Steps	Process	Person specific issues to address
1. Aims What matters to the individual about their condition(s)?	**Review diagnoses and consider:** • 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**	• would like to stop her antidepressant, as has been taking for over two years
2. Need Identify essential drug therapy	**Identify essential drugs (not to be stopped without specialist advice)** • drugs that have essential replacement functions (e.g. levothyroxine) • drugs to prevent rapid symptomatic decline (e.g. drugs for Parkinson's disease, heart failure)	• no essential medicines • if reducing or stopping paroxetine or temazepam, consider gradual reduction to avoid withdrawal symptoms

3.
 	
Does the individual take unnecessary drug therapy?
	Identify and review the continued need for drugs
	• 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)
		• temazepam no longer needed
		  • insomnia – related to bereavement, sleep now improved.
		  • temazepam loses efficacy after two to four weeks. Licensed for a maximum of four weeks
		• paroxetine no longer needed
		  • completed six-month course of treatment. Mood improved

4. Effectiveness Are therapeutic objectives being achieved?	**Identify the need for adding/intensifying drug therapy to achieve therapeutic objectives** • to achieve symptom control • to achieve biochemical/clinical targets • to prevent disease progression/exacerbation • is there a more appropriate medication to achieve goals?	• Ensure appropriate non-pharmacological options discussed to maintain wellbeing
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** • 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** • 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**	• Temazepam – increased risk of cognitive effects, falls, lower mood, etc. Plan to stop • Paroxetine – GI bleed risk, emotional blunting, etc. Risk of withdrawal effects higher than with other antidepressants. Plan appropriate reduction schedule • 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** • considering more cost-effective or environmentally sensitive alternatives, safety, convenience **Consider the environmental impact of** • inhaler use • single use plastics • medicines waste • water pollution	• Temazepam dose reduction and stop - oral solution significantly more expensive than tablets. Consider switch to diazepam to aid reduction - longer half-life and a number of preparations available

7. Person-centredness
 	
Is the person willing and able to take drug therapy as intended?
	Does the person understand the outcomes of the review?
	• 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
	• 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
	• 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
		• Continue non-pharmacological support to maintain recovery: physical activity, minimise social isolation, etc. Signpost to resources e.g. local groups or online support
		• Temazepam to reduce and stop, due to lack of efficacy and risk of ADR:
		  • Switch to diazepam 10mg at night and reduce by 1mg every two to four weeks.
		  • Alternative: Temazepam 10mg/5ml oral solution, reducing by 1mg (0.5ml) every two to four weeks. (oral solution higher acquisition cost)
		• Paroxetine withdrawal schedule options (after stopping temazepam):
		  • Reduce to 10mg daily for four weeks, then 5mg daily for four weeks, then stop.
		  • If problematic withdrawal or apprehensive: switch to equivalent dose of fluoxetine (20mg/5ml) oral solution for seven days, then reduce by 4mg (1ml) every four weeks

Key concepts in this case

- Benzodiazepines are associated with an increased risk of depression and are only licensed for a maximum of four weeks use. Stopping temazepam is a priority due to increased risk of avoidable ADRs. Reducing temazepam may require gradual reduction to assist with stopping.
- Switching from a short acting SSRI to a longer half-life SSRI may enable reduction and stopping.
- Paroxetine is associated with withdrawal effects. Therefore, have a range of options and agree the most appropriate approach to reducing and stopping, to improve chances of a successful withdrawal