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**	• Reduce frequency of falls • Where appropriate reduce/minimise prescribed medicines that may add to the risk of falls
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)	• None considered essential
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)	• First episode of depression after death of husband – states 'higher dose sertraline not made much difference'. Consider a tapered reduction. SSRIs and higher doses associated with increased risk of falls • Hypertensive while sitting. Previous stroke • Unclear indication for fludrocortisone. Consider stopping if no indication as increases blood pressure • Osteoporosis – forgets to take alendronate. Advised to take at 11am on Fridays (two hours before and after meals) • Senna not required – stop
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?	• Depression resolved – trial stopping sertraline – taper gradually • As required co-codamol, using both strengths depending on pain intensity, finds effective – not causing drowsiness, constipation • Stroke prevention medicines: simvastatin, aspirin, hypertension control • Osteoporosis treatment: alendronic acid and colecalciferol • Forgetting to take alendronic acid - discuss strategies to help, such as calendar reminder or phone alarm
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**	• Two strengths of co-codamol for knee and back pain. Paracetamol only is ineffective. Takes 8/500 during day and 30/500 at night. Knows not to take both at same time. Uses sparingly • Fludrocortisone increasing risk of high blood pressure – stop • GI protection – aspirin and sertraline, GI bleed risk • Omeprazole to continue as needed for GI protection • 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	• Formulary preferred list medicines options being prescribed. • Advise to take unused or expired medicines back to community pharmacy for safe disposal • Unnecessary/ineffective medicines stopped
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** • Trial reduction of sertraline, reducing every four weeks: 100mg to 50mg to 25mg then stop • Osteoporosis – forgets to take alendronate. Advised to take at 11am Fridays (two hours before and after meals) • Plantar fasciitis – refer for podiatry review • Understands and agrees to changes to medicines • Poor sleep since retired – uses sleep hygiene techniques: low caffeine intake, reads when has insomnia/night-time wakening • Has capacity and is independent and capable of looking after her own medicines

Key concepts in this case

- Importance of regular review of long-term antidepressant therapy
- Higher dose SSRIs associated with increased risk of falls43
- eGFR overestimating renal function. Although eGFR is routinely reported with U&Es it does not routinely reflect older adults' renal function therefore it may be prudent to calculate individual's creatinine clearance – see BNF Prescribing in Renal Failure section
- Minimise the number of unnecessary medicines
- Fludrocortisone – increases blood pressure, and borderline hypertensive with a previous history of stroke. Fludrocortisone may have increased the risk of future strokes
- Podiatry assessment not included in routine falls team review therefore referral was needed