

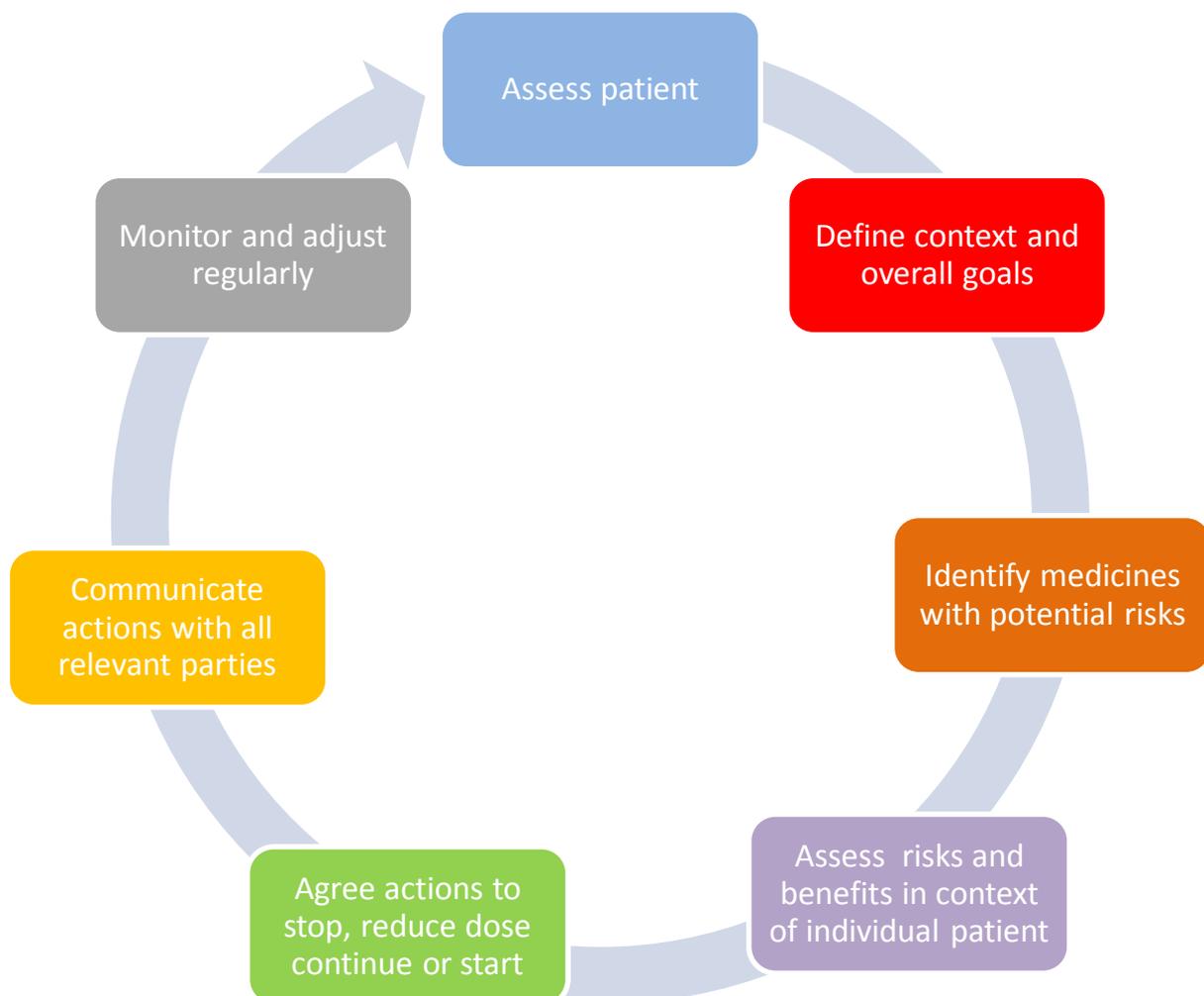
A patient centred approach to polypharmacy: a process for practice

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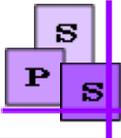
The patient centred approach to polypharmacy provides practical support for clinicians in embedding medicines optimisation into everyday practice through **patient centred**, safe, evidence based medication review in the management of polypharmacy.

The purpose behind each of the seven steps is explained on the next page and there is guidance on points to consider, actions to take and questions to ask in order to reduce polypharmacy and undertake deprescribing safely. Although patients with polypharmacy often have multiple medicines-related issues, the guide allows the practitioner to prioritise the issues based on the importance to the patient, risks, benefits and current evidence and then focus on one or a small number of key concerns rather than trying to solve all the problems at once. The guide emphasises the need for effective communication with the patient, their family/carers and other healthcare professionals at all seven steps of the process to ensure any changes made are actioned and followed up.

A patient centred approach to managing polypharmacy in practice



N Barnett L Oboh K Smith, NHS Specialist Pharmacy Service, 2015



<p>1. Assess patient's needs: <i>The purpose of this is to identify medicines related problems and establish the patient's perspective and priorities including what the patient wants to focus on now</i></p> <ul style="list-style-type: none">• What medicines matter to the patient and/or carer, any problems they have, what they want to discuss or review.• Their experience of taking medicines and how it fits into their typical day.• Ask the patient what they want from the review.• Obtain functional history from patient and/or carer.• Conduct medication reconciliation to establish what they are taking and how.
<p>2. Define context and overall goals: <i>The purpose of this is to find out how medicines use fits in with or impacts on their overall health goals with respect to patient's functionality, life expectancy and frailty</i></p> <ul style="list-style-type: none">• Obtain medical, social and drug history from available health records.• Do they have shortened life expectancy? Are they frail?• Based on your assessment in Steps 1 & 2 agree the medicine-related issues/benefits they want to be addressed for this visit.
<p>3. Identify all potentially inappropriate medicines from an accurate list of medication: <i>The purpose of this is to consider ALL the medicines the patient according to the best available research evidence and in relation to the patient perspective.</i></p> <ul style="list-style-type: none">• Use an evidence based tool e.g. NHS Cumbria tool kit (or another version of STOPP/START).
<p>4. Assess risks and benefit in the patient context and discuss with patient to identify the actual inappropriate drugs and priorities to review: <i>The purpose of this is to confirm or refute the inappropriateness of each drug identified in Step 3 based on the individual patient priorities and any immediate clinical priorities.</i></p> <ul style="list-style-type: none">• Identify any new symptoms/conditions, review in relation to when the medication was started and address• Ask about conditions which are active/inactive, time bound, resolved?• Is there a valid indication for each drug?• What perceived/actual harms or benefits are they experiencing for each drug in relation to their condition -<ul style="list-style-type: none">○ Start with general, open questions e.g. "Tell me about your pain medicines"○ Move towards more specific, closed questions e.g. "Do you think the medicine is working?"• Explore specific risks & benefits for each drug for your individual patient circumstances including shortened life expectancy. Are they essential drugs like levothyroxine?• The objective is to ensure that EACH medicine is tailored to the patient's circumstances, clinical and social situation and co-morbidities. Consider patient preferences and ability to adhere to the agreed regimen.
<p>5. Agree actions to stop, reduce dose continue or start: <i>The purpose of this is to agree actions with the patient and the prescriber.</i></p> <ul style="list-style-type: none">• Agree a way forward with the patient, including explaining referral to prescriber where appropriate.• Present options to prescriber in simple format.• Where appropriate, provide a written summary to the prescriber and/or in the patient's record, highlighting rationale, agreed action and monitoring, with a copy to the patient.
<p>6. Communicate with other relevant parties as appropriate: <i>The purpose of this is to facilitate the implementation of medication-related actions and ensure support from all relevant parties.</i></p> <ul style="list-style-type: none">• Produce a written summary highlighting rationale, agreed action for each drug change and monitoring. Provide to the community pharmacist, social care, allied health professionals, care home staff and hospital clinicians as needed. Follow local guidelines around consent/governance.• Document review so information can be accessed by relevant people, following local processes.
<p>7. Monitor, review and adjust regularly: <i>The purpose of this is to maintain continuity of care by ensuring a robust chain of professional responsibility.</i></p> <ul style="list-style-type: none">• Discuss the monitoring patient can expect, by whom and when.• Inform others who need to know about the changes made and/or act on them (with the patient's consent as appropriate).• Ensure changes are clear, especially if no prescription will follow.