	33	21	4	7	1	2	7	75
Sep 2020	37	34	5		0	50	5	131
Sep 2019	38	37	3		5	51	3	137

Discussion

The recent result shows steady decline in quinine prescribing with enhanced patients' safety.

Some patients can be reluctant to change as they have often been taking it for many years.

A change in practice can be a challenge to communicate to patients but a consistent approach is helpful and there is evidence of much limited new prescribing.

Removal of medication from repeat helps to reinforce this message of the risk.

Clinicians may wish to decide whether they want to take the additional risk regardless of patients' wishes. This is an example of where patients' and doctors' agenda can be a challenge.

Actions

A further audit of remaining patients may be undertaken to ensure discussion has been held and risk accepted