

Steps	Process	Person specific issues to address
1. Aims What matters to the individual about their condition(s)?	Review diagnoses and consider: <ul style="list-style-type: none"> Therapeutic objectives of drug therapy Management of existing health problems Prevention of future health issues, including lifestyle advice Ask individual to complete PROMs (questions to prepare for my review) before their review	<ul style="list-style-type: none"> Ensure a person-centred approach Consider non-pharmacological options where appropriate Consider if vulnerable or at risk of dependency
2. Need Identify essential drug therapy	Identify essential drugs (not to be stopped without specialist advice) <ul style="list-style-type: none"> Medicines that have essential replacement functions (e.g. levothyroxine) Medicines to prevent rapid symptomatic decline (e.g. drugs for Parkinson's disease, heart failure) 	<ul style="list-style-type: none"> Benzodiazepines and z-drugs used for anxiety or insomnia are not regarded as essential. They are only indicated for a maximum of two to four weeks If prescribed for long-term use consider potential of withdrawal reaction and provide support for reduction and stopping
3. Does the individual take unnecessary drug therapy?	Identify and review the continued need for drugs <ul style="list-style-type: none"> what is medication for? with temporary indications with higher than usual maintenance doses with limited benefit/evidence for use with limited benefit in the person under review (see Drug efficacy & applicability (NNT) table) 	<ul style="list-style-type: none"> Not indicated for long-term use Consider the potential for harm (low numbers for NNH)
4. Effectiveness Are therapeutic objectives being achieved?	Identify the need for adding/intensifying drug therapy to achieve therapeutic objectives <ul style="list-style-type: none"> to achieve symptom control to achieve biochemical/clinical targets to prevent disease progression/exacerbation is there a more appropriate medication to achieve goals? 	<ul style="list-style-type: none"> Can treatment be supported with non-pharmacological or psychological therapies where appropriate (such as sleep hygiene, CBT/CCBT resources)? Are alternative medicines more suitable for longer term management?
5. Safety Does the individual have or is at risk of ADR/ Side effects? Does the person know what to do if they're ill?	Identify individual safety risks by checking for <ul style="list-style-type: none"> appropriate individual targets e.g. HbA1c, BP drug-disease interactions drug-drug interactions (see ADR table) monitoring mechanisms for high-risk drugs risk of accidental overdosing Identify adverse drug effects by checking for <ul style="list-style-type: none"> specific symptoms/laboratory markers (e.g. hypokalaemia) cumulative adverse drug effects (see ADR table) drugs used to treat side effects caused by other drugs Medication Sick Day guidance 	<ul style="list-style-type: none"> Consider risk of ADRs such as drowsiness, falls, memory impairment If treatment has been taken for long periods of time gradually taper to avoid withdrawal reactions. Abrupt cessation may produce confusion, toxic psychosis, convulsions or a condition resembling delirium tremors Consider if vulnerable or at risk of dependency
6. Sustainability Is drug therapy cost-effective and environmentally sustainable?	Identify unnecessarily costly drug therapy by <ul style="list-style-type: none"> considering more cost-effective or environmentally sensitive alternatives, but balance against safety, convenience and individual preferences Consider the environmental impact of <ul style="list-style-type: none"> inhaler use single use plastics medicines waste water pollution 	<ul style="list-style-type: none"> Check that all medicines are formulary choices Advise to only order what is needed, do not stockpile medicines Advise not to dispose of in household rubbish or in water waste. Promote safe disposal of medicines via community pharmacy
7. Person-centredness Is the person willing and able to take drug therapy as intended?	Does the person understand the outcomes of the review? <ul style="list-style-type: none"> Consider Teach back Ensure drug therapy changes are tailored to individual's preferences. Consider <ul style="list-style-type: none"> is the medication in a form they can take? is the dosing schedule convenient? what assistance is needed? are they able to take medicines as intended? Agree and communicate plan <ul style="list-style-type: none"> 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 individual to complete the post-review PROMs questions after their review	Agreed plan <ul style="list-style-type: none"> Consider alternatives to prescribing where appropriate If the benzodiazepine or z-drug is to be stopped/reduced then consider and agree reduction schedule with individual and set achievable goals Ensure awareness of potential for dependence or withdrawal effects, when to seek help and what actions to take Utilise available self help resources (e.g. NHS inform)

Key concepts in this case

- Consider the use of PROMs and individualised dosing/reduction schedules
- Ensure use of shared decision-making tools during person-centred reviews
- Awareness of potential for dependency or withdrawal effects with B-Z medicines
- Consider non-pharmacological approaches where appropriate (e.g. sleep hygiene, CBT)