Road Testing the Patient-centred approach to Deprescribing

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A patient centred approach to managing polypharmacy in practice

1. Assess patient
2. Define context and overall goals
3. Identify medicines with potential risks
4. Assess risks and benefits in context of individual patient
5. Agree actions to stop, reduce dose continue or start
6. Communicate actions with all relevant parties
7. Monitor and adjust regularly

Aim of road test

1. To test whether the process can deliver patient centred care in real practice

2. Get the views of clinical pharmacists undertaking in-depth/holistic medicines review in practice (Care homes & domiciliary care)
Patients (n:82)

• Age (n:81, 1 not reported)
  – Average 81.9 (49-100)
  – 6 patients between (49-64)

• No of LTC (n:75)
  – average 4.88 (LTC 1-11)

• Setting (n:82)
  – Care home 34
  – Dom care 38
  – Surgery-8
  – Telephone x2
Patient present or not (n:82)

• Yes 61
• No 21
• Reasons given e.g.
  – did not understand so 1:1 with carer,
  – No English
  – Can’t express himself

![Pie chart showing 60% (74%) patients were present during review, 40% (26%) were not.](image-url)
Medicines stopped changed (n:80)
2 patients excluded as awaiting GP confirmation about changes

<table>
<thead>
<tr>
<th>No of meds prescribed before review</th>
<th>No of meds stopped</th>
<th>No of meds changed</th>
<th>No of meds started</th>
<th>No of meds after review</th>
</tr>
</thead>
<tbody>
<tr>
<td>830</td>
<td>133</td>
<td>138</td>
<td>31</td>
<td>729</td>
</tr>
<tr>
<td>16%</td>
<td>17%</td>
<td>4%</td>
<td></td>
<td>12%</td>
</tr>
</tbody>
</table>

Average meds per patient
- Before review 10.4
- After review 9.1
Medicines stopped & changed (n:80)
2 patients excluded as awaiting GP confirmation about changes

Comparing pharmacist attending peer support meetings vs. not attending

<table>
<thead>
<tr>
<th>Pharmacist attended peer support meeting</th>
<th>No of meds prescribed before review</th>
<th>No of meds stopped</th>
<th>No of meds changed</th>
<th>No of meds started</th>
<th>No of meds after review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>522 (10.0/pt)</td>
<td>81</td>
<td>111</td>
<td>15</td>
<td>452 (8.7/pt)</td>
</tr>
<tr>
<td></td>
<td>16%</td>
<td>21%</td>
<td>3%</td>
<td></td>
<td>13% reduction</td>
</tr>
<tr>
<td>No</td>
<td>308 (11.0/pt)</td>
<td>52</td>
<td>27</td>
<td>16</td>
<td>277 (9.9/pt)</td>
</tr>
<tr>
<td></td>
<td>17%</td>
<td>9%</td>
<td>5%</td>
<td></td>
<td>10% reduction</td>
</tr>
</tbody>
</table>

Those attending had approximately 20% more medicines reduced after review
### Evidence based tool used

<table>
<thead>
<tr>
<th>TOOL</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>STOPP/START</td>
<td>36</td>
</tr>
<tr>
<td>CKS/SIGN</td>
<td>35</td>
</tr>
<tr>
<td>None</td>
<td>9</td>
</tr>
<tr>
<td>Others – BNF</td>
<td>6</td>
</tr>
<tr>
<td>Bespoke</td>
<td>1</td>
</tr>
</tbody>
</table>

**Others**
- SPC
- BNF
- Local guidance
- EMA guidance
- Enteral feeding guide
- Secondary care colleagues
- ACB scoring
- Edmonton frailty score
- MHRA guidance
- CCG formulary
- Welsh polypharmacy guide

A range of evidence based tools used, mainly STOPP/START, NICE CKS and SIGN
Comments on overall process

Good process to highlight all the important steps. Having several years experience of med reviews it didn't necessarily teach me anything new but was a great memory jogger and would be invaluable for people new to med reviews.

Wish I'd had this when I started! Also thought it really helped to embed my recent (CPPE) training in consultation skills, especially points 1 & 2.

Thank you :-) (P11)
General comments

- Process does not really take account of other needs and the reason pt was referred to pharmacist by GP or other. (P8)

- I didn’t find any part of the process particularly challenging, as patient was interested and willing to engage (P3)
Medicines stopped & changed

Limitations and discussion points

• The changes reported were limited to those made during the data collection period. Does not take into account subsequent
  — Discontinuations due to titrating down doses
  — Discontinuations following blood tests, GP review, pharmacist follow up etc
  — Medicines restarted after initial discontinuation

• Other interventions that also improve medicines optimisation/patient experience not highlighted e.g.
  — reduced frequency
  — reduced dose
  — more acceptable formulation
Conclusion

• The patient-centred approach can lead to deprescribing that takes the patient’s perspective into account, applies the evidence base and ensures safety

• It is more likely to be successfully when pharmacists have been detailed/shown how to use the process

• Creativity needed to engage with patients who cannot be involved in medication review discussions

• Following up the review is the most challenging step and will depend on time constraints within the pharmacist’s role/post