

Steps	Process	Person specific issues to address
<b>1. Aims</b> What matters to the individual about their condition(s)?	<b>Review diagnoses and consider:</b> <ul style="list-style-type: none"> <li>Therapeutic objectives of drug therapy</li> <li>Management of existing health problems</li> <li>Prevention of future health issues, including lifestyle advice</li> </ul>	<ul style="list-style-type: none"> <li>Simplify medication – “take less tablets”</li> <li>Maintain limited mobility</li> </ul>
<b>2. Need</b> Identify essential drug therapy	<b>Identify essential drugs (not to be stopped without specialist advice*)</b> <ul style="list-style-type: none"> <li>Drugs that have essential replacement functions</li> <li>Drugs to prevent rapid symptomatic decline</li> </ul> <i>*with advice from healthcare professional with specialist interest</i>	<ul style="list-style-type: none"> <li>None considered essential</li> </ul>
<b>3.</b> Does the patient take unnecessary drug therapy?	<b>Identify and review the continued need for drugs</b> <ul style="list-style-type: none"> <li>what is medication for?</li> <li>with temporary indications</li> <li>with higher than usual maintenance doses</li> <li>with limited benefit/evidence for use</li> <li>with limited benefit in the person under review (see Drug efficacy &amp; applicability (NNT) table)</li> </ul>	<ul style="list-style-type: none"> <li>Citalopram - started 4 years ago, no indication if ongoing need, although higher incidence of depression in diabetes</li> <li>Furosemide 20mg potentially unnecessary, if lercanidipine is causing swollen ankles</li> </ul>
<b>4. Effectiveness</b> Are therapeutic objectives being achieved?	<b>Identify the need for adding/intensifying drug therapy to achieve therapeutic objectives</b> <ul style="list-style-type: none"> <li>to achieve symptom control</li> <li>to achieve biochemical/clinical targets</li> <li>to prevent disease progression/exacerbation</li> <li>is there a more appropriate medication to achieve goals</li> </ul>	<ul style="list-style-type: none"> <li>BP within target range, occasionally lightheaded but attributed to limited mobility. On triple therapy so review which most appropriate to reduce and stop</li> <li>Diabetes well controlled, mild frailty potentially at risk of hypoglycaemia and complications. However takes alogliptin, which is less effective than other options which have positive cardiovascular outcomes, such as SGLT-2i*</li> </ul>
<b>5. Safety</b> Does the individual have or is at risk of ADR/ side effects? Does the patient know what to do if they're ill?	<b>Identify individual safety risks by checking for</b> <ul style="list-style-type: none"> <li>appropriate individual targets?</li> <li>drug-disease interactions</li> <li>drug-drug interactions (see ADR table)</li> <li>monitoring mechanisms for high-risk drugs</li> <li>risk of accidental overdosing</li> </ul> <b>Identify adverse drug effects by checking for</b> <ul style="list-style-type: none"> <li>specific symptoms/laboratory markers</li> <li>cumulative adverse drug effects (see ADR table)</li> <li>drugs used to treat side effects caused by other drugs</li> </ul> <b>Medication Sick Day guidance</b>	<ul style="list-style-type: none"> <li>Risk of falls due to anti-diabetic medicines and anti-hypertensives</li> <li>Increased risk of acute kidney injury due to combination of diuretics and metformin, especially if acutely unwell</li> <li>Sick day guidance – withhold bendroflumethiazide, furosemide, irbesartan and metformin with dehydrating illness</li> </ul>
<b>6. Sustainability</b> Is drug therapy cost-effective and environmentally sustainable?	<b>Identify unnecessarily costly drug therapy by</b> <ul style="list-style-type: none"> <li>Considering more cost-effective alternatives, safety, convenience</li> </ul> <b>Consider the environmental impact of</b> <ul style="list-style-type: none"> <li>Inhaler use</li> <li>Single use plastics</li> <li>Medicines waste</li> <li>Water pollution</li> </ul>	<ul style="list-style-type: none"> <li>None - prescribing in keeping with current formulary recommendations</li> <li>Patient advised to dispose of medicines through community pharmacy</li> <li>Advised patient to only order what is needed, do not stockpile medicines</li> </ul>
<b>7. Patient centeredness</b> Is the patient willing and able to take drug therapy as intended?	<b>Does the patient understand the outcomes of the review?</b> <ul style="list-style-type: none"> <li>Consider Teach back</li> </ul> <b>Ensure drug therapy changes are tailored to individual preferences. Consider</b> <ul style="list-style-type: none"> <li>Is the medication in a form the patient can take?</li> <li>Is the dosing schedule convenient?</li> <li>What assistance is needed?</li> <li>Are they able to take medicines as intended?</li> </ul> <b>Agree and communicate plan</b> <ul style="list-style-type: none"> <li>Discuss and agree with the individual/carer/welfare proxy therapeutic objectives and treatment priorities</li> <li>Include lifestyle and holistic management goals</li> <li>Inform relevant health and social care providers of changes in treatments across the transitions of care</li> </ul>	<ul style="list-style-type: none"> <li>BP at target and lightheaded – stop lercanidipine as may also be contributing to swollen ankles</li> <li>Diabetic control good, often forgets metformin dose at lunchtime. Reduce dose to 500mg twice daily.</li> </ul> Future steps: <ul style="list-style-type: none"> <li>If swollen ankles resolve, stop furosemide.</li> <li>Substitute alogliptin for SGLT-2i*, due to ASCVD (and renal) benefits.</li> <li>Discuss potential reduction of citalopram, if no symptoms.</li> </ul>

**Key concepts in this case**

- Falls risk
- Mild frailty
- Tight blood pressure control
- Tight diabetic control
- Less suitable medication with co-morbidities
- Consider most appropriate anti-diabetic medication
- Duration of treatment course (antidepressant)
- Unnecessary indication – furosemide