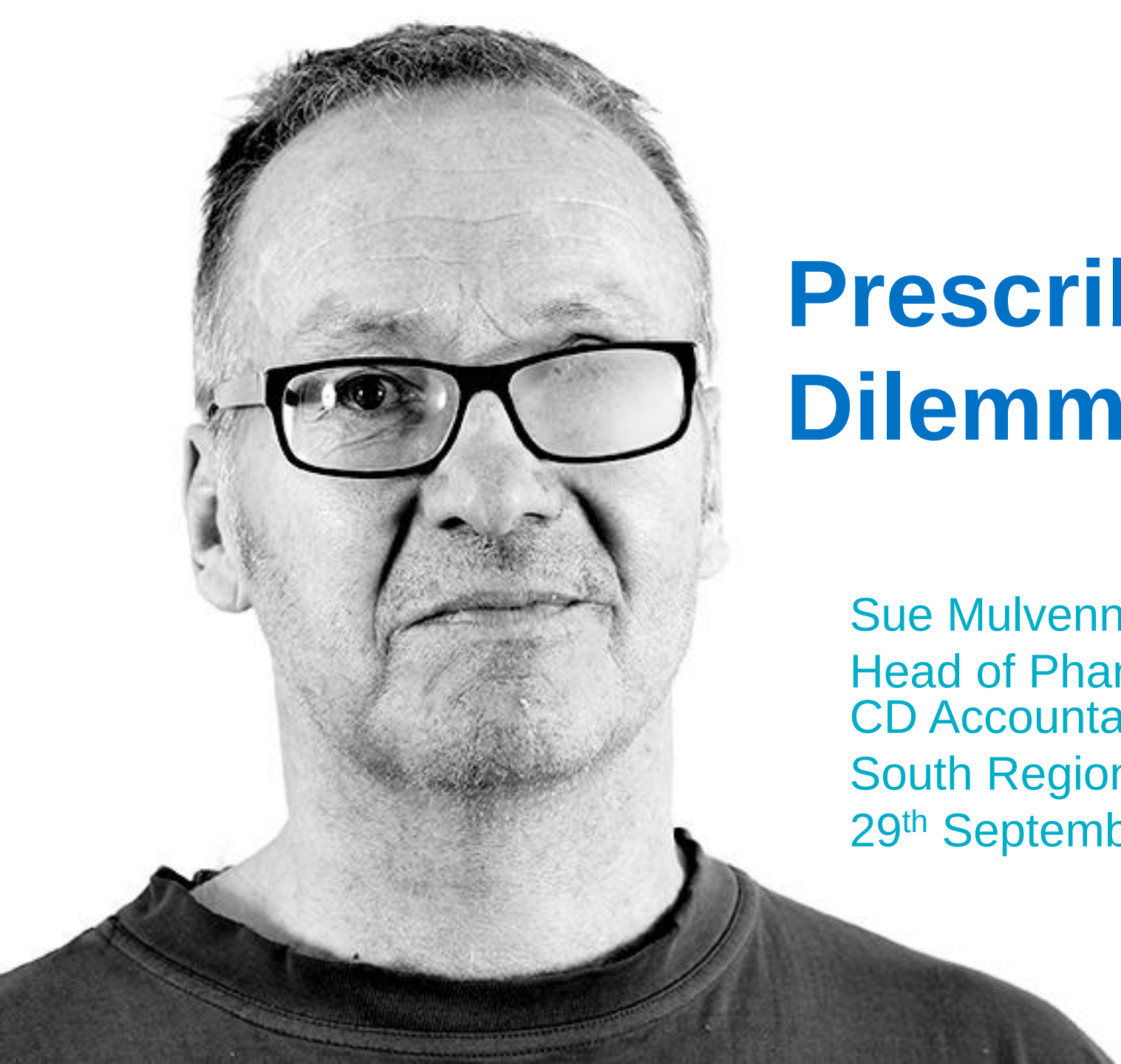


Prescribing Dilemmas

Sue Mulvenna
Head of Pharmacy and CD Accountable Officer
South Region SW
29th September 2015

The four principles of medicines optimisation

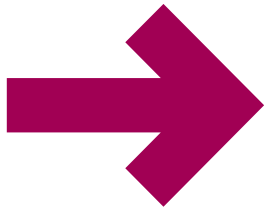
- Aim to understand the patient's experience
- Evidence based choice of medicines
- Ensure medicines use is as safe as possible
- Make medicines optimisation part of routine practice

Confounding factors

- Lack of time in consultation
- Risk v benefit conversations are complex
- Clinical evidence base does not always relate to real patients
- Other drivers e.g. QOF, local referral expectations, prescribing costs

Prescribing dilemmas

1. Polypharmacy and de-prescribing
2. Avoiding medicines related acute kidney injury
3. Managing oral anticoagulant therapy safely
4. Prescribing opiates for chronic pain
5. Prescribing for patients with history of self harm
6. Misuse and diversion of prescribed medicines



Polypharmacy and de-prescribing

- NICE and QoF advice based on clinical trials which excluded frail older patients
- Frail older patients with multiple LTCs have worse outcomes when treated to NICE targets for BP and diabetes
- Anticholinergic meds increase cognitive impairment and mortality in older people
- Antihypertensive meds associated with increased falls, especially where a history of falling

Commonly prescribed medicines with high anticholinergic activity

- Medicines for urinary frequency eg tolterodine, oxybutynin
- Tricyclic antidepressants eg amitriptyline
- Antihistamines eg chlorpheniramine, diphenhydramine (Nytol)
- Antipsychotics eg quetiapine, olanzapine

High risk situations for adverse drug reactions

- 25-50% of over 85s are frail – ie have reduced functional reserve, so high risk of rapid decline with minor stressors eg a fall, loss of partner, moving home
- Care Homes – 70% of residents exposed to mistakes in medication every day (CHUMs review)
- Transfer of care between home, hospital and care home

Avoiding medicines related AKI

- 100,000 deaths a year in UK, 1 in 5 preventable
- Typical presentation pre-existing co-morbidities plus a trigger event
- 60% AKI happens in the community
- Diagnosis involves eGFR calculation to assess kidney function
- AKI red flag symptoms – acutely unwell, hypotension, reduced urine output

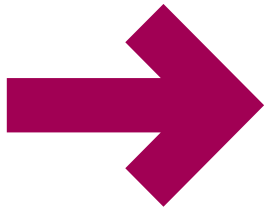
High risk medicines for AKI

- Sulphonylureas eg gliclazide
- ACEI/ ARB meds
- Diuretics

- Metformin
- Aldosterone antagonists eg spironolactone
- NSAIDs

Acute Kidney Injury sick day rules

- Should patients be given instructions to stop meds?
- Some areas giving advice cards to patients on high risk meds
- ‘Think Kidneys’ national group not supporting this approach – concerns about non adherence in heart failure patients causing hospital admissions
- Vulnerable patients should have risk highlighted on summary care record, and advised to seek medical advice re meds if unwell



Managing anticoagulant therapy safely

- Many AF patients with CHADS-VaSc score >2 not appropriately treated with oral anticoagulants
- Many patients on warfarin not in therapeutic range (INR 2-3) enough to benefit from treatment
- Low INRs not flagged to GPs by hospital
- Hospital clinic not informed re antibiotic prescribing
- Lack of awareness on how to switch from warfarin to NOACs

Prescribing opiates for chronic pain

- Common problem, difficult to manage
- Previous prescribing guidance based on WHO pain ladder, with early use of opiates
- Referral to specialist pain clinic slow and patients often don’t like the advice
- Self escalation of opiate dose common

Opiates for chronic pain

- Poor evidence for opiate effectiveness in managing long-term pain
- Expectations of opiate therapy need to be managed - should be supporting other pain management strategies
- If doses of 120mg morphine equivalent/day do not achieve useful relief of symptoms, the drug should be tapered and stopped
- Sustained release opioid preparations can be used for most cases
- Fast-acting preparations are unsuitable to treat persistent pain

Prescribing for patients with a history of self harm

- 15% of suicides in Bristol have attended A&E for self harm in the year before death
- 75% of self harm hospital attendances involve medicines
- Unemployed men aged 35 – 54 years at highest risk
- Most commonly used meds – paracetamol, diazepam, ibuprofen and zopiclone
- Amitriptyline only 38 of 1182 self poisoning presentations in 2011 in Bristol, but 4 needed ITU
- Avoid prescribing high risk meds to self harmers

Antidepressants – toxicity in overdose, highest to lowest

- Dosulepin
- Amitriptyline
- Venlafaxine
- Mirtazapine
- Citalopram
- Sertraline
- Fluoxetine

- Also don’t forget how toxic co-proxamol is in overdose!

Prescribing for neuropathic pain

- https://www.nice.org.uk/guidance/cg173/chapter/1-recommendations
- Offer a choice of amitriptyline, duloxetine, gabapentin or pregabalin
- If the initial treatment is not effective or is not tolerated, offer one of the remaining 3 drugs, and consider switching again if the second and third drugs tried are also not effective or not tolerated.
- Consider tramadol only if acute rescue therapy is needed
- Consider capsaicin cream for people with localised neuropathic pain who wish to avoid, or who cannot tolerate, oral treatments.

Misuse and diversion of medicines

- Big increase in prescription medicines sold on the streets of Bristol, as quality of heroin and cocaine declines
- Temporary Resident requests for medicines liable for misuse or diversion increasing
- Reported theft of blank prescription forms and prescription stamps increasing
- Family members and carers known to order and misuse repeat meds no longer needed by patients

Most popular meds to obtain for misuse or diversion

- pregabalin
- diazepam
- nitrazepam
- zopiclone
- quetiapine

tramadol
codeine
dihydrocodeine
clonazepam
Buscopan

Reducing TR scams

- Be suspicious of strange stories and specific requests for meds known to be misused / diverted
- Don’t be mislead by smart clothes and confident approach
- If in doubt prescribe small amounts until verification with previous prescriber possible
- Report suspicions to your NHS England Controlled Drugs Accountable Officer

Top tips to avoid prescription form and stamp theft

- Keep all prescription stationery out of sight of patients
- Lock away rarely used items e.g. prescription stamps
- Keep consultation rooms locked when not in use
- Avoid leaving patients alone in consultation rooms if possible
- Keep doctors bags secure and out of sight
- Challenge strangers found where they shouldn't be – but don't put yourself at risk! Discuss a plan of appropriate action with colleagues

Summary :
Top 10 tips for medicines optimisation

1. Beware meds associated with AKI – think SAD MAN (sulphonylureas, ACEI/ARBs, diuretics, metformin, aldosterone antagonists, NSAIDs)
2. Red flag symptoms of AKI in vulnerable patients – acutely unwell, hypotension, falling urine output
3. Drugs for urinary frequency eg tolterodine, oxybutynin are often ineffective (NNT 9) and can increase cognitive impairment and mortality in frail older people – review!

10 top tips for MO - continued

4 Treating BP to target does not improve outcomes in frail older people who are slow walkers or don't walk

5 You can switch a patient from warfarin to rivaroxaban the next day if their INR is in therapeutic range (2-3) or less

6 High doses of opiates in chronic pain will reduce pain but also reduce quality of life – managing expectations is key

7 Avoid prescribing dosulepin, amitriptyline or venlafaxine for patients with a history of self harm

10 top tips for MO - continued

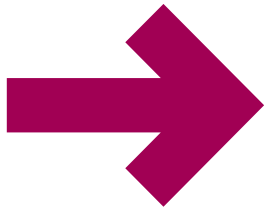
8 Beware temporary residents seeking pregabalin, tramadol, dihydrocodeine, diazepam etc – report to CDAO

9 Keep blank prescription forms out of sight, and rarely used ones (FP10MDAs, prescription stamps) locked away to avoid theft

10 **Ask your practice pharmacist for help in managing complex patients and their medicines!**

Summary: some general principles

- Flag up complex patients with read codes
- Discuss difficult prescribing situations with colleagues
- Use your wider team to help - including your practice pharmacist, community pharmacist
- Phone a friend – informal 1/2 care networks
- Put useful website links on your desktop
- Make the most of technology to identify and monitor at risk patients e.g. EMIS web



Some useful links

- BNSSG formulary prescribing guidelines
- http://www.bnssgformulary.nhs.uk/Local-Guidelines/
- Think kidneys – acute kidney injury
- https://www.thinkkidneys.nhs.uk/about-us/
- Numbers needed to treat – to aid prescribing decisions
- http://www.thennt.com/home-nnt/

Contact me

Controlled Drugs

for CD advice and guidance or to report a CD incident

Email me at

ENGLAND.southwestcontrolleddrugs@nhs.net

Or phone 0113 8253568 and leave a message with Sam Hazell

Medicines optimisation

If interested in the topics covered and want more information, email me at sue.mulvenna@nhs.net