

Document A

Areas to be covered in a medication review– sources of information

Questions to be asked -Areas to be covered in a review	Source of information			
	Medication record	Medicines	Clinical record	Patient
Patients views and preferences				
What experiences has the patient had with their medicine? e.g. <ul style="list-style-type: none"> • Are they experiencing a side effect that is putting them off taking it? • Do they feel it once worked but no longer does? Did it ever work? 				
Is the patient compliant with medicine taking? <ul style="list-style-type: none"> • Does the patient take the medicine? • Have they made an informed decision not to take it? 				
Does the patient understand the purpose of the medicine? <ul style="list-style-type: none"> • Ensure the patient understands the purpose of each medicine and check whether he/she wants to carry on taking it. 				
Has the patient agreed to take it? <ul style="list-style-type: none"> • Enquire if the patient is taking each medicine regularly by the right route, in the correct dose and at the right times. 				
Optimise regime				
Is the medicine needed? <ul style="list-style-type: none"> • Check appropriate indication for each medicine with no unnecessary duplication. • Identify any other drugs (including OTC, alcohol and illegal drugs) that the patient takes regularly. 				
Is it working? <ul style="list-style-type: none"> • Identify evidence for efficacy. 				
Is the dosage evidence based? <ul style="list-style-type: none"> • Check appropriateness of the drug, dose or dosing schedule based on current evidence. 				

Questions to be asked –Areas to be covered in a review	Source of information			
	Medication record	Medicines	Clinical record	Patient
Does the patient have any <u>under</u> treated conditions? <ul style="list-style-type: none"> Identify under treated conditions. 				
Does the patient have any untreated problems? <ul style="list-style-type: none"> Opportunistic identification of un-addressed health problems. 				
Problems				
Is the medicine interacting with other medicines? <ul style="list-style-type: none"> Ascertain clinically relevant drug interactions. Identify any other drugs (including OTC, alcohol and illegal drugs) that the patient takes regularly. 				
Is the medicine contraindicated? <ul style="list-style-type: none"> Ascertain clinically relevant contraindications 				
Is the medicine causing adverse effects? <ul style="list-style-type: none"> Discuss the patient's experience of taking the medicines and identify actual and potential side effects from the clinical record and patient. 				
Practical				
Is the patient able to take it? <ul style="list-style-type: none"> Enquire if the patient is taking each medicine regularly by the right route, in the correct dose and at the right times. 				
Are the directions clear and practical? <ul style="list-style-type: none"> Enquire if the patient is taking each medicine regularly by the right route, in the correct dose and at the right times. 				

Questions to be asked –Areas to be covered in a review	Source of information			
	Medication record	Medicines	Clinical record	Patient
Value for money				
Is the medicine being wasted? <ul style="list-style-type: none"> Standardising quantities or repeat medicines to avoid waste. Is the patient taking each medicine regularly by the right route, in the correct dose and at the right times. Does the patient understand the purpose of each medicine? Does he/she want to carry on taking it? 				
Is the medicine the best value for money? <ul style="list-style-type: none"> Is there a therapeutically equivalent but more cost-effective choice of medicine for each indication? 				

Key

	Major source of information
	Minor source of information
	Not a source of information

For more detailed information on the sources of information see Document B below.

Document B: Areas to be covered in a medication review– sources of information

Questions to be asked –Areas to be covered in a review	Source of information			
	Medication record	Medicines	Clinical record	Patient
Patients views and preferences				
What experiences has the patient had with their medicine? e.g. <ul style="list-style-type: none"> • Are they experiencing a side effect that is putting them off taking it? • Do they feel it once worked but no longer does? Did it ever work? 				Discuss medicine issues with the patient. Explore issues of efficacy, safety etc
Is the patient compliant with medicine taking? <ul style="list-style-type: none"> • Does the patient take the medicine? • Have they made an informed decision not to take it? 	Evidence that it is not ordered or not enough ordered.	Excessive amounts suggests too much is being ordered or non-compliant.		Ask the patient if they would like to have the medicine removed from their repeat prescription and why?
Does the patient understand the purpose of the medicine? <ul style="list-style-type: none"> • Ensure the patient understands the purpose of each medicine and check whether he/she wants to carry on taking it. 				Ask patient questions about their understanding of the condition and its treatment.
Has the patient agreed to take it? <ul style="list-style-type: none"> • Enquire if the patient is taking each medicine regularly by the right route, in the correct dose and at the right times. 				Ask patient about how they take their medicine and if they have any difficulties.

Questions to be asked –Areas to be covered in a review	Source of information			
	Medication record	Medicines	Clinical record	Patient
Optimise regime				
Is the medicine needed? <ul style="list-style-type: none"> Check appropriate indication for each medicine with no unnecessary duplication. Identify any other drugs (including OTC, alcohol and illegal drugs) that the patient takes regularly. 	Duplication of therapy	Duplication of therapy	Orders medicines but not taken or prescription not filled. The medicine is listed on the repeat prescription but the patient no longer needs it.	No indication found in the notes. The indication is no longer valid.
Is the dosage evidence based? <ul style="list-style-type: none"> Check appropriateness of the drug, dose or dosing schedule based on current evidence. 	Increasing the dose further has not been tried before.		Increasing the dose further has not been tried before. Increasing the dose further is not likely to cause an adverse effect e.g. increasing ramipril to 10mg for heart failure is unlikely to cause clinically significant hypotension.	Patient could tolerate a higher dose. Acceptable to the patient for the dosage regimen to be changed? e.g. 1 tds to 1 od of a modified release preparation.
Does the patient have any <u>under treated</u> conditions? <ul style="list-style-type: none"> Identify under treated conditions. 	The medicine, or higher dose, has been prescribed before and discontinued because of adverse effects.		Evidence in notes of diagnosed conditions.	The medicine, or higher dose, has been prescribed before and discontinued because of adverse effects.

Questions to be asked –Areas to be covered in a review	Source of information			
	Medication record	Medicines	Clinical record	Patient
Does the patient have any untreated problems? <ul style="list-style-type: none"> Opportunistic identification of un-addressed health problems 	The medicine, or higher dose, has been prescribed before and discontinued because of adverse effects.		Evidence of untreated problem	The medicine, or higher dose, has been prescribed before and discontinued because of adverse effects. Patient is complaining of new symptoms. Patient is aware of conditions that are not being treated
Problems				
Is the medicine interacting with other medicines? <ul style="list-style-type: none"> Ascertain clinically relevant drug interactions. Identify any other drugs (including OTC, alcohol and illegal drugs) that the patient takes regularly. 	Clinically relevant drug interactions.	Patient takes OTC medicines, other peoples prescribed medicines, alcohol or illegal drugs that are not listed in the medical record.		
Is the medicine contraindicated? <ul style="list-style-type: none"> Ascertain clinically relevant contraindications. 			Evidence of relevant drug/disease interactions.	
Is the medicine causing adverse effects? <ul style="list-style-type: none"> Discuss the patient's experience of taking the medicines and identify actual and potential side effects from the clinical record and patient. 			Clinical/pathology evidence of adverse effects/toxicity.	Patient has symptoms that he/she believes may be due to the medicines. Patient described symptoms that are recognised adverse effects (even if patient does not recognise it) e.g. ramipril cough, beta-blocker wheeze.

Questions to be asked –Areas to be covered in a review	Source of information			
	Medication record	Medicines	Clinical record	Patient
Practical				
Is the patient able to take it? <ul style="list-style-type: none"> Enquire if the patient is taking each drug regularly by the right route, in the correct dose and at the right times. 	Evidence that it is not ordered or not ordering enough.	Excessive amounts suggest too much being ordered or non-complaint		Patient has a physical reason why they cannot take the medicine e.g. cannot open childproof containers or cognitive impairment e.g. dementia and confusion about how to take medicines. Also consider other disincentives to medicines e.g. taste.
Are the directions clear and practical? <ul style="list-style-type: none"> Enquire if the patient is taking each drug regularly by the right route, in the correct dose and at the right times. 	Directions are not clear e.g. prescribed as “as directed”	The instructions on the pack are not clear e.g. labelled “as directed”		On questioning the patient does not know how to take it?
Value for money				
Is the medicine being wasted? <ul style="list-style-type: none"> Standardising quantities or repeat medicines to avoid waste. Is the patient taking each drug regularly by the right route, in the correct dose and at the right times Does the patient understand the purpose of each drug? Does he/she want to carry on taking it? 	Excessive quantities prescribed. Mismatched quantities on repeat medicines.	Has excessive amounts of medicines. Has in possession and continues to order medicines that should have stopped.		There is evidence of hoarding medicines There is evidence of ordering medicines before needed Medicines that should have stopped are still being ordered.
Is the medicine the best value for money? <ul style="list-style-type: none"> Is there a therapeutically equivalent but more cost-effective choice of medicine for each indication? 	Expensive brand, dosage regimen or formulation. Evidence that the patient has had the medicine before and wanted to change back.			Is the patient willing to have the medicine changed?

