

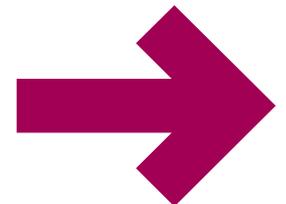
Prescribing Dilemmas

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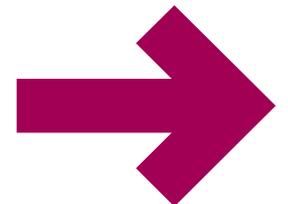
The four principles of medicines optimisation

- 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



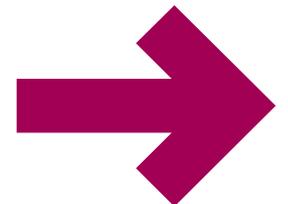
Confounding factors

- 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



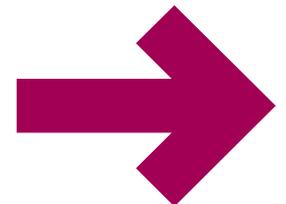
Prescribing dilemmas

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
7. Prescribing for pregnant women



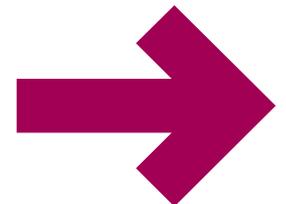
Polypharmacy and de-prescribing

- 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



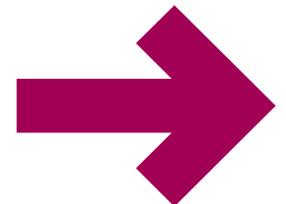
Commonly prescribed medicines with high anticholinergic activity

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



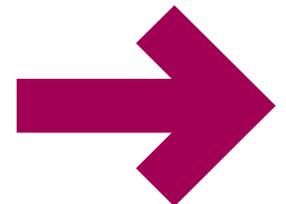
High risk situations for adverse drug reactions

- 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

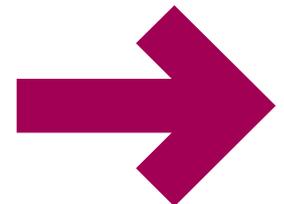
- 100,000 deaths a year in UK, 1 in 5 preventable
- Typical presentation pre-existing co-morbidities plus a trigger event
- 60% AKI happens in the community
- Diagnosis involves eGFR calculation to assess kidney function
- AKI red flag symptoms – acutely unwell, hypotension, reduced urine output



High risk medicines for AKI

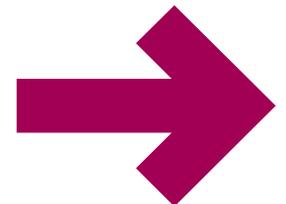
- Sulphonylureas eg gliclazide
- ACEI/ ARB meds
- Diuretics

- Metformin
- Aldosterone antagonists eg spironolactone
- NSAIDs



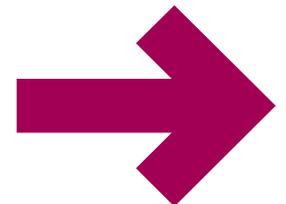
Acute Kidney Injury sick day rules

- 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



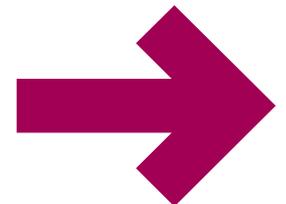
Managing anticoagulant therapy safely

- 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



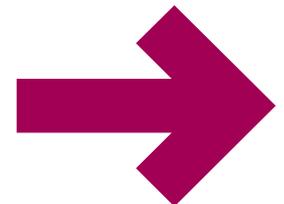
Opiates for chronic pain

- Community prescribing of opioids has more than doubled in last 10 years
- 10% of patients on long term opioids are prescribed potentially hazardous doses
- Chronic opioid use is associated with reduced quality of life and increased mortality
- 50 – 80% of patients experience side effects
- 8 – 12% of long term opioid users meet criteria for addiction



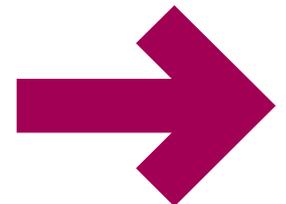
Five main points

- Opioids are good analgesics for acute and EOLC but not usually helpful for long term pain
- A few patients may benefit from intermittent low dose opioids long term
- The risk of harm increases above a dose greater than 120mg morphine daily, with no increased benefit
- If a patient on opioids is still in pain, they should be discontinued – even if no other treatment is available
- Chronic pain is very complex – once patients are on high dose of opioids and still have disabling symptoms, then a specialist assessment will be needed



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



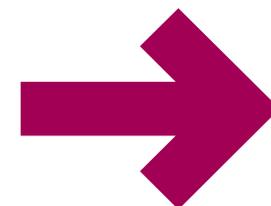
Zero Suicide collaborative audits

- 18% of UK suicides (3,225) between 2003 and 2013 were in the 3 month period following inpatient discharge
- Half of these suicides occurred in the first month after discharge
- Self-poisoning is a common method of suicide (22%)
- Advice regarding risk of overdose only stated in the discharge summary if the patients were reporting suicidal thoughts at the time of discharge
- Where specific guidance was given regarding limited quantity prescribing this was followed by the GP
- Where no advice, 28 day prescribing was resumed



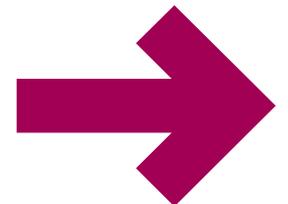
Antidepressants – toxicity in overdose, highest to lowest

- Dosulepin
 - Amitriptyline
 - Venlafaxine
 - Mirtazapine
 - Citalopram
 - Sertraline
 - Fluoxetine
- Also don't forget how toxic co-proxamol is in overdose!



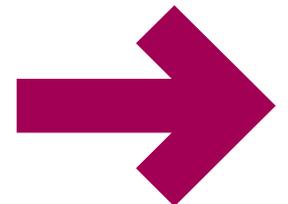
Misuse and diversion of medicines

- Big increase in prescription medicines sold on the streets of Bristol, when 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



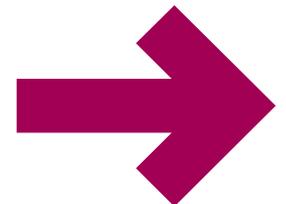
Most popular meds to obtain for misuse or diversion

- pregabalin
 - diazepam
 - nitrazepam
 - zopiclone
 - quetiapine
- tramadol
codeine
dihydrocodeine
clonazepam
Oramorph



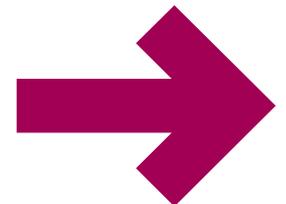
Reducing TR scams

- Be suspicious of strange stories and specific requests for meds known to be misused / diverted
- Don't be misled 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



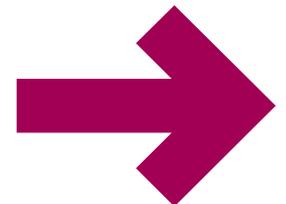
Top tips to avoid prescription form and stamp theft

- 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



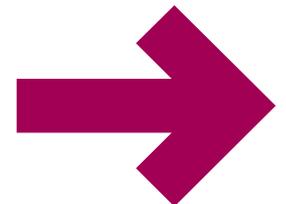
Prescribing for pregnant women

- In 2012, a sample of Bristol GPs were asked how many of their pregnant patients were on SSRIs – they said < 1%.
- During the same period, Bristol midwives estimated around 10% of pregnant women presenting were on SSRIs, and had mainly not discussed this with their GP.
- In a pharmacy audit, 35 women (61%) were currently taking medicines prescribed by their GP, but nine of them (16%) had not discussed their medicines with their GP



Treatment of women with valproate

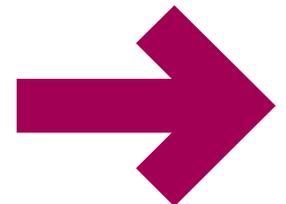
- Further MHRA guidance published February 2016
- Valproate in pregnancy gives 10% chance of birth defects and up to 30-40% chance of a wide range of early developmental problems
- Valproate should not be prescribed to female children, female adolescents, women of childbearing potential or pregnant women unless other treatments are ineffective or not tolerated.
- May have been prescribed off label for migraine or pain as well as for epilepsy or bipolar disorder



Summary :

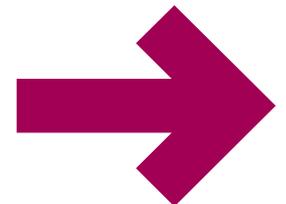
Top 10 tips for medicines optimisation

- 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!



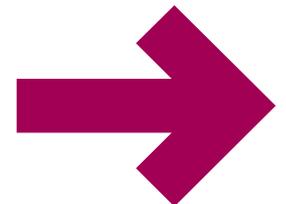
10 top tips for MO - continued

- 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



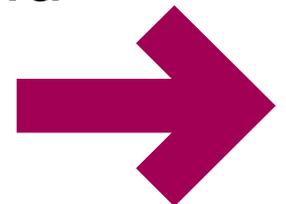
10 top tips for MO - continued

- 8 Beware temporary residents seeking pregabalin, tramadol, dihydrocodeine, diazepam etc and keep blank prescription forms out of sight and empty consultation rooms locked
- 9 Always consider future pregnancy when prescribing for women and advise them accordingly
- 10 Ask your practice pharmacist for help in managing complex patients and their medicines!**



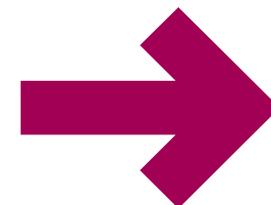
Summary: some general principles

- 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/>
- <https://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware> opioids aware website and materials
- <https://www.gov.uk/drug-safety-update/valproate-and-of-risk-of-abnormal-pregnancy-outcomes-new-communication-materials> Feb 16 MHRA warning and materials



Contact me

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for CD advice and guidance or to report a CD incident

Email me at

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Or phone 0113 824 8129 and leave a message with
Vicky Bawn

Medicines optimisation

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

