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Patient-centred care and polypharmacy: a pharmacy perspective

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The first stop for
Professional medicines advice

What is polypharmacy?

- Prescribing or taking many medicines
  - Numbers of medicines
  - More than clinically required
  - Appropriate
  - Problematic (inappropriate)
- Hyperpolypharmacy/Excessive polypharmacy
- Oligopharmacy/ Non polypharmacy
- Deprescribing

What about Deprescribing?

Be careful with terminology……

"There was a clear consensus, and many comments, that the term is not appropriate for use with patients and carers, and that from the PR / public domain perspective it would be open to misinterpretation as cost-oriented rather than toward the quality of care or safety of the patient."

Cahill. L 2014.Prescqipp Polypharmacy and Deprescribing landscape review

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The importance of language

Polypharmacy

"too many medicines"

- the right amount for you

Deprescribing

"stopping your medicines"

- trial and review

Multimorbidity.....

……?

- "the presence of two or more long-term health conditions"

Polypharmacy and patient care

"Do listen to your patients; always have them at the centre of your thinking, that's what makes the big, big difference"

NHS Improving Quality (NHS Institute for Innovation and Improvement)
http://www.institute.nhs.uk/qipp/joined_up_care/patient_centred_care.html

…. an NHS that is 'genuinely centred on patients and carers'

Kings fund comment on White Paper Equity and Excellence: liberating the NHS July 2010
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf

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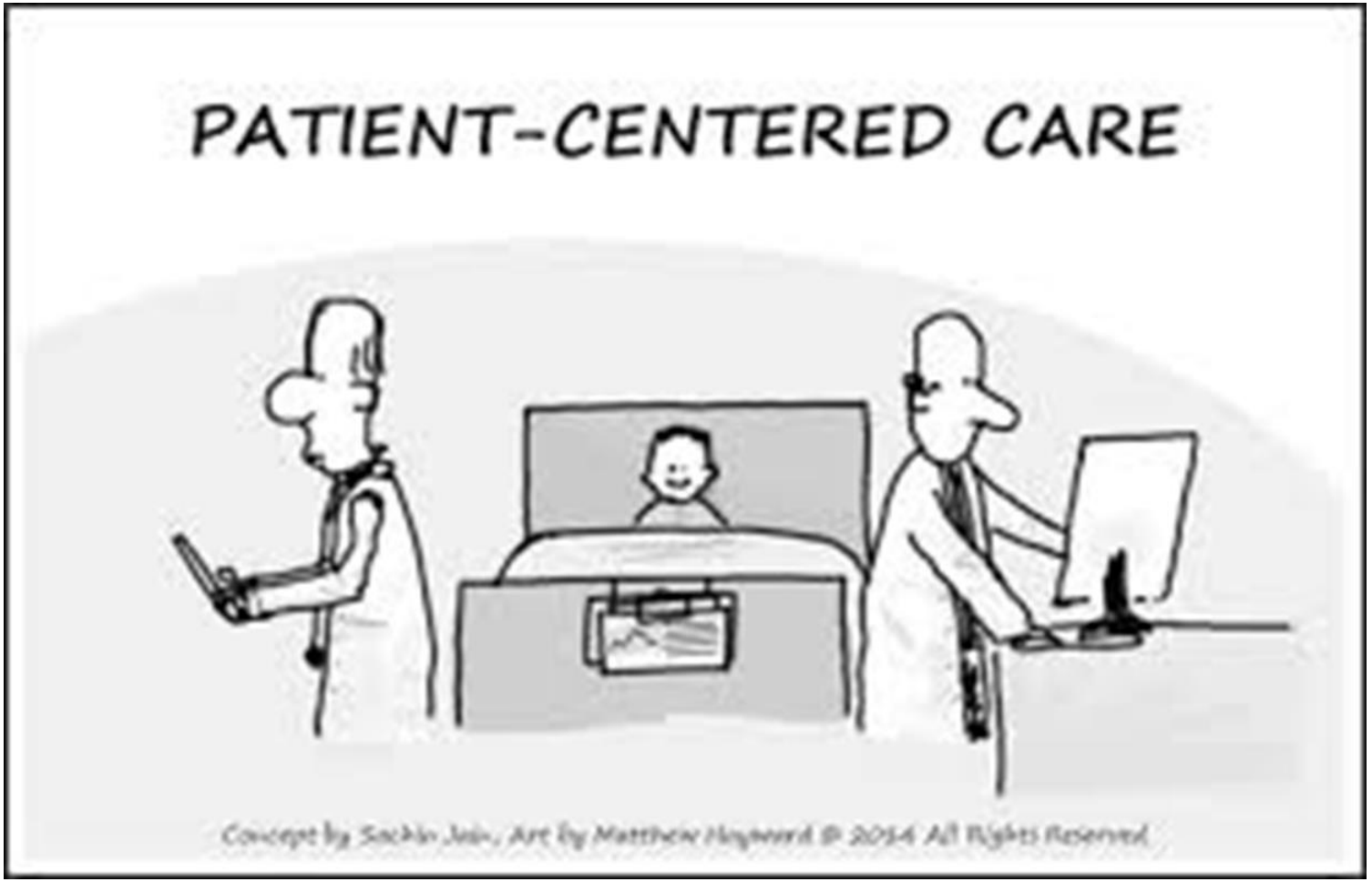

What's the problem?

- More than one third of over 75's take four or more medicines regularly
  - Compare to today to 1980's
- Evidence of polypharmacy associated with
  - Increased ADE's
  - Hospital admissions
  - Increased healthcare costs
  - Poor medicines adherence

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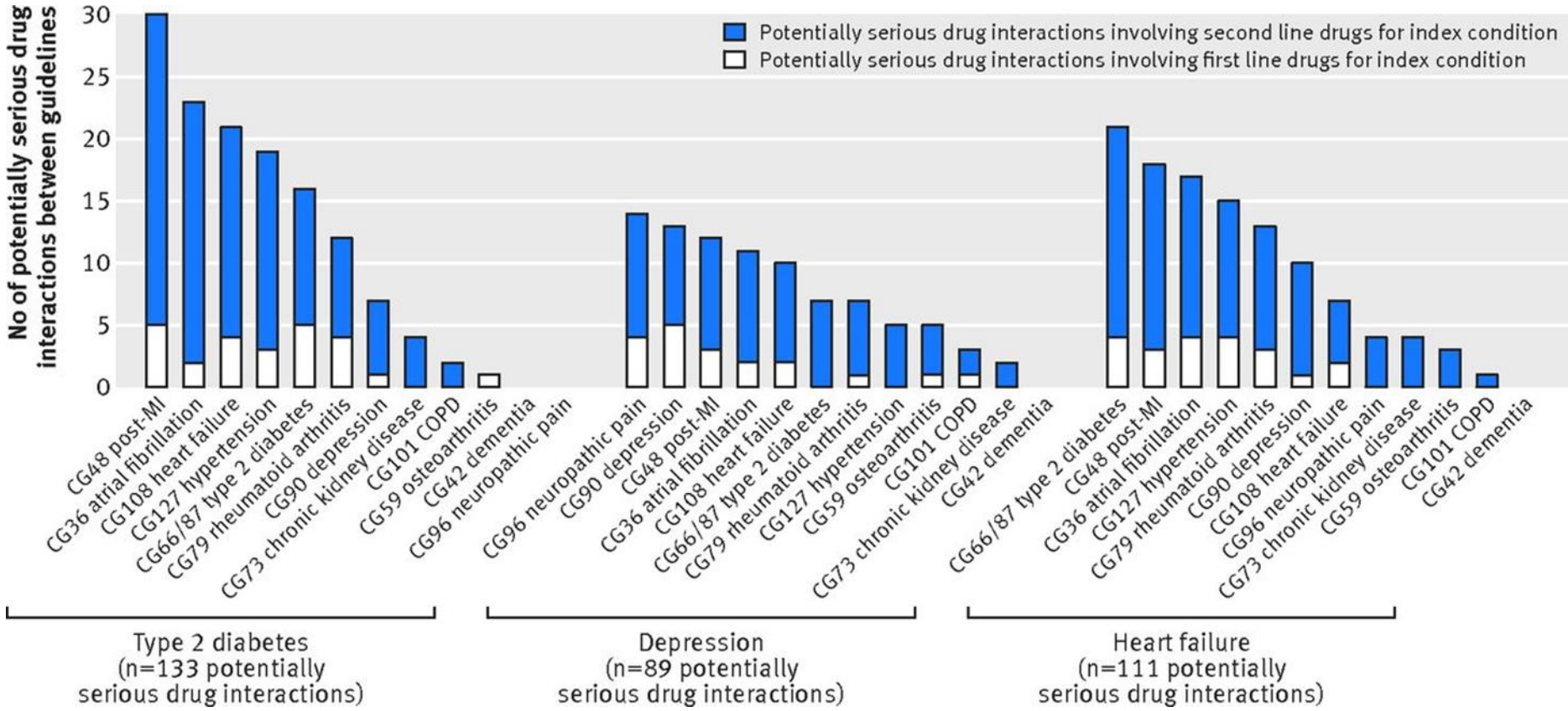
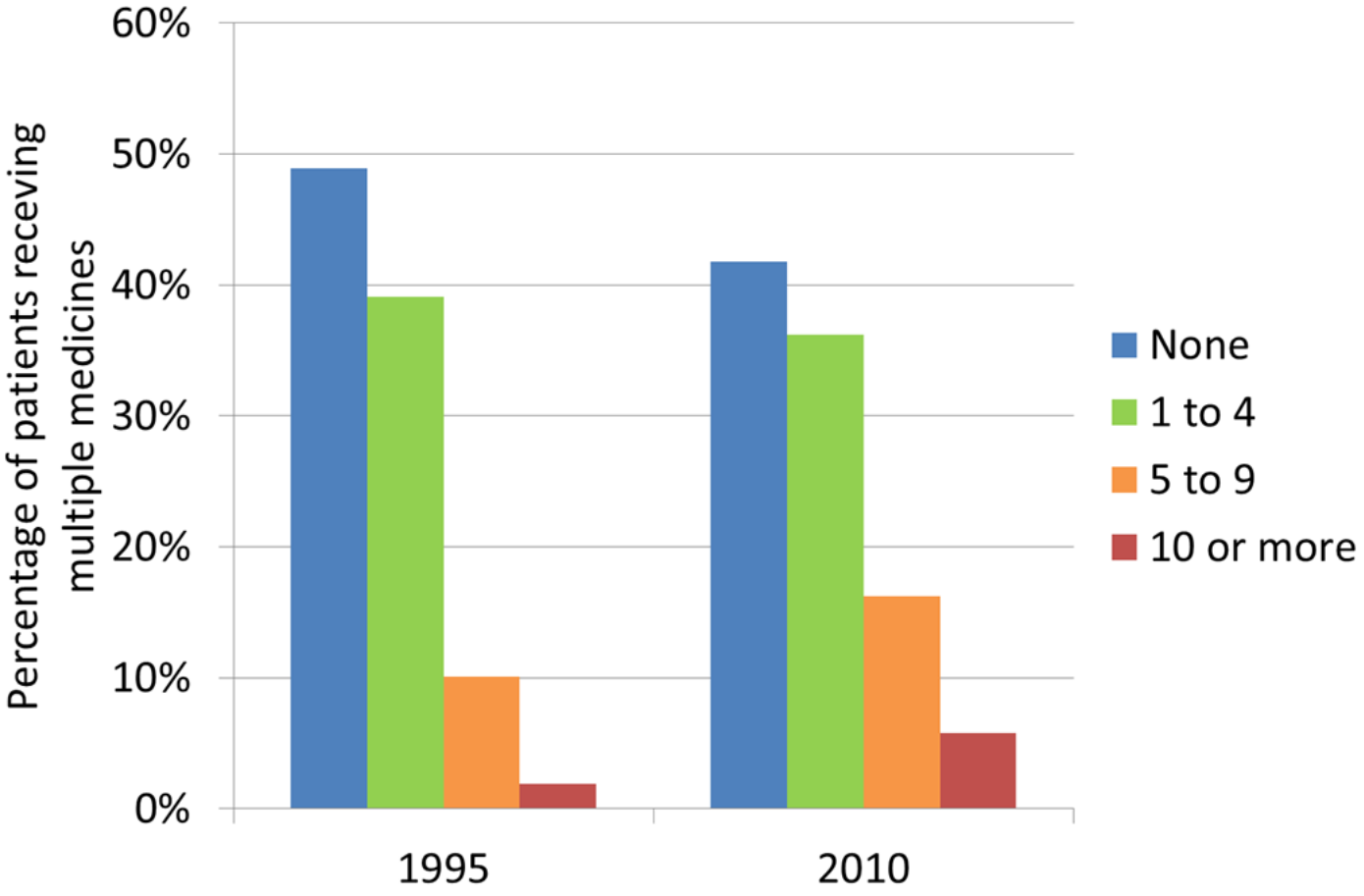
Risk of guideline based prescribing



Dumbreck et al. BMJ 2015;350:bmj.h949

Number of medicines



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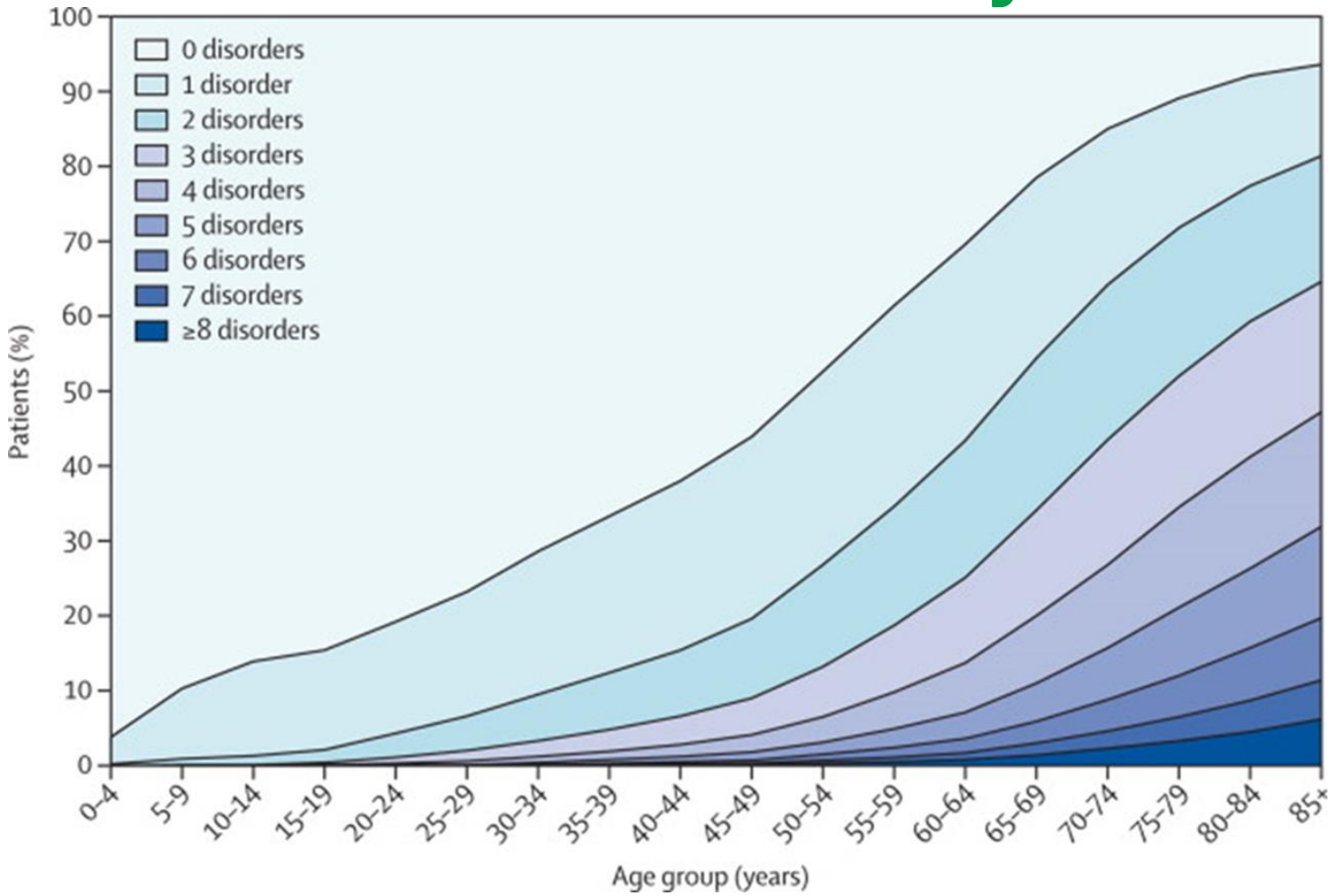
Guthrie et al. BMC Medicine (2015) 13:7 DOI 10.1186/s12916-015-0322-7

Polypharmacy & multimorbidity



Barnett K et al. Lancet 2012; 380: 37-43.

What's out there to help?

NHS Scotland and The Scottish Government 2012, updated 2015 : Polypharmacy Guidance, **update 2017…**

Kings Fund 2013: Polypharmacy and medicines optimisation : Making it safe & sound

NHS Wales Health Board 2013: Polypharmacy: Guidance for Prescribing in Frail Adults Practical guide, full guidance, BNF sections to target

PrescQIPP NHS Programme 201: Polypharmacy & Deprescribing webkit, Improving Medicines and Polypharmacy Appropriateness Clinical Tool (IMPACT)

What are the main tools?

- Beers criteria

(explicit, US)

- Medication appropriateness index (implicit)

- STOPP/START tool

(recently revised)

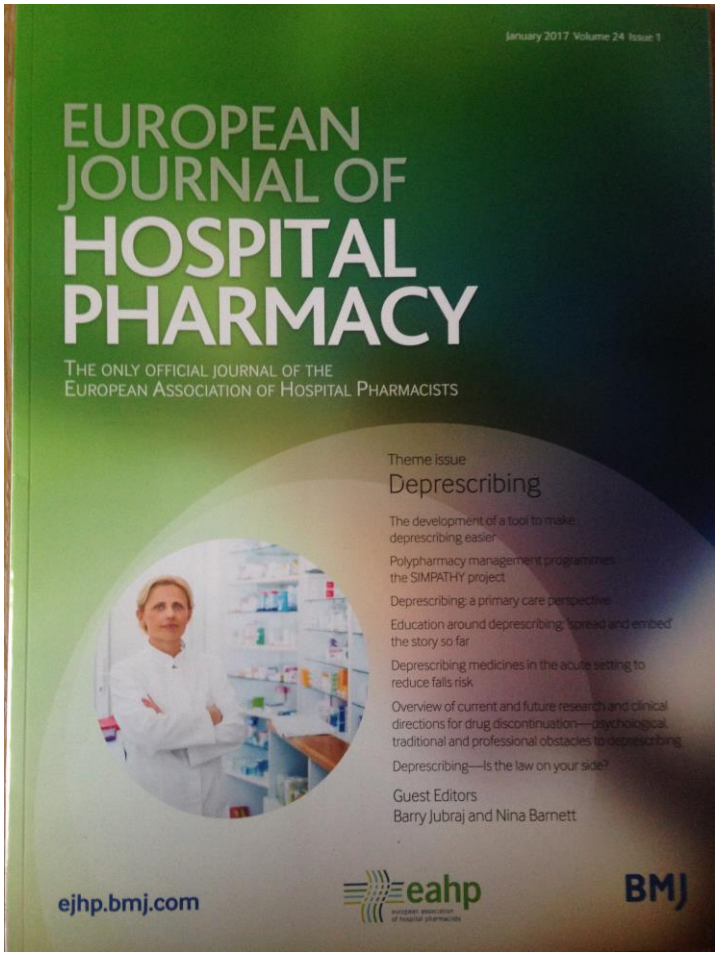
- Medstopper www.**medstopper**.com
- RxISK Polypharmacy Index https://rxisk.org/tools/polypharmacy-index/

What about Deprescribing?

A themed issue on Deprescribing

EJHP 2017:24 (1) including

- Tools to support deprescribing
- Multiple deprescribing
- UK primary care setting
- Law and deprescribing
- Patient perspective
- Falls……



http://ejhp.bmj.com/content/24/1?current-issue=y

Where is the gap?

- What do the other resources provide
  - Background and context for the issues
  - Evidence for optimal use of medicines
  - Tools to support safe review

Filling the gap?

Focus on the patient perspective

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Patient centred polypharmacy process

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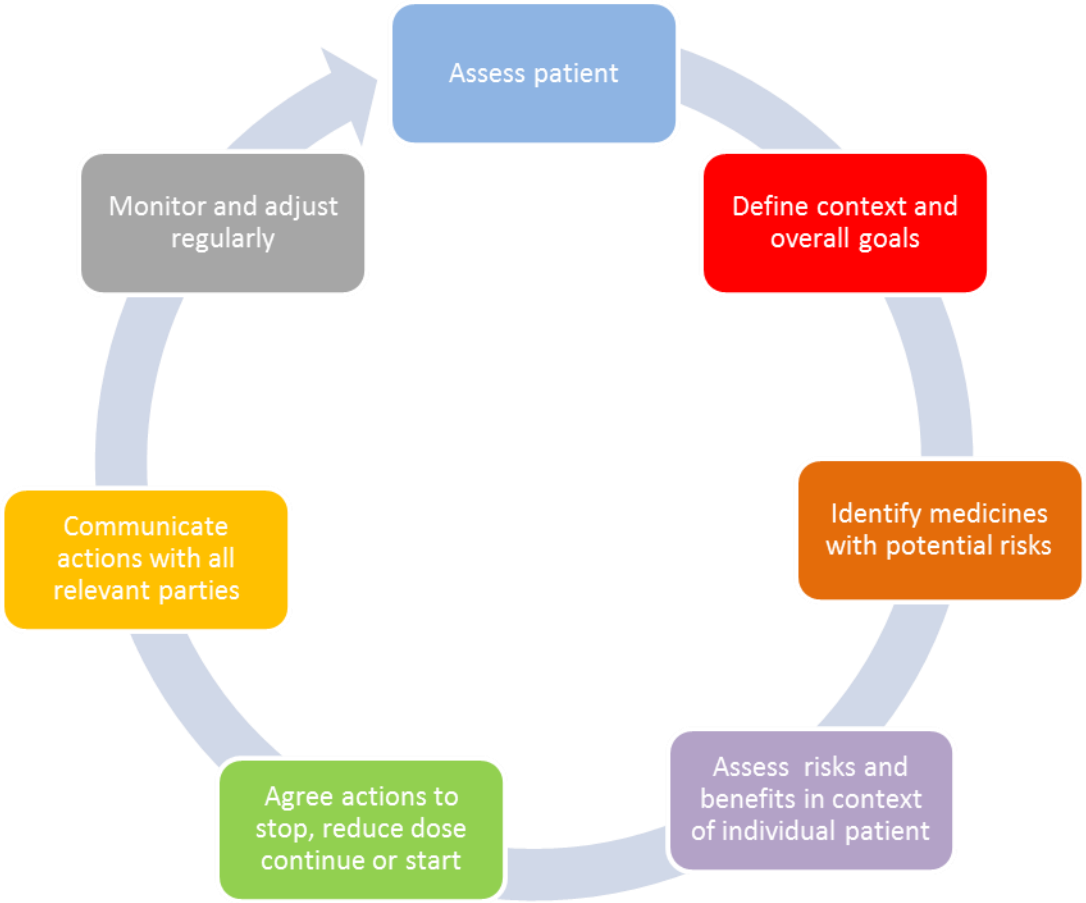

© N Barnett L Oboh K Smith EJHP: 23 December 2015 http://ejhp.bmj.com/search?fulltext=barnett+oboh+smith&submit=yes&x=0&y=0

Identify medicines for review

- **Assess patient:** identify medicines related problems and establish the patient's perspective and priorities first
- **Define goals**: discuss how medicines use fits in with or impacts on the patient's overall health goals
- **Identify medicines of concern:** consider ALL the medicines the patient is taking and identify potential risks vs benefits according to the best evidence and patient perspective
- **Agree priorities for review**: identify medicines according to appropriateness based on the patient's current priorities and immediate clinical priorities

Agree and action

- **Agree to stop, reduce, continue dose or start medicine:** this is a collaborative decision between clinician and patient - communicate to prescriber as appropriate
- **Communicate with other relevant parties:** facilitate the implementation of medication-related actions and ensure support from all relevant parties as appropriate
- **Monitor and adjust regularly:** maintain continuity of care by ensuring a robust chain of professional responsibility

Collaborative care

- Clinician identifies a problem (evidence based) but the patient is not aware of the problem
- Patient identifies a problem (ADE, adherence) and the clinician isn't aware of the problem

This method is an optimal combination of an evidence based and patient centred approach to medication review and safe, concordant deprescribing.

Process in practice

- Consultations usually short (5-15 min)
- Agree to prioritise one or two issues per consultation

- Balance of
  - Importance to patient
  - Current evidence
  - Risk/benefits

Communication with patient/carers and other health professionals is key to success (actions and follow up)

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Link to medicines optimisation…..

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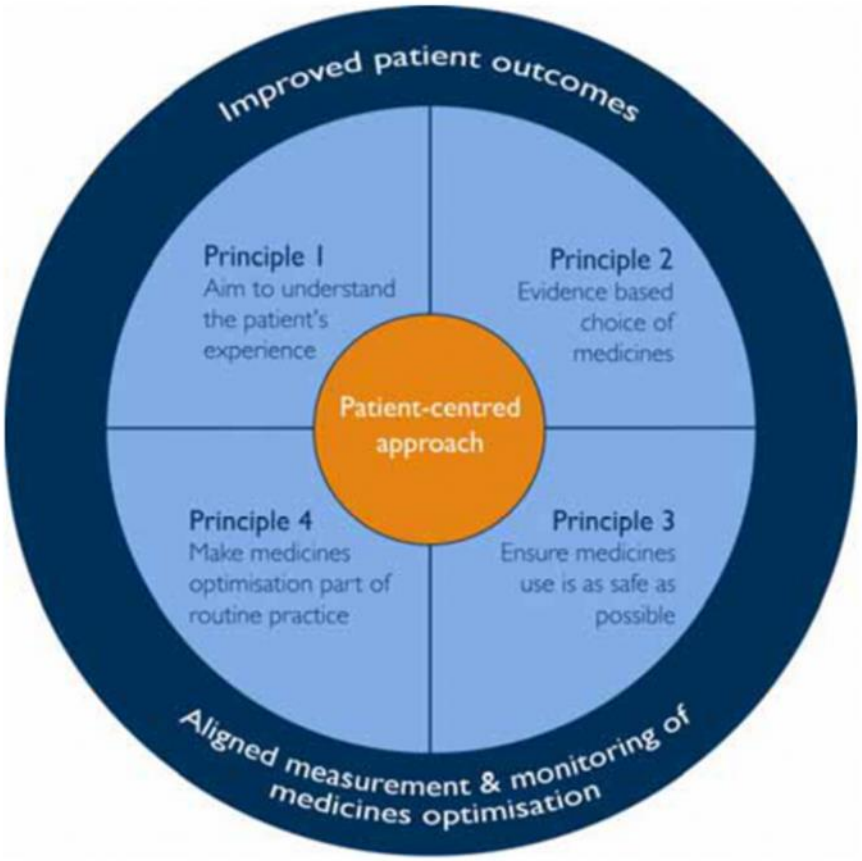

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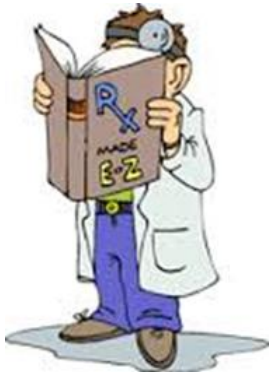
RPS four principles

- *Aim to understand the patient's experience*
- *Evidence based choice of medicines*
- *Ensure medicines use is as safe as possible*
- *Make medicines optimisation part of routine practice*

Key messages



Clinicians identify medicines for review supported by evidence based tools

Patient identifies what they want from their medicines for their health and well being.

Working together is the route to medicines optimisation

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Thank you