Medication Reviews—The Good, The Bad, and The Baffling
Managing multiple medication: What do I want from you?

Sam Barnett-Cormack

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Tackling Polypharmacy: Stopping Medicines Safely
(July 2017)
My Background

Enduring mental health condition plus Chronic pain with assorted other problems

Patient Experiences of Medication Reviews

Take Home Points

Outline

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2. Patient Experiences of Medication Reviews
   - Let’s start with me...
   - Enduring mental health condition plus
   - Chronic pain with assorted other problems
   - Micro-scenarios
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3. Take Home Points
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Patient Experiences of Medication Reviews

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Take Home Points
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Take Home Points

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Degrees:
- BSc Mathematics and Computer Science (Lancaster, 2007)
- MSc Advanced Computer Science (Lancaster, 2008)
- MA Educational Research (Lancaster, 2014)

So what?

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-from early childhood: allergic eczema, asthma and rhinitis
-from childhood: depressive episodes, later diagnosed as Bipolar Disorder (type II)
-from late teens: narcolepsy
-miscellaneous: migraine, irritable bowel syndrome, mysterious balance problem
-some more recent developments: episode of serotonin syndrome due to medication, eczema treated with immunosuppressants, B12 deficiency – idiopathic malabsorption
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Health – Impact

Frequent minor illnesses in childhood
About 10 weeks in psychiatric hospital during sixth form
Developed narcolepsy as an undergraduate – took seven years to graduate
Developed other problems during MA

Mental health difficulties causing various problems in employment as well as education
Life being complicated by medical appointments, investigative procedures, treatments etc

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- Contributed to or led several reports with the “Spartacus” disability campaigning network.
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- Served on the Guideline Development Group and as a topic specialist on the Quality Standards Advisory Committee for the recent guideline and quality standard on multimorbidity.
My Background

Patient Experiences of Medication Reviews

Let's start with me...
Enduring mental health condition plus
Chronic pain with assorted other problems
Micro-scenarios

Take Home Points
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- “Oh good, I get to talk to that doctor. She really understands me and listens.”
About the “Case Studies”

We have three scenarios of patients and medication reviews. Apart from the first, these are not based on specific real people. They represent a synthesis of different patient experiences intended to give a cross-section of positive and negative experience. As we don't have a week to do this, they are far from representative of the full range of patient experience.

Let's start with me...

Enduring mental health condition plus Chronic pain with assorted other problems

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Hopefully you can remember the summary of my health, but here's a quick recap:

- Allergies, eczema, asthma, rhinitis
- Eczema treated with immunosuppressants
- Bipolar II, previously diagnosed as depression
- Narcolepsy
- Migraine
- IBS
- Balance problem
- B12 deficiency

Treatment for narcolepsy and immunosuppressant treatment for eczema under shared care with neurology and dermatology respectively.

Told I had to have the review before I could have more repeat prescriptions.
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The Review

Medications

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Modafinil

Eczema
Azathioprine, steroid creams, emollient creams, antimicrobials, dressings

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Allergies
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Mirtazapine – no mood stabiliser

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No prophylaxis – zolmitriptan or ibuprofen (600-800mg) as needed

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Balance
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B12 Injections every 8 weeks

What happens at review?

Named GP on sabbatical, and no GP felt comfortable conducting review.

Had review with practice pharmacist by telephone.

Long, in-depth review lasting most of an hour.

As usual, questions raised about having two antihistamines, and the range of emollients in use.

Somewhat lacking in insight into many conditions, however...

Gained some new insights into digestive problems.
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Amused by GPs unfamiliar with my case being unwilling to take it on – but also a little worried.
Impressed by knowledge of pharmacist.
Frustrated by continuing desire to reduce range of emollients/antimicrobials in use, as it's a well-established and effective regime where each cream/ointment has its own use.
Digestive symptoms improved by simple dietary adjustment.
Let’s start with me…
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Chronic pain with assorted other problems
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Enduring mental health condition plus – Background

Alice has had asthma since childhood, well controlled.
Diagnosed with psychosis in late teens.
Experiences delusions, has previously become non-compliant with asthma treatment due to these.
On current antipsychotic medication for a year.
Took up smoking as an in-patient.
Has experienced significant weight gain since starting antipsychotic treatment.
Enduring mental health plus – Background

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Micro-scenarios

The Review

Medications
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**Psychosis**  Olanzapine
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Let's start with me...

Enduring mental health condition plus Chronic pain with assorted other problems

Micro-scenarios

Alice expresses interest in quitting smoking, particularly in pharmaceutical assistance, having heard of "medicines that make you stop wanting to smoke"

GP provides details of self-referral cessation service, but expresses concern about smoking cessation destabilising Alice

GP generally seems uncomfortable reviewing antipsychotic treatment.
The Review

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**What happens at review?**

- GP hears about weight gain, explains that this is not unusual with olanzapine, advises mentioning it to MH Service

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Patient Reaction

Alice makes initial contact with smoking cessation service, arranging an appointment for a consultation as they recognise that her case isn't straightforward. At CPN appointment Alice discusses weight gain and wish to try quitting smoking. This is fortunate, as olanzapine interacts with smoking, so dose adjustment may be necessary. This had clearly not been adequately communicated – the GP was not aware of this factor in relation to Alice's medication, and there had been no communication of her interest in smoking cessation (or anything else) to MH services after the review. Alice able to move forward cautiously with attempts to quit smoking, gets advice about medication-related weight gain. However, she doesn’t feel her healthcare is very “joined-up”. 

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- This had clearly not been adequately communicated – the GP was not aware of this factor in relation to Alice’s medication, and there had been no communication of her interest in smoking cessation (or anything else) to MH services after the review.
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- Alice able to move forward cautiously with attempts to quit smoking, gets advice about medication-related weight gain.
Patient Reaction

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- This had clearly not been adequately communicated – the GP was not aware of this factor in relation to Alice’s medication, and there had been no communication of her interest in smoking cessation (or anything else) to MH services after the review.
- Alice able to move forward cautiously with attempts to quit smoking, gets advice about medication-related weight gain.
- However, she doesn’t feel her healthcare is very “joined-up”.

Sam Barnett-Cormack
Background

Bob has chronic pain, and has been diagnosed with fibromyalgia, as well as specific injuries from time to time. The injuries always seem to take a long time to heal. Particular areas of pain responded well to steroid challenge, but no inflammatory condition could be diagnosed. He chooses when to take which of his painkillers, taking codeine when pain is particularly bad. Current medication leaves him in considerable pain frequently, but he doesn't take codeine most days. Has had several episodes of iron deficiency anaemia. Some depression, which Bob attributes to living with the limitations his health imposes on him.
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The Review

Let's start with me...

Enduring mental health condition plus
Chronic pain with assorted other problems

Micro-scenarios

Medications

Pain relief Gabapentin, plus self-managed analgesia with paracetamol, naproxen and codeine

Depression/Fibromyalgia

Reboxetine

Anaemia Iron tablets on and off for 2 years

What happens at review?

GP expresses concern about Bob's ongoing use of codeine. Bob does not want to seem like he's insisting on opioids, but sometimes nothing else does much for the pain. He decides not to ask for stronger pain relief.

GP notes repeated anaemia, thinks of link to naproxen. Asked, Bob reports occasional abdominal pain.

GP offers a stomach protector (PPI) and asks Bob to keep a note of abdominal pain for early review.
The Review

Medications

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The Review

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Patient Reaction

Bob is disappointed regarding pain relief, but doesn't feel like he'll be able to bring up the inadequacy of his pain management without risking what relief he does have. He is also worried about the abdominal pain, but reassured that this may explain his anaemia and feels hopeful that the PPI will take care of it.

Sam Barnett-Cormack
Medication Reviews—The Good, The Bad, and The Baffling
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As well as these detailed scenarios, here are a few shorter scenarios to highlight some particular aspects of patient experience.
Reviews are compulsory, but not available
Carol takes medication for epilepsy (among others) and only told they need a review when they chase up a repeat prescription.
Let's start with me...

Enduring mental health condition plus Chronic pain with assorted other problems

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Micro-scenarios

Reviews are compulsory, but not available

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Told they can’t have any prescriptions until they have their review.
Reviews are compulsory, but not available

- Carol takes medication for epilepsy (among others) and only told they need a review when they chase up a repeat prescription.
- Told they can’t have any prescriptions until they have their review.
- Told there are no available appointments for over 2 weeks, when they run out of epilepsy medication in one week.
Let's start with me...
Enduring mental health condition plus
Chronic pain with assorted other problems
Micro-scenarios

Medicines use reviews require expertise and attention

Dana takes, among other things, slow sodium tablets, and is a smoker.
A pharmacist they have not had previous contact with invites them for a medicines use review.
The pharmacist checks they know what their medicines are for, and that they are comfortable taking them.
During general health questions, says "you don't smoke, do you?". Dana is uncomfortable answering honestly.
Also during general health questions, is asked if she gets "too much salt". While Dana isn't sure how much would be too much, this seems a particularly odd question when they just went through her medication – including slow sodium tablets.
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- Eric has strong opioid pain relief under the care of a pain management clinic.
- Reviews are conducted every 6 months.
- Reviews are often with doctors that Eric hasn’t seen before.
- Eric finds this a burdensome and largely pointless activity, with extra anxiety each time it’s a new doctor.
Sometimes we wonder about the point of our medications
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- Francis takes a selection of pain relief much like Bob’s – paracetamol, NSAID and opioid.
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- Francis and her GP agree to try dropping the paracetamol, as that does nothing without the others anyway.
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- GP agrees that they often say this about painkillers, but it doesn’t always work that way.
- Francis and her GP agree to try dropping the paracetamol, as that does nothing without the others anyway.
- This makes no noticeable difference to her pain management.
Let's start with me...
Enduring mental health condition plus
Chronic pain with assorted other problems
Micro-scenarios

Medicines use reviews redux

George has a medicines use review with his new pharmacist. He is on several painkillers, and treatments for migraines and other conditions. The pharmacist seems uninterested in George’s explanations of what each medicine is for, and focuses on the painkillers. The pharmacist goes on to suggest hot baths to help pain as an alternative to medication, as well as various alternative therapies, and some incomprehensible quackery a friend used to manage migraines.

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Medication Reviews—The Good, The Bad, and The Baffling
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My Background

Let’s start with me... Enduring mental health condition plus Chronic pain with assorted other problems Micro-scenarios

Take Home Points
Relationships and Communication

Patients are more positive about reviews when we trust the professional in questions, and when we feel that they know, understand, and trust us.

Dealing with a new doctor for a medication review can be more challenging than dealing with a new doctor when we have a new or changed symptom.

Only telling a patient they need a review when they request a repeat prescription creates extra stress – especially if you refuse the prescription until they have the review.

Where a patient has medications managed/prescribed by secondary care, or under shared care, communication between clinicians is vital. Too often we have to make sure different services know what each other is doing.
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Manner and Delivery

Don’t make assumptions when you ask a question. Making it clear which answer you want to hear (“you don’t smoke, do you?”) does not encourage an honest answer.

Encouraging compliance is important, but compliance will rarely be improved by the patient feeling bullied.

Patients aren’t all the same. A review should be co-produced by doctor and patient, but what that takes will vary:

- Some patients will rely on your expertise, and need careful guidance to help them be involved in decisions.
- Others are very engaged and knowledgeable about their options.
- All of us are dependant on your information and expertise – don’t just ask us what we want you to do without informing us.

It often seems like doctors want the patient to give a complete history about each condition they have medication for. If you can’t get this from the notes, please explain. If you can, please do.
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Hopes and Fears

Many patients worry that you will try to take away important medication, especially things like benzodiazepines and opioids. This is partly because of the rhetoric and discourse around such drugs – stories of abuse, or restrictive prescribing policies. It’s also because of how devastating the impact of these symptoms can be when untreated. Talk about handling polypharmacy and deprescribing makes this fear more acute for all medicines. We can feel burdened by the volume of medicines. Simplification/rationalisation is often attractive, especially if we believe the aim is to get the same or better symptom control. Sometimes we’re happy to stop taking something if it’s probably not helping.
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We rely on your expertise to spot possible interactions, offer solutions, come up with ideas. For those of us with complex medical lives, we know that telling you about absolutely everything isn't practical—and even if we tried to, we would inevitably miss things out. Ask about specific possible side effects—we don't even necessarily know, if something happens, whether it's related to a medication or to a new or existing condition. We can get a bit jaded.

Done properly, medication reviews can be a really positive experience, both medically and emotionally. Done poorly, they discourage and alienate patients.
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The End

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