

POLYPHARMACY DRUG REVIEW PROCESS

This review should be undertaken in the context of holistic care considering each medication and its impact on the individual clinical circumstances of the patient. As part of the review it is important to consider the cumulative effects of medications.

For additional information see National Polypharmacy Guidance at <http://www.qihub.scot.nhs.uk/media/459062/polypharmacy%20full%20guidance%20v2.doc>

CRITERIA / CONSIDERATIONS		PROCESS/GUIDANCE		READING OR EXAMPLES
1	Is there a valid and current indication? Is the dose appropriate?	Identify each medicine (consider prescribed and OTC) and check it has a valid and current indication for the patient with reference to GGC formulary. Check the dose is appropriate (over/under dosing? Consider any renal/hepatic impairment?)		PPIs – use minimum dose to control GI symptoms – risk of c difficile and fracture Quinine use – see MHRA advice re safety Long term antibiotics
2	Is the medicine preventing rapid symptomatic deterioration?	Is the medicine important/essential in preventing rapid symptomatic deterioration or of high day to day benefit? If so, it should usually be continued or only discontinued following specialist advice.		Medicines for heart failure, Parkinson's Disease require specialist input if being altered/stopped May be appropriate to review dose e.g. digoxin
3	Is the medicine fulfilling an essential replacement function?	If the medicine is serving a vital replacement function, it should continue.		Thyroxine and other hormones
4	Consider medication safety Is the medicine causing: - Any actual or potential ADRs? - Any actual or potentially serious drug interactions?	Contra-indicated drug or high risk drugs group	Strongly consider stopping	Reference: see link above for National Polypharmacy Guidance see High risk medication section,(section 2.5) STOPP list for potentially inappropriate medicines and BNF sections to target (section 2.5)
		Poorly tolerated in frail patients? For guidance on frailty see Gold Standards Framework	Consider stopping	
		Particular side effects?	May need to consider stopping	
5	Consider drug effectiveness in this group/person?	For medicines not covered by steps 1 to 4 above, compare the medicine to the 'Drug Effectiveness Summary' which aims to estimate effectiveness. (see section 2.9 of the National Polypharmacy Guidance (link above))		References: see link above for National Polypharmacy Guidance further info re NNTs/ NNHs (section 2.3) and medication use for patients with dementia Gold Standards Framework for guidance regarding medicines use in patients with shortened life expectancy/frailty (section 2.4)
6	Are the form of medicine and the dosing schedule appropriate? Is there a more cost effective alternative with no detriment to patient care?	If a patient is not managing with their medicines consider if the formulation and dosing strategy is appropriate? Has the patient made an informed choice about the medicine? GGC Specials Guidance on the Use of Specials in Primary Care should be followed: http://teams.staffnet.ggc.scot.nhs.uk/teams/Partnerships/chcppharmacysupport/Specials/Specials%20Guidance%20Final%20version%20June%202012.pdf		Consideration should be given to the stability of medications. Ensure changes are communicated to the patients' community pharmacist considering if this patient would benefit from Chronic Medication Service?
7	Do you have the informed agreement of the patient/carer/welfare proxy?	Once all the medicines have been through steps 1 to 6, decide with the patient/carer/welfare proxy what medicines have an effect of sufficient magnitude to consider continuation/discontinuation.		