

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"> wants to “feel better” wants to regain motivation and appetite wants to walk his dog more often
2. Need Identify essential drug therapy	Identify essential drugs (not to be stopped without specialist advice) <ul style="list-style-type: none"> drugs that have essential replacement functions (e.g. levothyroxine) drugs to prevent rapid symptomatic decline (e.g. drugs for Parkinson’s disease, heart failure) 	<ul style="list-style-type: none"> none identified as essential medicines inhaled corticosteroids required for asthma control consider the need for gradual withdrawal/ cross tapering with antidepressants where necessary
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"> episode of depression, possibly related to loss of employment. Trial of citalopram 20mg daily – ineffective after two months
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"> Moderate severe depressive episode, worsening signs and symptoms, citalopram ineffective. Combination of: <ul style="list-style-type: none"> switch antidepressant as no effect at eight weeks of therapeutic dose. Should be reviewed two to four weeks after initiation. psychological intervention (e.g. cCBT) lifestyle interventions e.g. exercise such as walking Asthma well controlled
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"> Worsening symptoms and possible increasing self-harm/suicide risk Worsening symptom advice and out-of-hours numbers provided (e.g. NHS 24, Breathing Space). Follow-up review within one to two weeks, or sooner if considered appropriate Current medicines have low overdose fatality risk Ensure discussion and clear information on which medicines to withhold at times of dehydrating illness
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, safety, convenience 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"> Formulary preferred options being prescribed Asthma well controlled, salbutamol ordering/use appropriate and inhaler technique checked Consider option of dry powder inhalers at a later consultation if suitable (prioritise depression management) Dispose of unwanted and expired medicines at community pharmacy Advised not to dispose of medicine via household or water waste
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 Involve the adult where possible. If deemed to lack capacity, discuss with relevant others, e.g. welfare guardian, power of attorney, nearest relative if one exists. Even if adult lacks capacity, adults with Incapacity Act still requires that the adult’s views are sought. Ensure “Adults with Incapacity Documentation” in place 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? 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 person to complete the PROMs questions after their review	Agreed plan <ul style="list-style-type: none"> Switch antidepressants: last dose of citalopram today, start sertraline 50mg daily tomorrow. Referral to adult mental health services for high intensity psychological interventions Safety information - suicide prevention advice, provide emergency contact telephone numbers for out-of-hours services for crisis support if required. Low intensity exercise recommended – e.g. walking his dog may help Friend attending with him is supportive, safety information provided as above

Key concepts in this case

- Ensure timely review of new antidepressant treatment to assess effectiveness
- Review following changes to antidepressant therapy to ensure effectiveness
- Potential medication side-effects: loss of appetite could be caused by both depression and/or antidepressants
- Ongoing symptoms of depression including suicidal thoughts, despite antidepressant, indicates the need for review of therapy
- Importance of non-pharmacological therapies, such as psychological interventions, cCBT, exercise
- Holistic review could include inhaler use and environmental sustainability. However, these may be more suitable for future discussions when depression has stabilised