Ensuring appropriate polypharmacy

Safe and effective medicine prescribing and use can be complex and remains a challenge. Efficient medication review offers an opportunity to explore this as a partnership.[1]

Key recommendations

- Patients should be partners in all decisions, unless the patient doesn't want this.
- Before prescribing any medicine consider: is it appropriate polypharmacy; has a negative prescribing cascade been developed; life expectancy; change in frailty; time to benefit; the net and magnitude of benefit; harm: safer non-pharmacological options; adherence.
- Ensure adequate, dedicated time available to undertake a medication review.
- In complex polypharmacy, undertake reviews over several appointments tackling issues separately.
- Ask the patient to come prepared for the review. They should bring all medicines and prepare any questions.
- Discuss starting and stopping criteria to avoid any future surprises.
- Regularly review outcomes of all treatments, alter as needed.
- What is the most important outcome for the patient? Use shared decision making where appropriate.
- Use a validated tool to support the medication review.
- One clinician should be responsible for a patient's overall care, ideally their GP. [2]

Patient-centred approach

Provide patients with information before a medication review (e.g. in NICE NG5), to help understanding, know what to expect and any questions to ask.[3]

Using Patient Decision Aids can help understanding of the harm to benefit of a medicine and explanation of numbers needed to treat and harm, in an easy to understand format.

Medication review

GMC guidance advises that for all prescribed medicines, as a repeat or on a one-off basis, suitable arrangements must be in place for monitoring, follow-up and review, consideration of the patient's needs and any risks arising from the medicines.[4]

An effective medication review to ensure the best outcome for the patient includes: all medicines, dressings, oral nutritional supplements, OTC items, appliances, devices, blood testing equipment, and tests; full access to the medical history; ideally a multidisciplinary input, from anyone involved in the care of an individual, each providing any relevant information but without always needing to be present. Consider a full medication review:

- At each transfer of care, e.g. to/from hospital, care home, from another practice, between prescribers in the same practice.
- At resolution of treatment, e.g. chemotherapy/radiotherapy; after surgery.
- As frailty increases, physiological changes and adverse effects may escalate, requiring stopping, alterations to doses and/or frequency of administration.
- Following referral by a community pharmacist after a review has raised concerns.
- If moving towards end of life.
- If there has been a treatment failure.

Stopping medicines

Medicines optimisation may include stopping a treatment on an individual basis if:[5]

- There is no valid or relevant indication for prescribing as assessed by changes in symptoms, signs, and laboratory and diagnostic test results.
- An adverse drug reaction outweighs the possible benefits.
- There is a risk of cumulative toxicity if particular medicines are taken together.
- The patient is choosing to not take/use the medication as prescribed or intended.
- Unlicensed medicines ('specials') are being prescribed but a licensed medicine exists.

Tools to support medication reviews

Several validated tools are available to help guide clinicians in evaluating drug safety and reduce inappropriate polypharmacy as part of a tailored, individual, polypharmacy review.

Improving Medicines and Polypharmacy Appropriateness Clinical Tool (IMPACT), for use as a pragmatic decision aid, in conjunction with other relevant, patient-specific data. Medicines with medium or high clinical and/or cost risk are highlighted and may be an area for prioritisation.[6]

PrescQIPP Drugs to Review for Optimised Prescribing list (DROP-List), includes medicines regarded as low priority, poor value for money or for which there are safer alternatives.[7] Some of the NICE do not do recommendations are included.[8] Medicines which could be considered for self care with the support of the community pharmacist are on the list.[9]

SPARRA – an NHS Scotland risk prediction tool: for an individual being readmitted or admitted to hospital as an emergency inpatient within the next year. A SPARRA score provides the risk; the principles are transferrable to other UK countries.[10]

NO TEARS Tool - describes how to get the most from discussions with patients in a medication review.[11] Adapted version available as attachment 3.

BEERS criteria (2015) - an American document with useful information; some of the medicines may not be available in the UK, or may have different names.[12]

STOPP/START (2015) - a screening tool with a list of evidence based criteria which are potentially inappropriate in older patients.[13]

PINCER - identifies at risk patients who are being prescribed medicines that are commonly and consistently associated with medication errors to reduce the risk of occurrence of these errors.[14]

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