Steps Process Person specific issues to address 1. Aims Review diagnoses and consider: Motivated and keen to reduce anxiety and time spent worrying What matters to therapeutic objectives of drug therapy Improve focus at work the individual management of existing health problems Improve sleep about their prevention of future health issues, including lifestyle advice Prefers to avoid medication condition(s)? Ask individual to complete PROMs (questions to prepare for my review) before their review Identify essential drugs (not to be stopped without specialist advice) 2. Need none Identify drugs that have essential replacement functions (e.g. levothyroxine) essential drug drugs to prevent rapid symptomatic decline (e.g. drugs for Parkinson's therapy disease, heart failure) Identify and review the continued need for drugs none Does the what is medication for? individual take with temporary indications unnecessary with higher than usual maintenance doses drug therapy? with limited benefit/evidence for use with limited benefit in the person under review (see Drug efficacy & applicability (NNT) table) 4. Effectiveness Identify the need for adding/intensifying drug therapy to achieve Medication options explored but not appropriate at present, interested therapeutic objectives and preference for cCBT and non-pharmacological management (e.g. Are therapeutic to achieve symptom control sleep hygiene, physical activity, caffeine reduction) objectives being to achieve biochemical/clinical targets achieved? to prevent disease progression/exacerbation is there a more appropriate medication to achieve goals? 5. Safety Identify individual safety risks by checking for No current plans or intent to harm herself or others appropriate individual targets e.g. HbA1c, BP No family history of suicide Does the drug-disease interactions Has good family and friends support network individual have drug-drug interactions (see ADR table) Prefers non-pharmacological treatment to start with or is at risk of monitoring mechanisms for high-risk drugs Reducing the use of medicines that are not indicated or appropriate ADR/ Side avoids the risk of ADRs risk of accidental overdosing effects? Identify adverse drug effects by checking for specific symptoms/laboratory markers (e.g. hypokalaemia) Does the person cumulative adverse drug effects (see ADR table) know what to drugs used to treat side effects caused by other drugs Ensure discussion and clear information on which medicines to do if they're ill? **Medication Sick Day guidance** withhold at times of dehydrating illness 6. Sustainability Identify unnecessarily costly drug therapy by No medicines prescribed. Reducing the use of medicines that are not considering more cost-effective or environmentally sensitive indicated or appropriate reduces the environmental impact from Is drug therapy alternatives, safety, convenience medicines cost-effective Consider the environmental impact of inhaler use environmentally single use plastics sustainable? medicines waste water pollution 7. Person-Does the person understand the outcomes of the review? Agreed plan centredness Consider Teach back Medication options will not be commenced at this stage Involve the adult where possible. If deemed to lack capacity, discuss Sleep hygiene and non-pharmacological options discussed. Written Is the person with relevant others, e.g. welfare guardian, power of attorney, information given with links to self-help resources willing and able nearest relative if one exists. Even if adult lacks capacity, adults with Referral made to a cCBT program (e.g. Daylight) for GAD. Review in the to take drug Incapacity Act still requires that the adult's views are sought. Ensure practice planned for four to six weeks' time therapy as "Adults with Incapacity Documentation" in place intended? Ensure drug therapy changes are tailored to individual's preferences. Consider is the medication in a form they can take? is the dosing schedule convenient? are they able to take medicines as intended? Agree and communicate plan discuss and agree with the individual/carer/welfare proxy therapeutic objectives and treatment priorities include lifestyle and holistic management goals inform relevant health and social care providers of changes in treatments across the transitions of care Ask person to complete the **PROMs questions** after their review

## Key concepts in this case

- Moderate GAD
- Non-pharmacological option preferred by patient, and matches with stepped-care model as per NICE guidelines
- Online computerised CBT fits with individual's preference, needs and ease of access