Polypharmacy and deprescribing - Multimorbidity

Background

Multimorbidity is a major issue facing current general practice. NICE NG56 defines multimorbidity as follows.[1]

- Multimorbidity refers to the presence of two or more long term health conditions, which can include:
  - Defined physical and mental health conditions such as diabetes or schizophrenia
  - Ongoing conditions such as learning disability
  - Symptom complexes such as frailty or chronic pain
  - Sensory impairment such as sight or hearing loss
  - Alcohol and substance misuse.

Together, multimorbidity and polypharmacy are among the biggest risk factors for reduced quality of life, higher mortality, higher use of unplanned health care, inappropriate medication, adverse drug reactions (ADRs), adverse drug events and morbidity, leading to patient harm.[2] Those with multimorbidity frequently receive care from both primary care and multiple specialists, who may not be communicating effectively with each other.[2] These challenges are compounded by the need to manage the shared treatment of multiple conditions by several prescribers from different specialties. Prescribers also need to be equipped to identify instances where deprescribing is appropriate and then make the necessary changes to pharmacotherapy.[3]

It is important to consider the following factors for those with multimorbidity.[2]

- Guidelines on single health conditions may not be applicable
- Aggressive management of risk factors for future disease is often a major treatment burden and can be inappropriate
- Assess whether patients may benefit from an approach to care that takes account of their multimorbidity
- Consider all conditions and treatments simultaneously
- Easier access to data about the absolute benefit of commonly prescribed treatments is needed

Recommendations

- Ensure a patient centred approach to morbidity taking into account patient values, benefits and goals. Assess physical and mental health conditions.[1]
- Assess disease and treatment burden.[1]
- Identify patients with multimorbidity who could benefit from tailored care opportunistically during routine care and proactively using electronic health records.[1]
- Identify those patients with more than 15 medicines, 10 to 14 regular medicines and also those on less than 10 medicines but at particular risk of adverse events.[1]
- Identify those patients with frailty using tools that may already be on practice systems, e.g. the electronic frailty index (eFI).[1]
- Develop and implement individualised management plans. Share individualised management plans electronically through the NHS Summary Care Record or by ensuring that the person always has an up-to-date paper copy of their plan at home.[1]

Actions to improve outcomes

- Consider a review of current care plan and medicines if the patient requests it, opportunistically or proactively using electronic health records to identify people who would benefit.
- People who may benefit include people who are prescribed 15 or more regular medicines, 10-14 regular medicines, <10 regular medicines but at risk of adverse reactions, difficulty managing their treatments or day to day activities, frequently seek unplanned or emergency care, are frail or have falls.[1]
  - Adopt a patient centred approach by asking the patient “What matters to them?”
  - Offer extended consultations to improve assessment and planning.[1,4]
- Discuss the purpose of an approach to care that takes account of morbidity
- Establish disease and treatment burden
- Establish patient goals, values and priorities
  - Adopt a patient centred approach by asking the patient “What matters to them?”
- Review medicines and other treatments taking into account evidence of likely benefits and harms for the individual patient and outcomes important to the person.
- Agree an individualised management plan. Refer to attachment 1: Individualised management plan.

Summary

There is increasing recognition that care for some people with multimorbidity needs reviewing. It is also acknowledged that the there is little evidence base for patients with multiple long term conditions. There needs to be a multi-factorial approach for the management of people with multimorbidity.

References

1. National Institute for Health and Care Excellence. Multimorbidity: clinical assessment and management NG56. September 2016. Available at https://www.nice.org.uk/guidance/NG56/chapter/Recommendations#taking-account-of-multimorbidity-in-tailoring-the-approach-to-care accessed 1/3/2017
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