

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>Appropriate treatment of cardiovascular disease - "I want to be on the right medicine for my heart"</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>Although not considered essential, there is a valid indication for all medication</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>None are unnecessary</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>HbA1c 51mmol/mol (above recommended target of 48 mmol/mol)</li> <li>Existing ASCVD – SGLT-2i* indicated– both from glycaemic and ASCVD point of view</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>Counselled on risks of side-effects:               <ul style="list-style-type: none"> <li>the signs and symptoms of DKA, and advise to seek immediate medical advice if they develop any of these symptoms</li> <li>increased risk of genital infections</li> <li>avoid low carbohydrate diets</li> </ul> </li> </ul> Sick Day guidance <ul style="list-style-type: none"> <li>Temporarily stop metformin, lisinopril and empagliflozin</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>Smoking cessation advice and referral made</li> <li>Empagliflozin 10mg once daily commenced</li> <li>Note: 4 weeks after commencement presents with symptomatic genital thrush</li> <li>Clotrimazole 'combi pack' prescribed</li> <li>Initial improvement in thrush, but after 2 weeks has recurred</li> <li>Fluconazole 150mg dose prescribed 'Genital washing' instructions given</li> </ul>

#### Key concepts in this case

- Established ASCVD indicates additional therapy of SGLT-2i, independent of glycaemic control
- SGLT-2i\* have known side effect profile
- Requirement to counsel patient accordingly
- Manage side-effects
- Use of simple instructions to minimise side-effects using "genital washing" leaflet (as developed by NHS Lothian, see <https://www.lothiansexualhealth.scot/can-this-be-dealt-with-at-a-pharmacy/genital-hygiene/>)
- Reiterate sick day guidance and include SGLT-2i