Factoid: In 6 weeks, 746 drugs have been stopped in Care Home Patients

Top Tips for Clinicians

Specialist	**Medicines Optimisation Team** meds.opt@nhs.net
Subject	**Medication Reviews in Older Patients** Care@Home #CareAtHome
Date	June 2020 / Review date 12m later
Disclaimer	These are intended only as good practice prompts. Use your clinical judgement.
Top Tip 1	**Who needs a medication review?** • Ask why should this medication continue? Focus around the risks/benefits at this time (NNT/NNH where available for this level of frailty) plus the patient & their desired outcome • Any changes in the patient's condition should prompt a review e.g. swallowing difficulties. At transfer of care include a reconciliation and review. • ANYONE WHO REQUESTS A DOSSETTE BOX
Top Tip 2	**Changing doses of medicines in line with reduced renal function** • One of the most common issues when reviewing a patient is that their renal function has reduced over time but medications & dosages have stayed the same, putting patients at risk of adverse effects or that the medicine may be less effective • Use Cockcroft & Gault available on SystmOne, this can be found under: clinical tools > renal disease calculations
Top Tip 3	**Drugs required for long term benefit: think – DOES THE PATIENT NEED IT?** **Bisphosphonates** • Need to be taken long term to be of benefit (e.g. 3-5 years) even then NNTs are high • Stop if immobile and not at risk of falls as there is no longer a clinical need and can cause harm if patient has CrCl less than 30ml/min or unable to sit upright • Continue if co-prescribed prednisolone 7.5mg daily or more (review if this needs to continue first) **Statins** • Primary prevention – very high NNTs for benefit over 5 years • Secondary prevention – Stop, especially if life expectancy <5 years, no specific studies exist for >80's so working on extrapolated evidence
Top Tip 4	**Anticholinergic Cognitive Burden (ACB)** Anticholinergic medicines are associated with increased risk of cognitive impairment/delirium & falls. A SystmOne search can identify those patients with a high ACB. These can be found under: clinical reporting > data quality > meds mgmt. > ACB Guide attached here
Top Tip 5	**Weight of Patient** Patients weighing less than 50kg should only take paracetamol 500mg per dose (maximum 2g in 24 hours). Consider ALL products that contain paracetamol.
Top Tip 6	**Low Clinical Efficacy** **Antiplatelets** primary prevention – not licensed, no evidence for benefit **Quinine** – not effective in preventing night cramps, can cause QT prolongation & rarely thrombocytopenia
Information	Screening Tool Older Persons Prescriptions in Frail adults with limited life expectancy STOPPFrail Tool
My CPD	*Document the key points simply, reflect on what it means for me, so what?*