

Face to face with elderly patients

Medication review can take many guises — from a cursory glance at a patient's notes to a detailed face-to-face conversation. Elizabeth Stanford describes her experiences when she started doing reviews based on face-to-face interviews for the first time.

The purpose of holding face-to-face structured medication reviews is to improve the pharmaceutical care of the over-75s who are prescribed four or more medicines, in line with the NSF for Older People. These are important when issues arise that are difficult to resolve from a paper review, such as:

- * queries patients may have about indications, side-effects, dosage etc
- * to identify and attempt to resolve compliance and concordance issues
- * to investigate other medicines, herbal or homeopathic remedies, vitamins, etc, that patients may also be taking

I started by compiling a list of patients over the age of 75 taking four or more medicines on a practice list. Following a paper review and a talk with their GP, 12 patients were selected. These were taking a large number of medicines and tended to visit their GP frequently and, it was thought, would benefit from talking to a practice-based pharmacist.

A letter was sent to them inviting them to attend a structured medication review with a pharmacist. An information sheet about the review was also included (Figure 1) as well as a questionnaire for them to complete. Patients were asked to bring in all their prescribed and OTC medicines. They were also invited to bring a friend or relative.

From the original group, eight



were seen, two were spoken to on the 'phone as they could not get into the surgery, one died and one did not contact the surgery at all.

The patients were each allocated 30 minutes and their paper notes were available and their computer record was on-screen throughout the consultation.

Medication review questions

The patients were asked about each drug in turn

- * How long have you been taking this?
- * Do you know its name and what it is for?
- * Do you know when and how to take it? (eg, with meals, at bedtime etc)
- * Is it in its original container — if not, why have you transferred it into something else?
- * Do you think you have any side effects from this medicine?

They were also asked some general questions

- * Do you have any allergies?
- * Do you take any other medicines or remedies that you have bought or borrowed?
- * Do you take any vitamins, minerals,

herbal medicines, homeopathic remedies or "home remedies"?

- * If you do take anything else, who recommended them to you?
- * Do you have any problems opening your medicines?
- * Where do you store your medicines?
- * How do you dispose of your medicines?
- * Do you have any other health-related queries e.g. about diet and vitamins

These questions were not necessarily asked in this rigid way, and depended on the particular patient and how much they wanted to say about each point. Sometimes it was rather difficult to get them back on track!

As well as asking questions it was possible to check if their medicines were in date, if the labels were clear with specific directions and if there were any duplications.

Results

I have classified the issues identified under 10 different headings.

General housekeeping

Medicines not synchronised leading to multiple repeat prescription requests throughout the month
Old drugs still on the repeat form making it confusing and prone to errors
Out of date drugs

Inappropriate doses

For example the incorrect dose for aspirin prophylaxis, doses of ACE inhibitors not titrated up

Inappropriate drugs

For example cimetidine being taken with phenytoin, and NSAIDs with warfarin

Lack of understanding

Patients not knowing why they are taking a drug and what it is used for. This was particularly apparent regarding their use of analgesics in osteo-arthritis. They did not understand that a NSAID should be used for a flare-up and that ordinary analgesics, eg paracetamol, should be taken regularly

the rest of the time
 There was some disillusionment about treatment — particularly pain-relief and some patients did not understand why they had to take their medicine at certain times, eg NSAIDs with food.
Side effects

Patients did not realise that symptoms such as indigestion and constipation could be drug-related and thought they were inevitable signs of ageing. They often had not mentioned them to the GP and I was able to refer where appropriate

A STRUCTURED MEDICATION REVIEW

Why should I have a structured medication review?

If you take any prescription or non-prescription medications you have probably asked these questions:

- * Am I taking the right medication?
- * Is my medication working?
- * Am I taking too many medications?
- * Are any medications working against each other?
- * Is there anything I can do about side effects?
- * How do I know if I'm getting the most from my medication?

A structured medication review can help answer these questions and allow you to take control of your medications.

What is a structured medication review?

A structured medication review is a talk you can have with the practice pharmacist to make sure you are comfortable taking your medication.

The right medications, taken the right way, in the right amounts ensuring you are getting the right effects.

It is also your opportunity to learn more about your medications and a chance to discuss any questions or concerns you might have.

What do I do?

Talk to your doctor, nurse or receptionist and they will arrange an appointment. Remember to bring all your tablets including over the counter medications and herbal supplements. You are welcome to bring a friend or relative if they help to look after you.

This is a FREE patient service provided by this practice and East Elmbridge and Mid Surrey PCT.

OTC medicine use

OTC drugs were being bought to counter these side effects, eg antacids and laxatives. They were not always effective and I was able to recommend alternatives or refer to their GP

Inappropriate use of OTC medicines and vitamins

For example, not dissolving OTC aspirin 75mg causing indigestion
 Using ibuprofen as well as a prescribed NSAID
 Taking multivitamins and cod liver oil leading to excess intake of vitamins A and D.

Testing overdue

I referred patients for Us & Es, LFTs, lipid profiles, BP testing etc where these were overdue

Problems at the secondary/ primary care interface

It was often unclear from the notes where and how regularly patients were having their diabetes or anti-coagulation monitored. I could confirm that this was being done.

Compliance issues

Most patients were taking all their prescribed medicines

The face-to-face reviews identified a number of medicines-related problems. Of particular interest was how many patients were buying OTC medicines to treat side effects of their prescription medicines or because they did

not feel their prescription medicines were working properly.

These are issues that do not usually come out in a six-minute appointment with a GP in which a patient usually just goes to discuss one problem. The medication review clinic gave them the opportunity to talk about the whole picture and not just focus on one issue. It was also helpful to have input from a friend or relative, often a daughter, who brought up queries that they had about medication-related issues.

The patients benefited from having time spent counselling them about the appropriate use of their drugs and giving them a better understanding of what they should expect from their

medicines. They were grateful for help about pain-control and for advice about the use of OTC medicines. They welcomed the review and would come again.

Benefits all round

It was beneficial to have the medication review clinic conducted by a practice-based pharmacist with experience in community pharmacy. This gave access to patient-notes, direct access to the GP and appointments could be made straight away if necessary.

It also provided a good link between primary and secondary care and expert advice could be given on OTC medicines and vitamins. It would have been beneficial to do domiciliary

visits to patients who were house-bound, rather than speaking to them on the phone.

The practice benefited by freeing up GPs time from their "problem" patients. Patients felt they had a thorough review and I hope issues were resolved before they became major, long-term problems. Sorting out housekeeping issues would result in time and cost-savings for the practice. However, the major benefit is improved patient care by a more pro-active approach.

Elizabeth Stanford is primary care support pharmacist at East Elmbridge and Mid-Surrey Primary Care Trust