

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 	<ul style="list-style-type: none"> Simplify and reduce medication burden Minimise symptoms and improve quality of life, e.g. reduce isolation, and improve mood as feeling “a bit lost” Reduce risk of adverse effects from drugs
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 Drugs to prevent rapid symptomatic decline <i>*with advice from healthcare professional with specialist interest</i>	<ul style="list-style-type: none"> Although not considered essential, there is a valid indication for antidiabetic medication: diabetes symptom control
3. Does the patient 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"> Folic acid 5mg can be stopped as no longer deficient in folate
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"> Diabetes poorly controlled despite 3 antidiabetics. Takes linagliptin, which is less effective than other options which also have positive cardiovascular outcomes Secondary CVD prevention: likely to derive macrovascular benefit from tight glycaemic control; is on statin and BP within target range
5. Safety Does the individual have or is at risk of ADR/ side effects? Does the patient know what to do if they're ill?	Identify individual safety risks by checking for <ul style="list-style-type: none"> appropriate individual targets? 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 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"> Risk of hypoglycaemia due to renal impairment and on sulfonylurea – reduce and stop gliclazide Risk of acute kidney injury (losartan, metformin and CKD) especially if acutely unwell. Sick day guidance – check awareness
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 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"> None - prescribing in keeping with current formulary recommendations Patient advised to dispose of medicines through community pharmacy Advised patient to only order what is needed, do not stockpile medicines
7. Patient centeredness Is the patient willing and able to take drug therapy as intended?	Does the patient understand the outcomes of the review? <ul style="list-style-type: none"> Consider Teach back Ensure drug therapy changes are tailored to individual preferences. Consider <ul style="list-style-type: none"> Is the medication in a form the patient can take? Is the dosing schedule convenient? What assistance is needed? 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 	<ul style="list-style-type: none"> Discuss commencing once weekly injectable therapy with GLP-1RA and stopping linagliptin and also reducing and stopping gliclazide. Daughter happy to help with this as patient would prefer to inject subcutaneously into upper arm. Oral formulation available if preferred. Secondary CVD prevention – discussion around importance of weight reduction along with good control of BP, HbA1c and cholesterol. Change to atorvastatin in the morning. Provide support for lifestyle change where appropriate e.g., referral to Weight Management Service. Check patient’s understanding of how to best monitor glycaemic control through HbA1c testing and address that there is no need to routinely undertake SBGM. Remove test strips from repeats. Encourage attendance at local befriending groups, Men’s Shed, etc to reduce social isolation since his wife died
Key concepts in this case <ul style="list-style-type: none"> ➤ Lifestyle management ➤ Polypharmacy, not limited to treatment of diabetes ➤ Symptomatic control required 		