

Delivering comprehensive, face to face level three medication reviews.

Introduction

Medication is by far the most common form of medical intervention for many acute and chronic conditions. It can be highly effective in preventing disease or slowing disease progression, with guidelines for single diseases recommending the use of a variety of evidence based treatments.

Patients on multiple medications are more likely to suffer drug side effects and this is more related to the number of co-morbidities a patient has than age. It is important that patients have comprehensive face to face, level three medication reviews. Involving patients in prescribing decisions and supporting them in taking their medicines is a key part of improving patient safety, health outcomes and satisfaction with care.¹

The term polypharmacy itself just means “many medications” and has often been defined to be present when a patient takes five or more medications. Polypharmacy can be either appropriate or inappropriate.

Inappropriate polypharmacy is present, when one or more medicines are prescribed that are no longer needed, either because:

- there is no evidence based indication
- the indication has expired or the dose is unnecessarily high
- one or more medicines fail to achieve the therapeutic objectives intended
- one, or a combination of medicines cause unacceptable adverse drug reactions (ADRs), or put the patient at an unacceptably high risk of ADRs
- the patient is not willing or able to take one or

more medicines as intended.

Appropriate polypharmacy is present, when

- all medicines drugs are prescribed to achieve specific therapeutic objectives that have been agreed with the patient
- therapeutic objectives are actually being achieved or there is a reasonable chance they will be achieved in the future
- therapy has been optimised to minimise the risk of ADRs
- the patient is motivated and able to take all medicines as intended.

Face to Face medication review

There are many tools and resources available to support medication reviews. We have reviewed in conjunction with some local GPs what is available and would recommend using the Scottish polypharmacy guidance as the basis for conducting the reviews [here](#). Also available as an app [here](#).

During the review suggest check the following:

- Is all prescribing in line with the Dorset formulary, any “red drug” prescribing?
- Is all prescribing generic where clinically appropriate?
- Are shared care guidelines being followed where appropriate?

Links to some other available resources

- STOPP/START toolkit [here](#)
- Medstopper (online tool) [here](#)
- NO TEARS [here](#)
- NICE [KTT18](#) considers multimorbidity and polypharmacy

References

1. NHS Scotland polypharmacy guidance August 2017.

Contact us

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