South East London Integrated Care System

## Greenwich Protected Learning Time

# SMR Case scenario

# Tackling overprescribing and deprescribing in frailty

**Lelly Oboh**

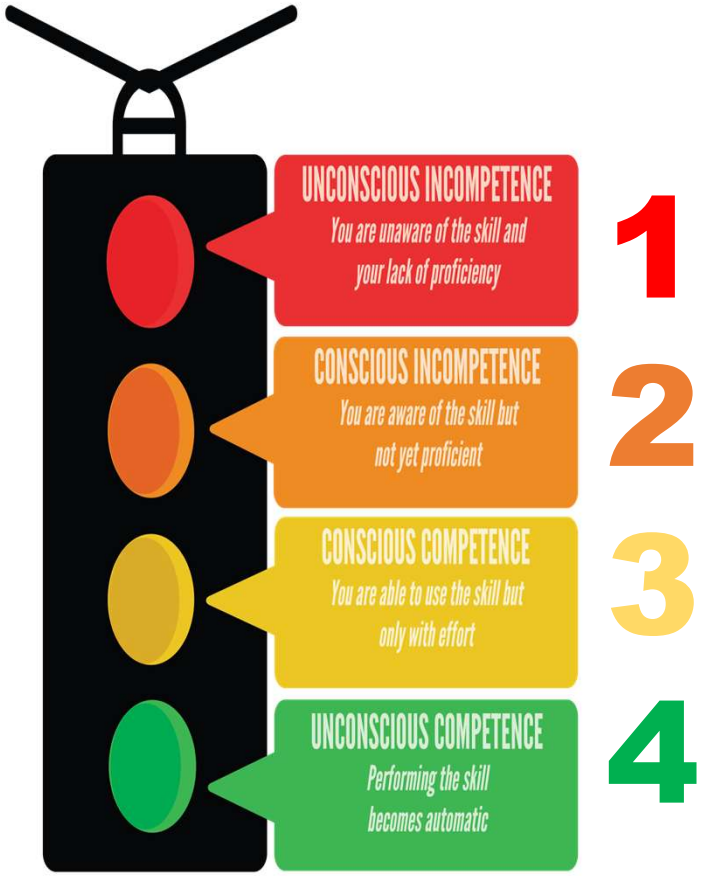
SEL Clinical and Care Professional Lead, Overprescribing

Consultant Pharmacist, Care of older people, Guys & St Thomas NHS Trust

26th September 2024

# Hello and Welcome

**Please rate yourself on how competent are you NOW in the area of (De)Prescribing in older people with frailty multimorbidity and polypharmacy**




Hierarchy of competence, Noel Burch 1970

# GIPN network survey on reducing inappropriate polypharmacy 2024

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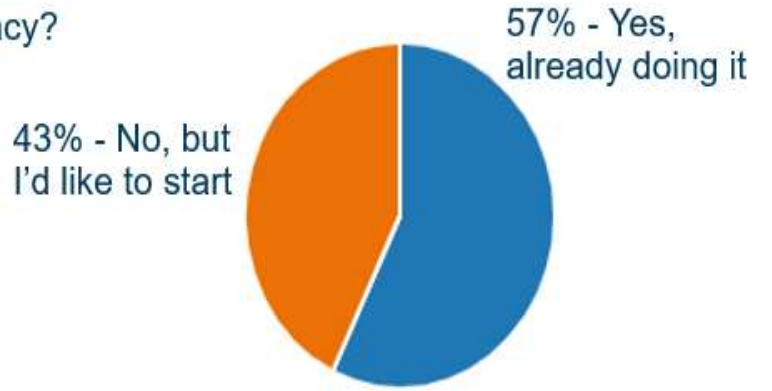
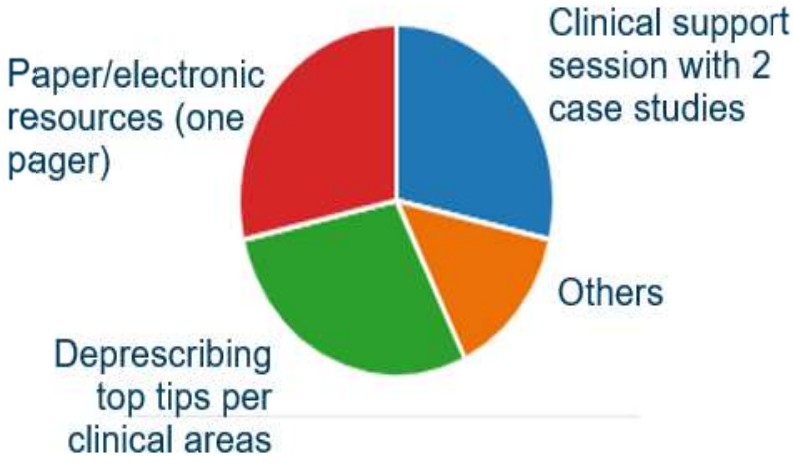
1. As a practice pharmacist/community pharmacist, are you currently involved in any work that helps to reduce inappropriate polypharmacy?




2. What are the obstacles?

   Patient declined
   Confidence in stopping meds
   Time and workforce
   Lack of engagement from GP and patients, unclear monitoring responsibilities, "not causing harm to patient, why change?

3. What support would you like?




Many drugs are often continued beyond the point at which they are beneficial and may actually cause harm. *DTB 52:2014*

# STRUCTURED MEDICATION REVIEW (SMR) PROCESS

## Identify 4Ps 2Cs and Document

**1. Identify and Prioritise patient for review**

**2. Prepare for the consultation**

**3. Patient-centered Consultation with shared decision making**

**4. Agree a Plan**

**5. Co-ordinate care and Collaborate**

**6. Document**

SMR - 1239511000000100

SDM – 815691000000107

**Basic information**

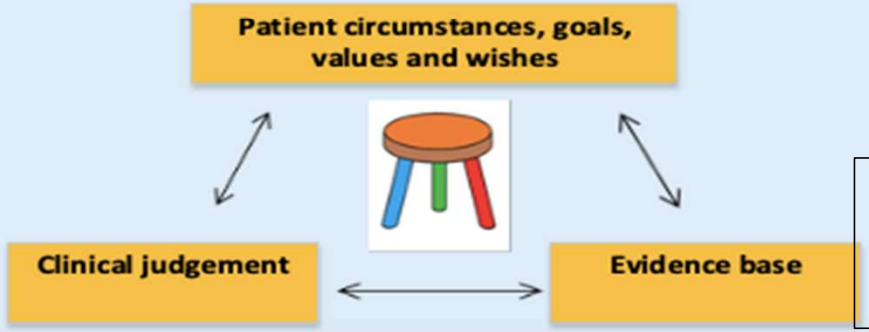
- ☐ Reason for referral/risk or problem identified
- ☐ Frailty score
- ☐ Relevant MHx – LTCs, acute/major, COVID status/ isolation
- ☐ Relevant previous consultations
- ☐ Recent hospital admission
- ☐ Latest investigations and test results
- ☐ Additional useful info e.g. social care package, learning disabilities, dementia, dexterity, housebound, safety issues
- ☐ Patient's capacity to be involved with decision making or Person with power of attorney (POA)
- ☐ Advance care plan (CMC)
- ☐ Face to face, phone, video consultation

**Medicines information**

- ☐ Acute medicines
- ☐ Repeat medicines
- ☐ Recently stopped/started
- ☐ Non prescribed medicines and supplements
- ☐ Allergies
- ☐ Multiple compartment aids
- ☐ Potentially inappropriate/high risk drugs

**SMR consultation template checklist**

1. Identify what matters most to patient at the outset
2. Negotiate shared agenda and goals
3. Take a good history and undertake medicines reconciliation
4. Identify potentially inappropriate medicines (PIMs) and medicines support needs/risks
5. Use & Interpret research evidence in context of individual patient situation and goals
6. Use your clinical judgement to ensure medicines appropriate (safe and effective) in the individual patient's circumstances
7. Check willingness and capability to adhere to medicines
8. Agree and document an action plan for the medicines reviewed (Incl. changes, support, follow up, monitoring, sign posting, referral, safety netting)




**Lelly Oboh Mar 2021. Principles for developing SMR tools and templates.**
https://future.nhs.uk/PharmacyIntegration/view?objectId=100567717

# During your consultation, look through the frailty lens to optimise medicines *(NICE NG56, BGS FFF1, 5M)*

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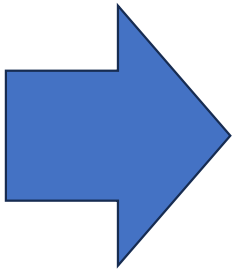
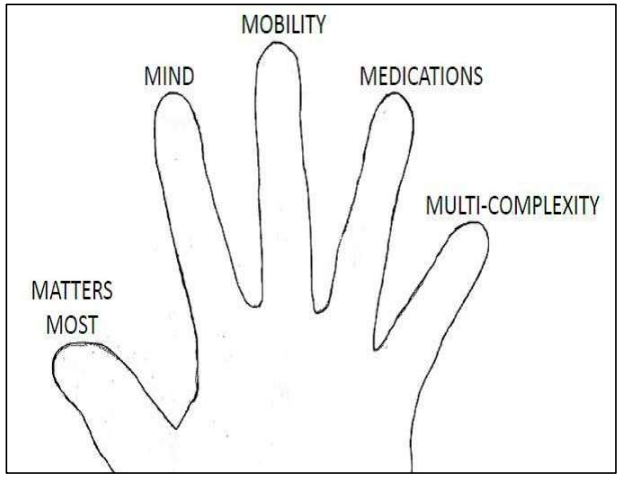






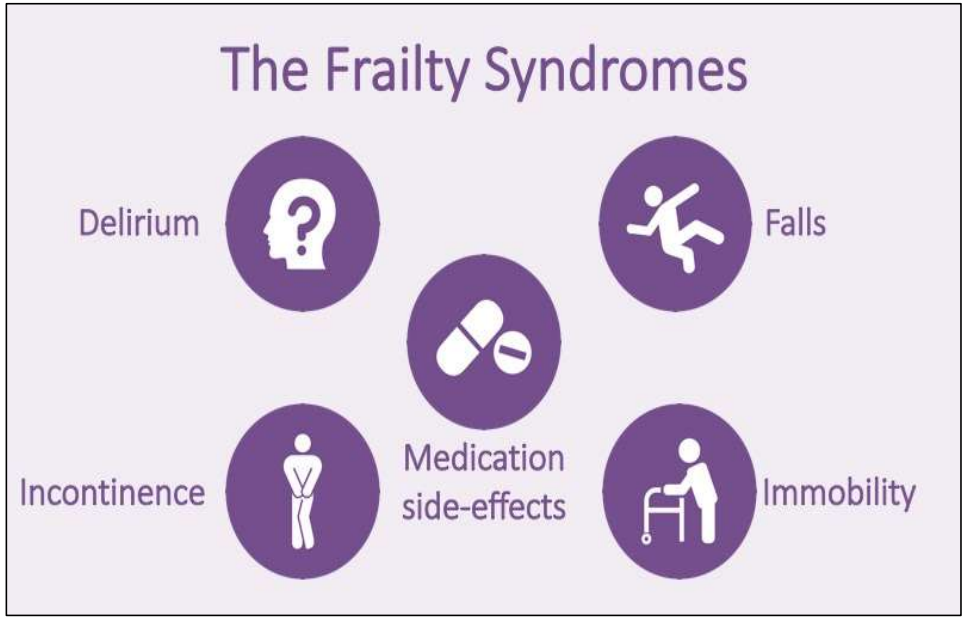
**Biomedical**

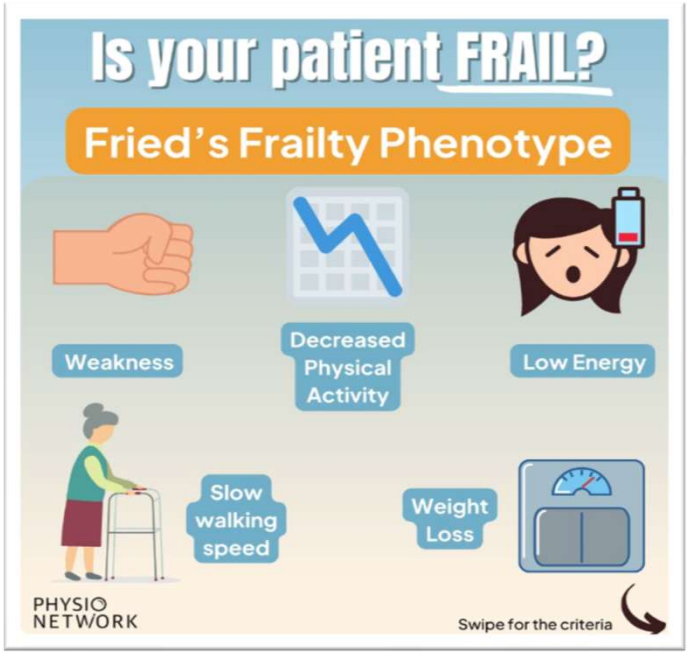
**Biopsychosocial**

**…treat what matters, focus less on prolonging life and more on what makes each patient want to live another day.** *Dr Marie Savard 2019*

# Prescribing (de-Prescribing) through the frailty lens

## Think about the impact of medicines on frailty syndromes and phenotype vs managing individual conditions




**"There is a risk of significant harm to patients with frailty if health interventions are planned for them in the absence of recognition of their frailty** *(BGS Fit for Frailty 1 & 2 2014 & 2015)*

# Case 1: Ms Gwen Gordon, 70 year old woman, mild frailty, polypharmacy, multimorbidity

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**Lifestyle**
- Retired cleaner
- Ex-smoker 20 yrs
- Little exercise
- Alcohol 20 units/week

**Current MHx**
- Hip pain, Total knee replacement
- GI reflux
- Hypothyroidism
- Nocturnal polyuria
- Hypertension

**Test results**
- Normal X ray
- Normal MRI
- BMI 23.5 kg/m2
- BP 123/74 mmHg (sitting)
- Total Chol 4.5 mmol/l
- B12 slightly low 1 yr ago
- TFT in range
- U&Es & blood tests- in range

**Current Function**
- Brief Pain Inventory - Ave pain score=6 , Ave interference score=4
- No inflammation or swelling of joints, some stiffness on remaining in the same position for long time
- Good range of movement
- No neuropathic symptoms
- Some symptoms of postural hypotension on standing

**Most Recent Consultations**
- Pain management stable and she was feeling tired (In spite of cyanocobalamin)
- Feels tiredness is impacting on looking after her granddaughter
- Dizzy on standing

## Current Medication

| | |
|---|---|
| **1. Co-codamol 30/500mg qds** | Hip Pain |
| **2. Amitriptyline 10mg 2 on** | ?? Hip pain |
| **3. Gabapentin 600mg tds** | ?? |
| **4. Senna 7.5mg 2 at night** | ?? drug induced constipation |
| **5. Movicol sachets 1 od** | ??drug induced constipation |
| **6. Bendroflumethazide 2.5 mg od** | HTN |
| **7. Simvastatin 40 mg on** | ?? CVS risk |
| **8. Levothyroxine 25 mcg od** | Hypothyroidism |
| **9. Omeprazole 20 mg od** | Reflux |
| **10. Solifenacin 10mg od** | Nocturnal polyuria |
| **11. Hylo-forte 0.2% eye drops, as dir by ophthalmology (last seen 3 yrs ago)** | Dry eyes/ ?drug induced |
| **12. Alendronic acid 70mg wkly on Sunday** | bone health/osteoporosis |
| **13. Adcal D3 1 bd** | bone health/osteoporosis |
| **14. Cyanocobalamin 50mcg od** | ?B12 deficiency/tiredness |

# Identifying WHAT MATTERS MOST and potentially inappropriate medicines (PIMs)

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**Lifestyle**
- Retired cleaner
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**Most Recent Consultations**
- Pain management stable and she was feeling tired (on cyanocobalamin)
- Feels tiredness is impacting on looking after her granddaughter
- Dizzy on standing

## Current Medication

**14 medicines and 24 pills taken daily ☹**

| | |
|---|---|
| 1. ~~Co-codamol 30/500mg qds~~ | Hip Pain – constipation, drowsiness |
| 2. ~~Amitriptyline 10mg 2 nocte~~ | ?? Hip pain – ACB score 3<br>V common: dizziness, orthostatic hypotension, Common: constipation, fatigue, dysuria |
| 3. ~~Gabapentin 600mg tds~~ | ?? -V common- dizziness, fatigue<br>Common: accidental injury, #, dyspepsia, constipation |
| 4. ~~Senna 7.5mg 2 at night~~ | ?? drug induced constipation |
| 5. ~~Movicol sachets 1 od~~ | ??drug induced constipation |
| 6. ~~Bendroflumethiazide 2.5 mg od~~ | HTN - nocturia |
| 7. Simvastatin 40 mg on | ?? CVs risk |
| 8. Levothyroxine 25 mcg od | Hypothyroidism |
| 9. ~~Omeprazole 20 mg od~~ | Reflux |
| 10. ~~Solifenacin 10mg od~~ | Nocturnal polyuria- ACB score 1<br>Common: constipation, fatigue |
| 11. ~~Hylo-forte 0.2% eye drops,~~ | Dry eyes/ ?amitriptyline induced |
| 12. Alendronic acid 70mg wkly | bone health/osteoporosis |
| 13. Adcal D3 1 bd | bone health/osteoporosis |
| 14. ~~Cyanocobalamin 50mcg od~~ | ?B12 deficiency/tiredness |

Non drug- Polyuria- alcohol, ??caffeine, drinking too much

*ADEs : v. common (1/10); common (1/100 to< 1/10)

# Research Evidence- Tools to identify PIMs

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- **STOPFrail 2 2021** Focuses on the Frail older population and identifies medicines-related criteria that highlight potentially inappropriate medicines for people with a limited life expectancy. https://doi.org/10.1093/ageing/afaa159
- **STOPP/START tool v3-** Provides a list of medication which supports prescribers to reduce inappropriate prescribing in older people tool https://www.cgakit.com/_files/ugd/2a1cfa_94280508e6014f3db06594abd0193994.pdf
- **Anticholinergic Burden Scales-**
  - **Medichec** identifies medicines that that potentially negatively affect cognitive function, including those causing dizziness and drowsiness. using the Anticholinergic Effect on Cognition (AEC) scale, which also defines the extent of this effect. http://www.medichec.com/assessment
  - **ABC Calculator** calculates the anti cholinergic burden score and suggests non drug options and alternative drugs with lower burden https://www.acbcalc.com/
- **ThinkCascades tool** For Identifying Clinically Important Prescribing Cascades Affecting Older People https://doi.org/10.1007/s40266-022-00964-9
- **Canadian Deprescribing Network-** Website provides evidence-based guidelines for deprescribing for five areas of medicines including proton pump inhibitors, antihyperglycaemics, antipsychotics, benzodiazepines and anticholinesterases/memantine. https://deprescribing.org/resources/deprescribing-guidelines-algorithms/
- **Medstopper tool (US)-** Online tool where the user can enter a list of medication and provides information about reducing/tapering or stopping medicines and ranks the medicines, rating potential of the medicine to reduce symptoms, risk of future illness and risk of causing harm. http://medstopper.com/

# Examples of Tools to identify PIMs for Ms Gordon

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## Medichec Tool

| AEC | QTc Prolongation | Hyponatraemia | Bleeding risk | Dizziness | Drowsiness | Constipation | Drug | AEC Score |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | CODEINE | ? |
| | | | | | | | AMITRIPTYLINE | 3 |
| | | | | | | | GABAPENTIN | 0 |
| | | | | | | | SOLIFENACIN | 1 |

## Think cascade Tool

| Drug A | Side effect | Drug B |
|---|---|---|
| **Cardiovascular System (n=2)** | | |
| Calcium Channel Blocker | Peripheral edema | Diuretic |
| Diuretic | Urinary incontinence | Overactive bladder medication |
| **Central Nervous System (n=4)** | | |
| Antipsychotic | Extrapyramidal symptoms | Antiparkinsonian agent |
| Benzodiazepine | Cognitive impairment | Cholinesterase Inhibitor or memantine |
| Benzodiazepine | Paradoxical agitation or agitation secondary to withdrawal | Antipsychotic |
| Selective Serotonin Reuptake Inhibitor (SSRI) / Serotonin-norepinephrine Reuptake Inhibitor (SNRI) | Insomnia | Sleep agent (e.g., Benzodiazepines, Benzodiazepine Receptor Agonists, Sedating antidepressant, Melatonin) |
| **Musculoskeletal System (n=1)** | | |
| NSAID | Hypertension | Antihypertensive |
| **Urogenital System (n=2)** | | |
| Urinary Anticholinergics | Cognitive impairment | Cholinesterase inhibitor or memantine |
| Alpha-1 Receptor Blocker | Orthostatic hypotension, dizziness | Vestibular sedative (e.g., betahistine, Antihistamines, Benzodiazepines) |

## STOPP/START tool vs 3- Consider stopping

- B15- TCA causing QT prolongation
- D1 TCA causing constipation, ortho hypotension
- L5- Gabapentin for non-neuropathic pain

# CLINICAL JUDGEMENT AND DECISION MAKING- Tools

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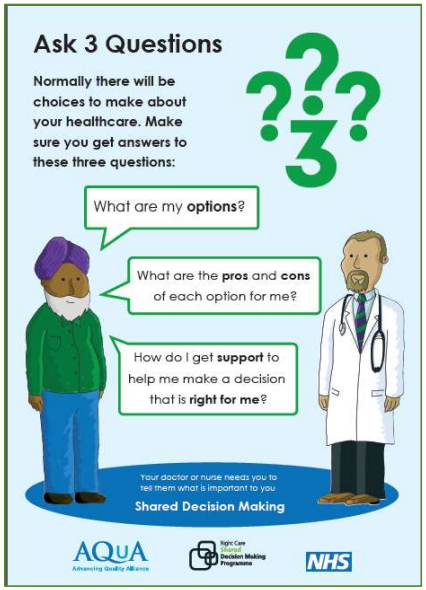
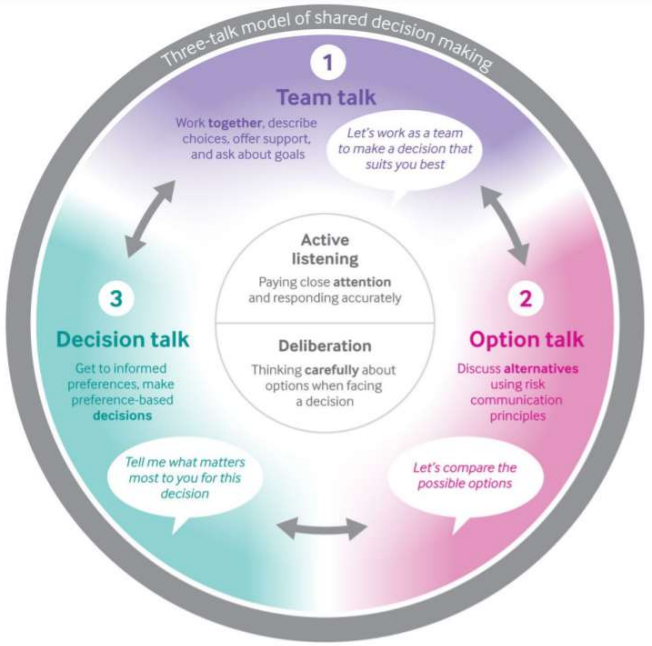
## Personalising evidence based medicine

- Conversations to manage uncertainties, explain risks vs benefits and options including non-drug. Sometimes difficult conversations ☹!
- NHSE Shared decision making tools BRAN, 3Qs
- Patient decision aids Patient Decision Aids (PDAs)
- GP evidence https://gpevidence.org

**4 Questions to ask to make better decisions together (BRAN)**

1.What are the Benefits?
2.What are the Risks?
3.What are the Alternatives?
4.What if I do Nothing ?




Elwyn G, Durand MA, Song J, Aarts J, Barr PJ, Berger Z, Cochran N, Frosch D, Galasiński D, Gulbrandsen P, Han PK. A three-talk model for shared decision making: multistage consultation process. bmj. 2017 Nov 6;359:j4891. https://www.bmj.com/content/359/bmj.j4891

# Example: tool to discuss risks and benefits of statins for primary prevention in Ms Gordon https://gpevidence.org

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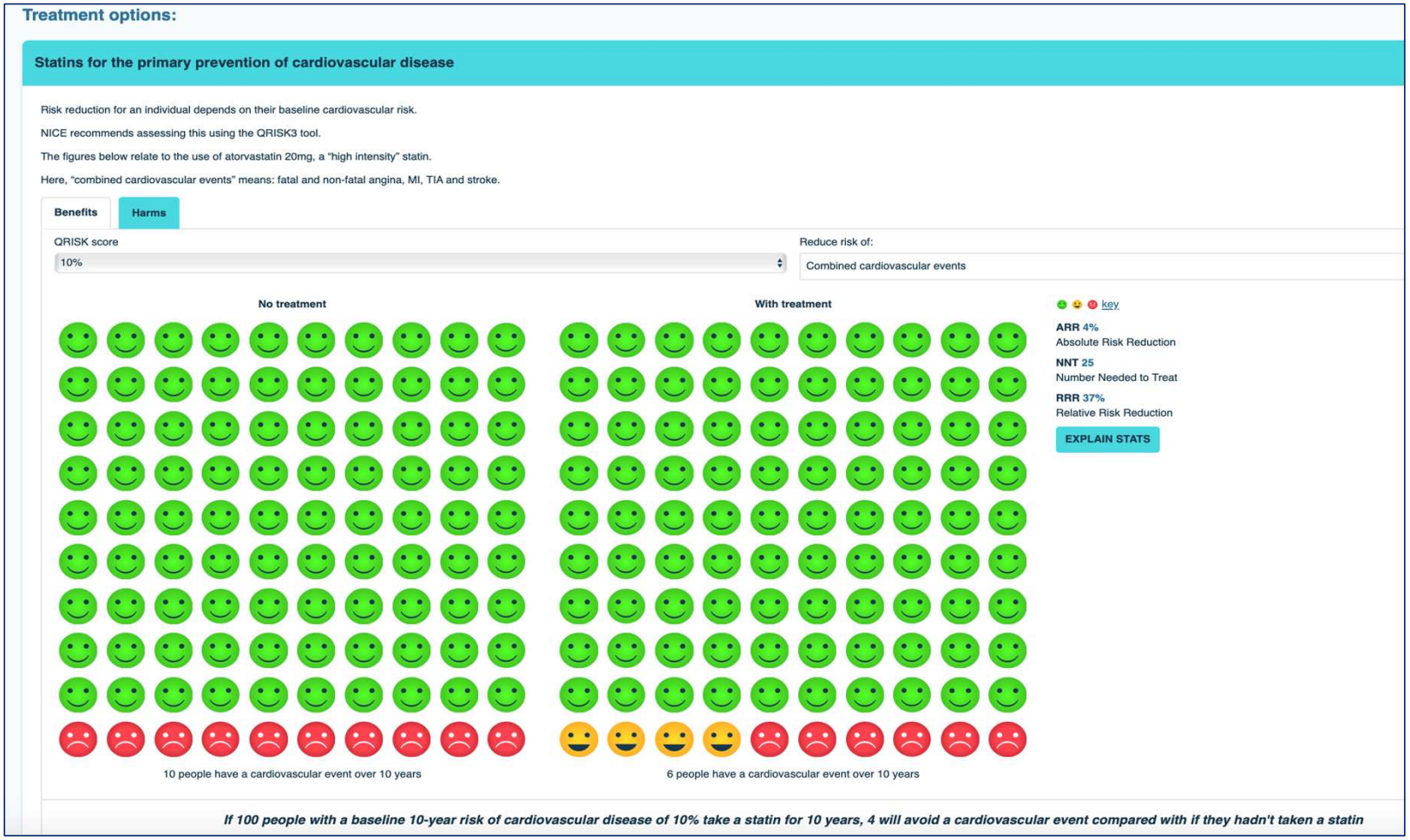


- *Quality of evidence is HIGH*
- *Study population in trials*
  - *mean age 57*
  - *40% female*
  - *ethnicity was only reported in 8 out of 18 trials.*
  - *86% were Caucasian*
- ***Side effects-Muscle** pains and general malaise are sometimes reported with statin use. Most of this (roughly 90%) is due to a nocebo effect- an adverse effect experienced because the patient expects it, rather than as a result of the treatment itself*

# Agreeing an ACTION PLAN, monitoring and documentation

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| |
|---|
| 1. Co-codamol 30/500mg qds |
| 2. Amitriptyline 10mg 2 on |
| 3. Gabapentin 600mg tds |
| 4. Senna 7.5mg  2 at night |
| 5. Movicol sachets 1 od |
| 6. Bendroflumethazide 2.5 mg od |
| 7. Simvastatin 40 mg on |
| 8. Levothyroxine 25 mcg od |
| 9. Omeprazole 20 mg od |
| 10. Solifenacin 10mg od |
| 11. Hylo-forte 0.2% eye drops as dir |
| 12. Alendronic acid 70mg wkly on Sunday |
| 13. Adcal D3 1 bd |
| 14. Cyanocobalamin 50mcg od |

- Action plan- what? Who? When?
- Deprescribing protocols, guides- go slow get there
  - PrescQIPP Deprescribing algorithms
  - Canadian deprescribing network
  - Polypharmacy in older people Guide (Wales)
  - MDT involvement (incl social prescribing) and pharmacy integration
- Monitoring and adjustments
- Documentation (PharmOutcomes, EMIS SNOMED codes)

# Case 2: Ms Getty Green, 76 year old woman, moderate frailty (CFS 6), polypharmacy, multimorbidity

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**Social Hx and function**

- House bound
- Lives with husband
- Not very mobile, spends most of her time in bed
- 2ce daily carers incl. support with medicines from 'dosette box"
- Daughter RIP last year- Ca breast
- Patient feeling low since, despite family support

**Current MHx**

- Depression
- Cough
- Loss of appetite
- Mitral valve regurgitation
- Essential hypertension
- Fragility fracture
- Anaemia
- Osteoporosis
- Mild COPD
- IHD
- Pure hypercholesterol

**Recent Test results**

- Weight – 50.8kg
- Height – 167cm
- BM! 18.2 (underweight)
- Ex-smoker( recent
- Non-drinker
- BP 138/95mmHg
- Na 140mmol/L (133-146)
- K 3.9 mmol/L (3.5-5.3)
- Creatinine 79umol/L (49-90)
- eGFR 63mL/min/1.73m2
- TSH 5.13mIU/L (0.27-4.20)
- T4 14.8pmmol/L (11-21.2)

## Current Medication

| | |
|---|---|
| 1. Sertraline 100mg tablets 1od | Depression |
| 2. Zopiclone 3.75mg tablets on | ?? |
| 3. Amlodipine 5mg tablets od | HTN |
| 4. Fludrocortisone 100mcg tablets ½ om | ?? |
| 5. Clopidogrel 75mg tablets od | IHD |
| 6. Famotidine 20mg tablets on | ? GI protection |
| 7. Adcal-D3 Dissolve 1500/400 ablets bd | Osteoporosis / # |
| 8. Co-codamol 30/500mg efferv tablets 2prn | ?? |
| 9. Docusate 100mg capsules bd | Drug induced |
| 10. Senna 7.5mg tablets on | Drug induced |
| 11. Loperamide 2mg capsules 2 up to qds prn | ? |
| 12. Folic acid 5mg tablets 1od | Anaemia |
| 13. Ferrous sulfate 200mg tablets tds (acute) | Anaemia |
| 14. Ensure liquid 200ml tds (acute) | Loss of appetite |
| 15. Spiolto Respimat 2.5mcg/dose inh cartridge with device 2p od | COPD |
| 16. Lansoprazole 15mg capsules On hold by hospital due to hyponatraemia May 2024 (previously in dossette box) | ?? GI protection |
| 17. Proshield Plus skin protective 8213 0300 04 | ?? |

# Using an approach that looks through the lens of frailty

## Tools: e-Frailty index, Clinical Frailty scale, SPICT tool

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## Patient identification or recognition

**Examples of Indicators that a patient is nearing EoL (adapted from SPICT Tool )**

| | |
|---|---|
| **1.Surprise Question** | ❑ 'Would you be surprised if this patient were to die in the next few months, weeks, days?' |
| **2. Look for any general indicators of poor or deteriorating health** | ❑ Unplanned hospital admission(s) ≥2 in 6mths<br>❑ Performance status poor or deteriorating (In bed or chair >50% of the day)<br>❑ Depends on others for care due to increasing physical and/or mental health problems. The person's carer needs more help and support.<br>❑ Progressive weight loss (>10% last 6mths) remains underweight; low muscle mass<br>❑ Persistent symptoms despite optimal treatment of underlying condition(s).<br>❑ The person (or family) asks for palliative care<br>❑ New diagnosis of progressive life limiting illness<br>❑ ≥2 or more advanced or complex LTC (multimorbidity) |
| **3. Look for clinical indicators of one or multiple life-limiting conditions** | ❑ **Dementia/Frailty**<br>○ Unable to dress, walk or eat without help.<br>○ Eating and drinking less; difficulty with swallowing.<br>○ Urinary and faecal incontinence.<br>○ Not able to communicate by speaking; little social interaction.<br>○ Frequent falls; fractured femur.<br>○ Recurrent febrile episodes or infections; aspiration pneumonia.<br>❑ **Neurological disease**<br>○ Progressive deterioration in physical and/or cognitive function despite optimal therapy.<br>○ Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.<br>○ Recurrent aspiration pneumonia; breathless or respiratory failure.<br>○ Persistent paralysis after stroke with significant loss of function and ongoing disability<br>❑ **Heart/ vascular disease**<br>❑ **Cancer**<br>❑ **Respiratory disease**<br>❑ **Liver disease**<br>❑ **Kidney disease**<br>❑ **Other irreversible conditions with poor treatment outcomes** |

# Identifying WHAT MATTERS MOST to Mrs Green and potentially inappropriate medicines (PIMs)

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## Social Hx and function

- House bound
- Lives with husband
- Not very mobile, spends most of her time in bed
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- Daughter RIP last year- Ca breast
- Patient feeling low since, despite family support

## Current MHx

- Depression
- Cough
- Loss of appetite
- Mitral valve regurgitation
- Essential hypertension
- Fragility fracture
- Anaemia (June 2022)
- Osteoporosis
- Mild COPD
- IHD
- Pure hypercholesterolaemia

## Recent Test results

- Weight – 50.8kg
- Height – 167cm
- BMI 18.2 (underweight)
- Ex-smoker( recent)
- Non-drinker
- BP 138/95mmHg
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- K 3.9 mmol/L (3.5-5.3)
- Creatinine 79umol/L (49-90)
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## Current Medication

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|---|---|
| 1. Sertraline 100mg tablets 1od | Depression ?(HypoNa) |
| 2. Zopiclone 3.75mg tablets on | ?? Drug induced |
| 3. Amlodipine 5mg tablets od | HTN |
| 4. Fludrocortisone 100mcg tablets ½ om | ?? |
| 5. Clopidogrel 75mg tablets od | IHD |
| 6. Famotidine 20mg tablets on | ? GI protection |
| 7. Adcal-D3 Dissolve 1500/400 ablets bd | Osteoporosis / # |
| 8. Co-codamol 30/500mg efferv tablets 2prn | ?? |
| 9. Docusate 100mg capsules bd | Drug induced |
| 10. Senna 7.5mg tablets on | Drug induced |
| 11. Loperamide 2mg capsules 2 up to qds prn | ? |
| 12. Ferrous sulphate 200mg tds (acute) | Anaemia |
| 13. Folic acid tablets 5mg od | Anaemia |
| 14. Ensure liquid 200ml tds (acute) | Loss of appetite |
| 15. Spiolto Respimat 2.5mcg/dose inh 2p od | COPD |
| 16. *Lansoprazole 15mg capsules On hold by hospital due to hyponatraemia May 2024 (previously in dossette box)* | ?? GI protection |
| 17. Proshield Plus skin protective | ?? |

# Evidence based deprescribing tools to identify potentially inappropriate medicines (PIMs) in older people

**STOPPFrail 2**[1] to assist clinicians with deprescribing decisions.

- For **older people with limited life expectancy**
- Emphasizes importance of shared decision making in deprescribing process
- Patients must meet ALL the following criteria:
  1. **Assistance with activities of daily living dependency and/or severe chronic disease and/or terminal illness.**
  2. **Severe irreversible frailty, i.e. high risk of acute medical complications and clinical deterioration.**
  3. **Physician overseeing care of patient would not be surprised if the patient died in the next 12 months**

Denis Curtin, Paul Gallagher, Denis O'Mahony, Deprescribing in older people approaching end-of-life: development and validation of STOPPFrail version 2, *Age and Ageing*, Volume 50, Issue 2, March 2021, Pages 465–471, https://doi.org/10.1093/ageing/afaa159

# Identify PIMs using appropriate Tools- STOPPFrail 2

| | |
|---|---|
| Section A: General | 1. Any drug that the patient persistently fails to take or tolerate despite adequate education and consideration of all appropriate formulations.<br>2. Any drug without a clear clinical indication.<br>3. Any drug for symptoms which have now resolved (e.g. pain, nausea, vertigo, pruritus) |
| Section B: Cardiology system | 4. Lipid-lowering therapies<br>5. Antihypertensive therapies: (SBP) persistently <130 mmHg. SBP target (130–160 mmHg.) except for other conditions e.g BB for rate control in AF, diuretics for CHF<br>6. Anti-anginal therapy – if no reported symptoms in previous 12 mths & no proven or objective evidence of CAD |
| Section C: Coagulation system | 7. Anti-platelets: No evidence of benefit for primary prevention.<br>8. Aspirin for stroke prevention in atrial fibrillation: |
| Section D: Central nervous system | 9. Neuroleptic antipsychotics in patients with dementia: longer than 12 weeks if there are no BPSD<br>10. Memantine: Discontinue and monitor in patients with moderate to severe dementia, unless memantine has clearly improved BPSD. |
| Section E: Gastrointestinal system | 11. Proton pump Inhibitors: Reduce dose when used at full therapeutic dose ≥8 weeks, unless persistent dyspeptic symptoms at lower maintenance dose.<br>12. H2 receptor antagonist: Reduce dose when used at full therapeutic dose for ≥8 weeks, unless persistent dyspeptic symptoms at lower maintenance dose. |
| Section F: Respiratory system | 13. Theophylline and aminophylline:<br>14. Leukotriene antagonists (montelukast, zafirlukast): indicated only in asthma. |
| Section G: Musculoskeletal system | 15. Calcium supplements: unless proven, symptomatic hypocalcaemia.<br>16. Vitamin D (ergocalciferol and colecalciferol):<br>17. Anti-resorptive/bone anabolic drugs *for osteoporosis* (bisphosphonates, strontium, teriparatide, denosumab)<br>18. Long-term oral NSAID: regularly for ≥2 months.<br>19. Long-term oral corticosteroids: regularly for ≥2 months.. |
| Section H: Urogenital system | 20. Drugs for benign prostatic hyperplasia (5-alpha reductase inhibitors and a-blockers) in catheterised males<br>21. Drugs for overactive bladder (muscarinic antagonists and mirabegron): unless clear history of painful detrusor hyperactivity. |
| Section I: Endocrine system | 22. Anti-diabetic drugs: De-intensify therapy. Avoid HbA1c targets (HbA1C <7.5% [58 mmol/mol] |
| Section J: Miscellaneous | 23. Multivitamin combination supplements: unless treatment of hypovitaminosis.<br>24. Folic acid: usual duration is 1–4 months unless malabsorption, malnutrition or concomitant methotrexate use.<br>25. Nutritional supplements: Discontinue when prescribed for prophylaxis rather than treatment of malnutrition. |

## Current prescription

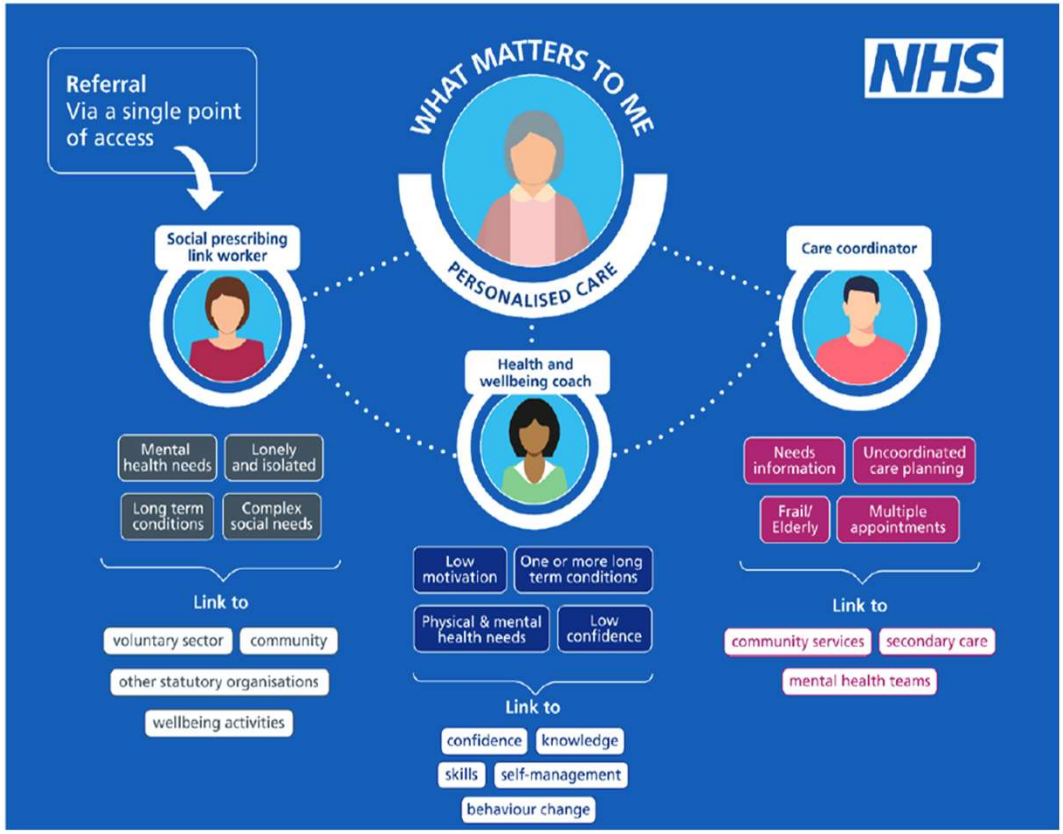
| | |
|---|---|
| 1. Sertraline 100mg tablets 1od | Depression *?HypoNa, GI bleed, insomnia,↓ appetite* |
| 2. Zopiclone 3.75mg tablets on | ?? SSRI induced |
| 3. Amlodipine 5mg tablets od | HTN |
| 4. Fludrocortisone 100mcg tablets ½ om | ?? |
| 5. Clopidogrel 75mg tablets od | IHD |
| 6. Famotidine 20mg tablets on | ? GI protection |
| 7. Adcal-D3 Dissolve 1500/400 ablets bd | Osteoporosis / # |
| 8. Co-codamol 30/500mg efferv tablets 2prn | ?? |
| 9. Docusate 100mg capsules bd | ?Opiate/ iron induced |
| 10. Senna 7.5mg tablets on | |
| 11. Loperamide 2mg capsules 2 up to qds prn | ? Prescribing cascade |
| 12. Ferrous sulphate 200mg tds (acute) | ??Anaemia |
| 13. Folic acid tablets 5mg od | Anaemia |
| 14. Ensure liquid 200ml tds (acute) | Loss of appetite- SEL guide- MUST score |
| 15. Spiolto Respimat 2.5mcg/dose inh 2p od | COPD |
| 16. *Lansoprazole 15mg capsules On hold by hospital due to hyponatraemia May 2024 (previously in dossette box)* | ?? GI protection |
| 17. Proshield Plus skin protective | ?? |

*non-drug alternatives- social Prescribing/care-coordinator

# Access to social prescribing service as an enabler to tackle overprescribing

- To meet practical, social and emotional needs that impact negatively on health and wellbeing

- Take referrals from network practices and a wide range of agencies to support the health and wellbeing of patients
  - Prescribing, deprescribing and SMR process
  - Support with self management, connecting to services and support to meet these needs.
  - Non-drug options

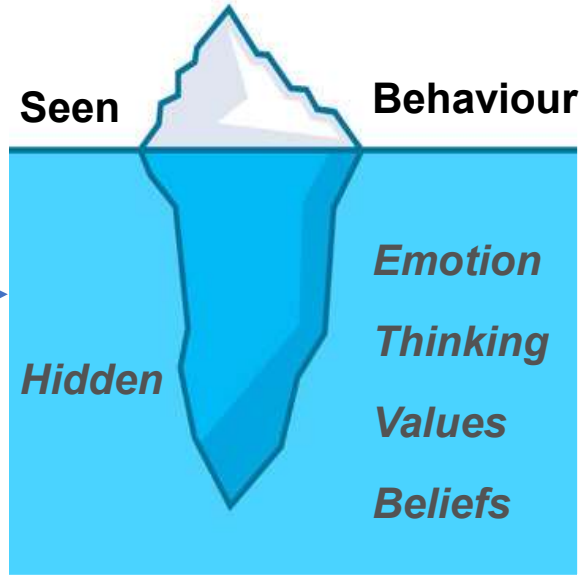


# Managing difficult or crucial conversations

**Crucial conversation ➡ high stakes, opposing opinions, and strong emotions**

## A bit about behaviour……

- **RECOGNISE**
  - It is usually not personal
  - There is another agenda (you don't know about)
  - You have an opportunity to change things…..

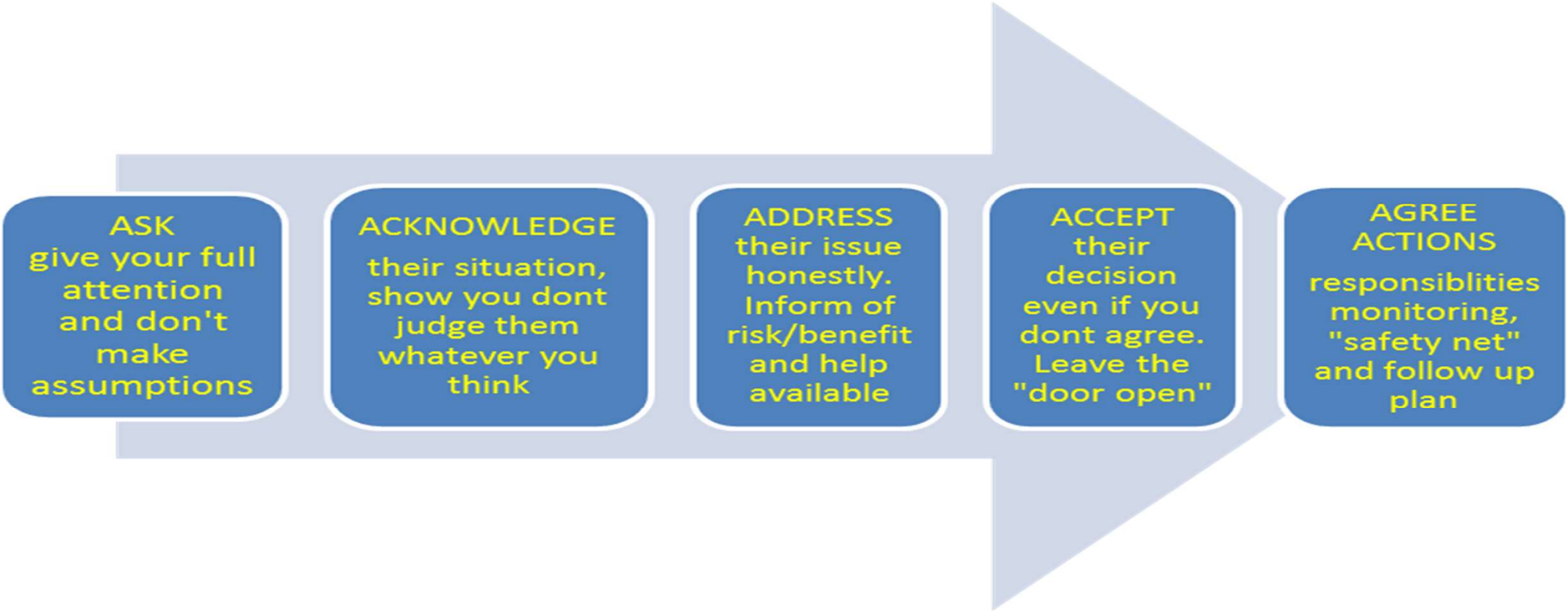



- **RESPOND**, don't react
- Build **RAPPORT**, find common ground, mind your language
- **LISTEN** to hear, not to defend
- Show **EMPATHY**

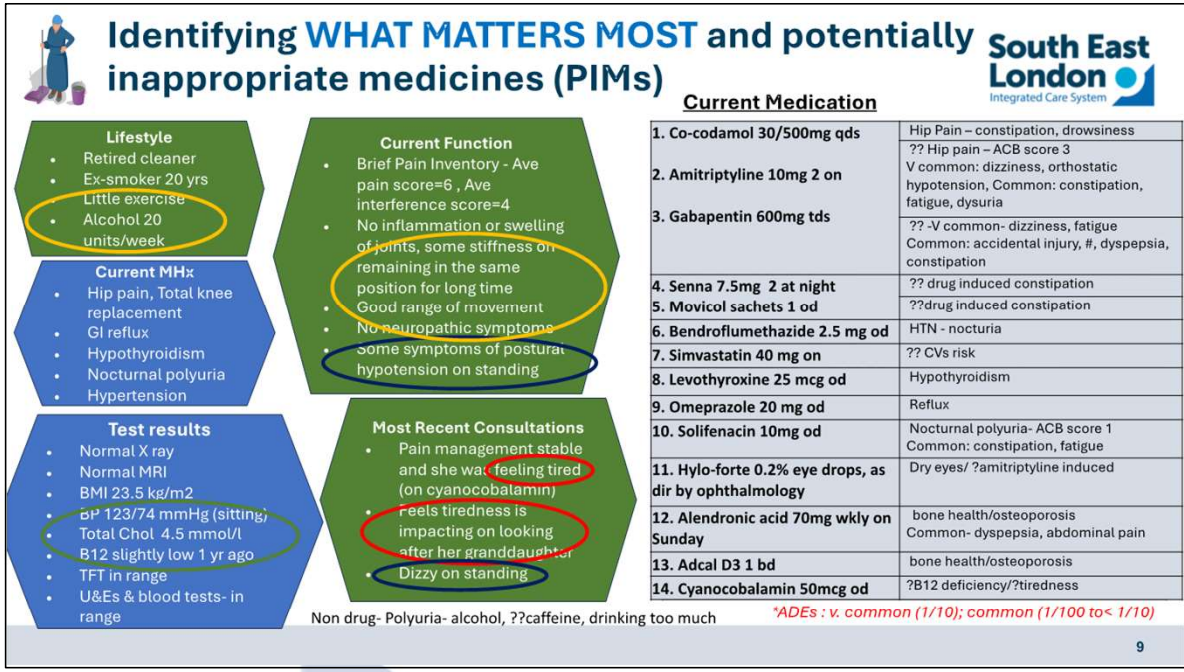
**5As: ASK➡ ACKNOWLEDGE ➡ ADDRESS ➡ AGREE ➡ ACCEPT**

# 5As Tool to structure difficult conversations

Barnett NL. Improving pharmacy consultations for older people with disabilities. Journal of Medicines Optimisation 2016: Vol **2**:72-76



# 5As Tool to structure the difficult conversation about resolving tiredness by deprescribing pain medicines




ASK
give your full attention and don't make assumptions

ACKNOWLEDGE
their situation, show you dont judge them whatever you think

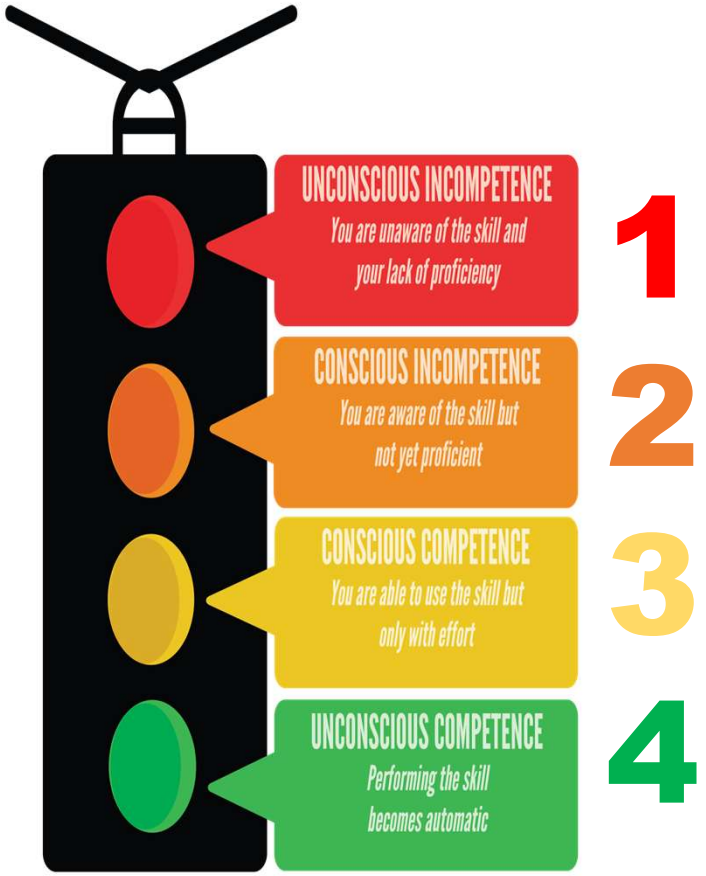
ADDRESS
their issue honestly. Inform of risk/benefit and help available

ACCEPT
their decision even if you dont agree. Leave the "door open"

AGREE ACTIONS
responsiblities monitoring, "safety net" and follow up plan

# Thank you for listening

**Please rate yourself on how competent are you NOW in the area of (De)Prescribing in older people with frailty multimorbidity and polypharmacy**




Hierarchy of competence, Noel Burch 1970