

Steps	Process	Person specific issues to address
<p>1. Aims</p> <p>What matters to the individual about their condition(s)?</p>	<p>Review diagnoses and consider:</p> <ul style="list-style-type: none"> Therapeutic objectives of drug therapy Management of existing health problems Prevention of future health issues, including lifestyle advice <p>Ask individual to complete PROMs (questions to prepare for my review) before their review</p>	<ul style="list-style-type: none"> Ensure person-centred approach Consider non-pharmacological options where appropriate Before initiation of treatment discuss the risk of dependency/withdrawal reaction with use
<p>2. Need</p> <p>Identify essential drug therapy</p>	<p>Identify essential drugs (not to be stopped without specialist advice)</p> <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"> Although not classed as an essential medicine, prescribers should be aware of the potential for dependence and withdrawal reaction with these medicines
<p>3.</p> <p>Does the individual take unnecessary drug therapy?</p>	<p>Identify and review the continued need for drugs</p> <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"> consider non-pharmacological approaches where appropriate, either alone or as an adjunct to medicines (e.g. CBT) if first episode of depression treated for six months and course complete, consider managed reduction and stop Ensure optimum dose of therapy e.g. 20's plenty (fluoxetine, citalopram) or 50's enough (sertraline) for depression
<p>4. Effectiveness</p> <p>Are therapeutic objectives being achieved?</p>	<p>Identify the need for adding/intensifying drug therapy to achieve therapeutic objectives</p> <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"> With SSRIs there is limited additional benefit and increased risk of adverse effects with increasing doses (see dose response curve). Review and decrease dose where appropriate If no response to optimal dose within two to four weeks consider change to alternative medication, rather than increase dose further Consider non-pharmacological approaches
<p>5. Safety</p> <p>Does the individual have or is at risk of ADR/ Side effects?</p> <p>Does the person know what to do if they're ill?</p>	<p>Identify individual safety risks by checking for</p> <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 <p>Identify adverse drug effects by checking for</p> <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 combinations of high-risk medications e.g. NSAIDs and SSRIs Some antidepressants can have a high anticholinergic burden that can be additive Consider the increased potential for harm in combination with other CNS depressants Co-prescribing of benzodiazepine or z-drugs for antidepressant induced insomnia is no longer recommended Co-prescribing of two antidepressant agents for depression should be for specialist initiation only
<p>6. Sustainability</p> <p>Is drug therapy cost-effective and environmentally sustainable?</p>	<p>Identify unnecessarily costly drug therapy by</p> <ul style="list-style-type: none"> considering more cost-effective or environmentally sensitive alternatives, but balance against safety, convenience and individual preferences <p>Consider the environmental impact of</p> <ul style="list-style-type: none"> inhaler use single use plastics medicines waste water pollution 	<ul style="list-style-type: none"> Are all medicines formulary choices? Advise to dispose of medicines through community pharmacy to ensure safe disposal Medicines should not be disposed of in household waste, pouring down sink or flushing down toilet Advise to only order what is needed, do not stockpile medicines
<p>7. Person-centredness</p> <p>Is the person willing and able to take drug therapy as intended?</p>	<p>Does the person understand the outcomes of the review?</p> <ul style="list-style-type: none"> Consider Teach back <p>Ensure drug therapy changes are tailored to individual's preferences. Consider</p> <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? <p>Agree and communicate plan</p> <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 <p>Ask individual to complete the post-review PROMs questions after their review</p>	<p>Agreed plan</p> <ul style="list-style-type: none"> Consider review period for management of depression If there is dosage reduction, agree a reduction plan and agree with individual to prevent withdrawal Signpost appropriate non-pharmacological support and resources (e.g. NHS Inform)
<p>Key concepts in this case</p> <ul style="list-style-type: none"> Take a holistic person-centred approach with regular reviews of treatment Consider the use of non-pharmacological options where appropriate For a polypharmacy review, if reviewing existing treatment prior to initiation of antidepressant medicines, use read code 8B31B Polypharmacy medication review. 		