

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 improve memory problems Diazepam: minimise actual and potential medication related harms
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
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"> Review need for diazepam – anxiety for more than two years. Takes 10mg daily regularly. Consider need for ongoing treatment and discuss a tapering plan, as may not be suitable to stop immediately
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"> Discuss non-pharmacological methods to help mood and wellbeing Plan to stop diazepam which may cause/worsen memory impairment
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"> Diazepam – lack of efficacy? Questionable effects? May be contributing to anxiety, and causing short-term memory impairment
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"> All medicines are formulary choices Patient advised to dispose of medicines through community pharmacy Advised patient to only order what is needed, do not stockpile medicines
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"> Go slow and low reduction of diazepam. Planned reduction schedule discussed and agreed Diazepam to reduce by 1mg every four weeks with follow-up reviews as agreed and need Prescription to be supplied as special request (acute) with planned reduction steps recorded in clinical notes

Key concepts in this case

- Diazepam and other benzodiazepines/z-drugs can worsen memory impairment and anxiety symptoms
- Reducing long-term diazepam use and dose can help to minimize avoidable medicine related harms
- Long-term diazepam therapy may require a gradual dose reduction prior to stopping