Medicines… Help is at hand.

Karen Reid

Lead Pharmacist

Edinburgh Health and Social Care Partnership

Appropriate polypharmacy?

- All medicines are prescribed for the purpose of achieving specific therapeutic objectives
- Therapeutic objectives are being achieved
- Therapy has been optimised to minimise the risk of adverse drug reactions
- The patient is motivated and able to take all medicines as intended

Outcomes

Patient satisfaction

GP workload

Quality

Inappropriate polypharmacy?

- No evidence based indication, the indication has expired or the dose is unnecessarily high
- One or more medicines fail to achieve the therapeutic objective
- One, or the combination of medicines cause unacceptable ADR's
- The patient is not willing or able to take the medicines as intended

Polypharmacy ……

- Up to 11% of unplanned hospital admissions are attributable to harm from medicines
- Over 70% of these are due to elderly patients on multiple medicines
- 50% are estimated to be preventable.
- Around one in 30 patients are exposed to preventable medication harm in medical care, and more than a quarter of this harm is severe or life-threatening.
- Urgent need for scalable, sustainable interventions for safe and effective management of polypharmacy.

1. Kongkaew C *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*. 2013;33(8):827-837. DOI: 10.1002/phar.1287
2. Hodkinson, A *BMC Med* **18,** 313 (2020). https://doi.org/10.1186/s12916-020-01774-9

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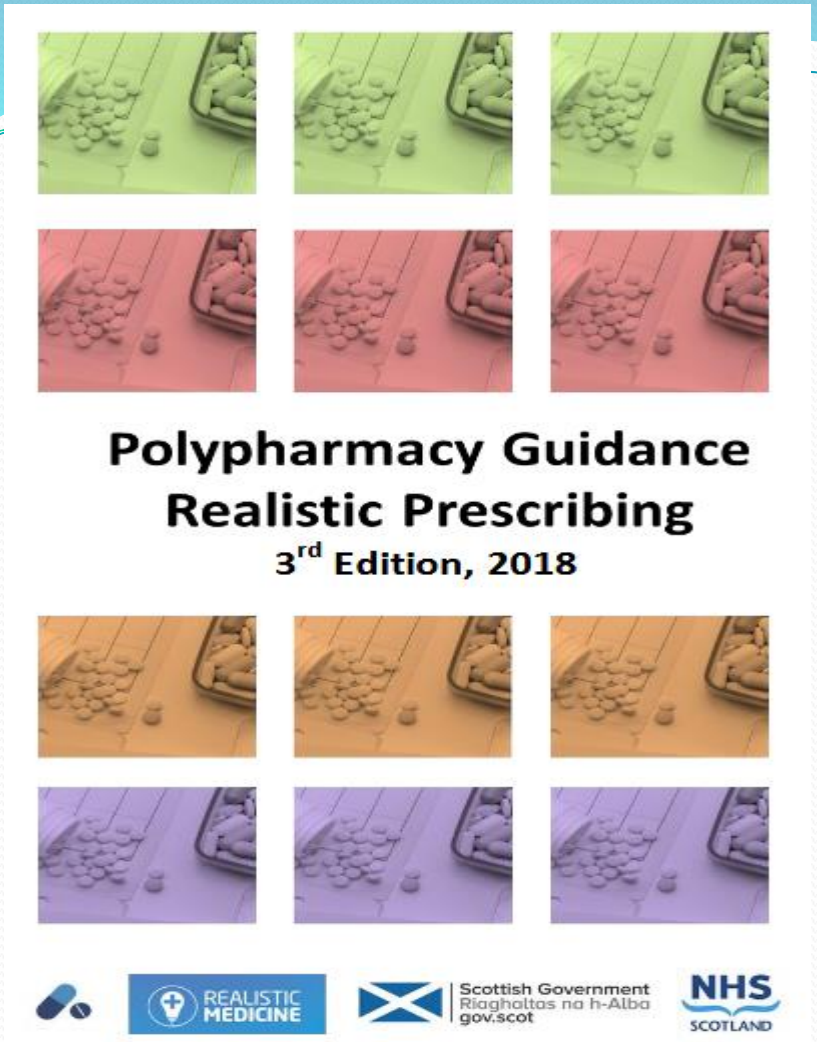
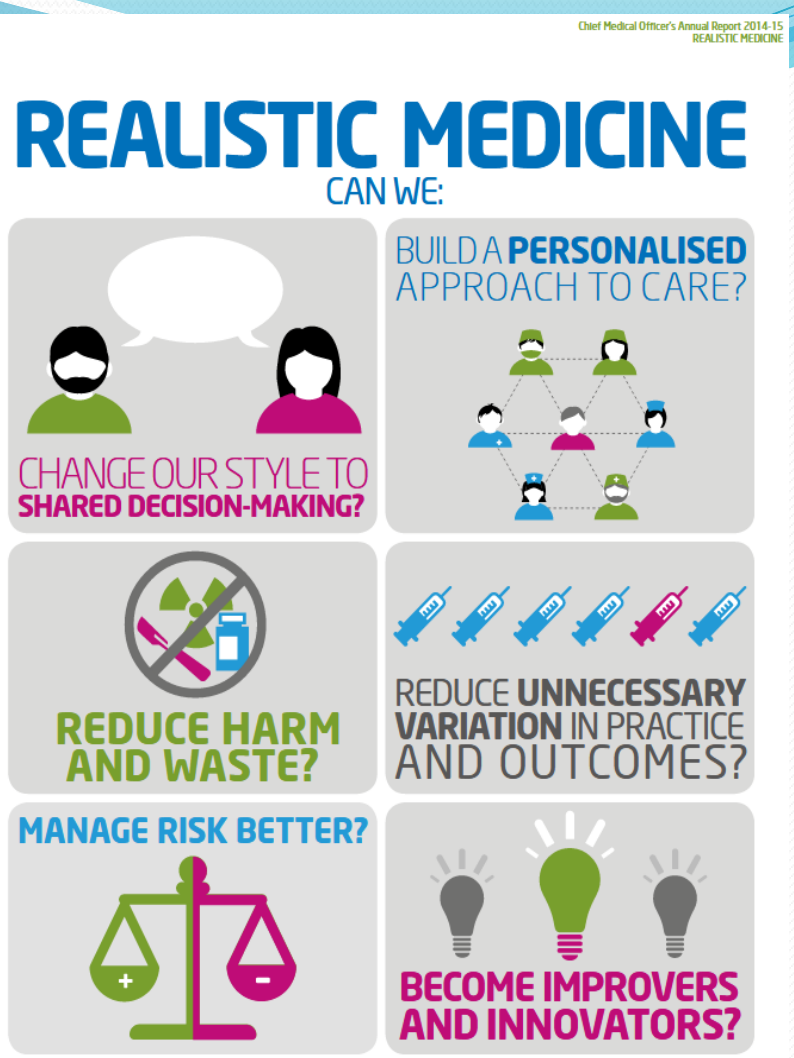
Philippe Pinel

It is an art of no little importance to administer medicines properly: but, it is an art of much greater and more difficult acquisition to know when to suspend or altogether to omit them.



http://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/04/Polypharmacy-Guidance-2018.pdf
App on iTunes and Google Play app stores



http://www.gov.scot/Resource/0049/00492520.pdf

Useful resources

- *Polypharmacy Guidance, Realistic Prescribing 3rd Edition, 2018*. Scottish Government
  - Polypharmacy: Manage Medicines (scot.nhs.uk)
- NHS Lothian Care Home Website
  - Care Homes – NHS Lothian | Our Services
  - pc.prescribing@nhslothian.scot.nhs.uk
- NES Care Home Pharmacy Resource
  - https://learn.nes.nhs.scot/59005

Polypharmacy: Manage Medicines (scot.nhs.uk)


RIGHT
MEDICINE?
UNNECESSARY
MEDICINE
EFFECTIVE
MEDICINE?
HARMFUL
MEDICINE
COST EFFECTIVE
MEDICINE
AGREE AND SHARE
MEDICINE PLAN
WHAT
MATTERS?

NHS Lothian

Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

DALHOUSIE UNIVERSITY
Inspiring Minds

Medication in the frailest adults

- Blood pressure - **avoid blood pressure < 130 systolic and or < 65 diastolic**
- Blood sugar control - **avoid lowering HbA_{1c} < 65**
- Treatments to maintain renal function and avoid progression of proteinuria - **avoid treating unless considered to have sufficient life expectancy to see benefit**
- Use of blood thinners - **avoid the use of combination blood thinners**
- Heart rate control - **reduce or stop heart rate limiting medication if pulse < 60**

Medicines Sick Day Guidance

When you are unwell with any of the following:
- Vomiting or diarrhoea (unless only minor)
- Fevers, sweats and shaking (unless only minor)

Then **STOP** taking the medicines highlighted in this guidance.

Restart when you are well (after 24 - 48 hours of eating and drinking normally)

If you are in any doubt, contact your pharmacist, doctor or nurse.

This card was created from the Polypharmacy: Manage Medicines app (http://managemeds.scot.nhs.uk)

The Right Decision Service

NHS SCOTLAND

EFFECTIVE PRESCRIBING AND THERAPEUTICS DIVISION SCOTTISH GOVERNMENT

SGLT2 inhibitors – used to treat Type 2 Diabetes. Names end in "flozin".

1.
2.
3.

ACE inhibitors. Names end in 'pril'.

1.
2.
3.

Diuretics. Often called 'water tablets', e.g. furosemide, Bendroflumethiazide.

1.
2.
3.

Other medicines to stop taking

1.
2.
3.
4.

Metformin. A diabetes medicine.

1.
2.
3.

ARBs. Treat heart failure and high blood pressure. Medicine names ending in 'sartan'.

1.
2.
3.

NSAIDs. Anti-inflammatory painkillers. E.g. ibuprofen, diclofenac, naproxen.

1.
2.
3.

Primary Care Pharmacy support for care homes in Lothian

- One pharmacist per 8,000 patients and 0.5 technician
- Sustainability and value funding to support MDT working
  - New resident and birthday month reviews
  - Fortnightly Q and A session with Geriatrician
  - Annual MDT review for the more complex patients
  - Trial of joint Geriatrician and Old age Pyschiatry consultant has been tested
  - Technicians supporting polypharamcy review
- pc.prescribing@nhslothian.scot.nhs.uk

NHS Lothian

Pharmacy support for Care Homes in Lothian

- NHS Lothian Care Home Website
  - Care Homes – NHS Lothian | Our Services
  - pc.prescribing@nhslothian.scot.nhs.uk
- Pharmacy home page
  - Community pharmacy
  - Pharmacy first
  - Primary Care Pharmacists
  - Hospital pharmacist
- Pharmacy Education and training page
- Pharmacy referral page for polypharmacy review

NHS Lothian

Who to refer?

The RPS believes *"all residents should receive a review of their medication by a pharmacist when they first move into a care home in order to optimise their medication regime"* (see Improving Medicines Use for Care Home Residents (March 2016). *"Every care home resident should have a pharmacist led medicines review at least once a year or whenever a medicine is started, stopped or changed and when a resident moves between care settings"* (see The Right Medicine: Improving Care in Care Homes (February 2016).

Who to refer?

Referral for a medication review is recommended for residents who are:

- potentially on inappropriate medicines (polypharmacy).
- refusing to take their medicines or are “fed up taking tablets”
- finding it difficult to swallow their medicines
- sleeping a lot during the day/agitated during the day
- dizzy when they stand up
- at risk of falls
- becoming increasingly frail
- losing weight

or

- frequency or timing of administration of medication is causing problems
- items on MAR chart are no longer required
- you are concerned the resident is experiencing side effects of their medication

How to refer?

To refer a resident for a medication review e mail the Primary Care Pharmacy team PCPTeam at PC.Prescribing@nhslothian.scot.nhs.uk with the following details:

- Subject title: **Request for medication review**
- Information required within the e mail
- Residents name:
- Date of birth:
- GP
- Main text: Just a short explanation as to why you are referring the patient is all that is required.

  This generic mail box is checked Monday to Friday. Your request will be sent to the pharmacist in the GP practice responsible for your care home. The pharmacist will then liaise directly with you throughout the process of the medication review.

Please note:

- **if the referral e mail contains patient confidential information the e mail must be sent using a secure nhs e mail address**

- **this referral process is not suitable for any residents who become acutely unwell. In this instance seek medical/nursing support in the usual way. A medication review may be appropriate after the acute episode has been resolved.**

NES Care Home Pharmacy Resource

https://learn.nes.nhs.scot/59005

NES Care Home Resource Pack

- Types of care home
- Care home staff
- Healthcare professional support to care homes
- The Care Inspectorate
- National health and social care standards
- Good practice guidance
- Adults with Incapacity & Consent

NES Care Home Resource Pack

- Palliative care
- Specialist areas
- Community Pharmacy
- Technology
- Medicines
- COVID-19

NES Care Home Resource Pack

- TURAS access is available to all working within Health and Social Care in Scotland.
- Link to register with Turas learn - https://learn.nes.nhs.scot/ and click on the button in the red square below to create an account
- A private email address can be used to create an account.
- Turas Link to Care Home Pharmacy Resources - https://learn.nes.nhs.scot/59005

Medicine Waste

- Highlight the key points in the NHS Lothian Medicines Waste policy
- Future plans for medicines management in Care Homes

Medicine Waste Policy

To help managers and care home staff the following Care Inspectorate guidance below details the ONLY situations when it is appropriate to return medicines:

- **Medication from deceased patients**
- **Medication which is date expired**
- **Medication that has been stopped by the clinician**
- **Medication that has been dropped**

It is unacceptable to return any medicine which the patient is still prescribed unless it has reached its expiry date. Excess medication should be carried forward to the next month and annotated on the new MAR chart or electronic MAR system.

Action points for Care Homes

- Identify one or two senior staff members who can be medicines returns champions and would be suitable to sign the returns checklist
- Communicate to all care staff the correct medicine returns policy to ensure that only appropriate medicines are returned
- Introduce the new medication returns checklist to staff

NHS Lothian

Appendix 1

CARE HOME MEDICATION RETURNS FORM

This form must be completed for all medicines being returned to community pharmacy.

Returns will only be accepted by drivers if accompanied by both:

- this signed Care Home Medication Returns Form
- the Care Home's own approved and completed returns form if applicable

Care Home Name: _____

I verify that the medication returns dated _____ have been checked by myself as care home manager (or deputy in the absence of manager) and meet NHS Lothian's policy for medication returns and wastage.

1. Returns only include:
    - **Medication from deceased patients**
    - **Medication which is date expired**
    - **Medication that has been stopped by the clinician**
    - **Medication that has been dropped**
2. No medication has been returned that is still in date and which the patient is currently prescribed.
3. Food supplements, non-medicated dressings and appliances such as catheters or stoma bags **can be** disposed of in the general waste providing all patient identifying material, i.e. dispensing label has been removed.

Medication returns are fully documented on the returns sheet for each patient with a valid reason for return.

Signed: _____ Date: _____

Manager's Name: _____ Position: _____

Name and signature of person assembling medication for return:-

Name: _____ Signature: _____

Medicines Care and Review (MCR) in Care Homes

National pilot in 5 Health Board areas

- Ayrshire and Arran
- Grampian
- GGC
- Highland
- Tayside

- Using QI methodology
- Led by national project team (Scottish Government,ATOS, Care Inspectorate) and local Board teams

MCR GG&C Outcomes

- Successful switch to MCR
- Improved relationships
- Improved process for medication review
- Reduced medicines returns/waste
- Reduced workload