Polypharmacy and deprescribing as part of medicines optimisation

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The first stop for Professional medicines advice

www.sps.nhs.uk
Terminology

- Polypharmacy
  - Prescribing/taking many medicines
    - Numbers of medicines
    - More than clinically required
    - Appropriate/Problematic (inappropriate)
- Hyperpolypharmacy/Excessive polypharmacy
- Oligopharmacy/Non polypharmacy
- Deprescribing
The importance of language

**Polypharmacy**

“too many medicines”
- the right amount for you

**Deprescribing**

“stopping your medicines”
- Trial (stop/reduce/change) and review
What is Deprescribing?

“The process of stopping medicines”
Drug and Therapeutics Bulletin *DTB* 2014;52:25. Describing deprescribing
[http://dtb.bmj.com/content/52/3/25](http://dtb.bmj.com/content/52/3/25)

The complex process required for the safe and effective cessation (withdrawal) of inappropriate medication. Takes into account the patient’s physical functioning, co-morbidities, preferences and lifestyle

Drugs and Therapeutics Bulletin *DTB* 2014;52:25. Describing deprescribing
[http://dtb.bmj.com/content/52/3/25](http://dtb.bmj.com/content/52/3/25)

“Deprescribing: What is it and what does the evidence tell us?”
[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3694945/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3694945/)
The language of Deprescribing?

Be careful with terminology……

“There was a clear consensus, and many comments, that the term is not appropriate for use with patients and carers, and that from the PR / public domain perspective it would be open to misinterpretation as cost-oriented rather than toward the quality of care or safety of the patient.”

Cahill. L 2014. Prescqipp Polypharmacy and Deprescribing landscape review
What’s happening in London?

RMOC polypharmacy subgroup –
  • Identify current activity
  • Consider patient pathways for varying levels of risk
  • Recommendations for best practice

Survey of Trusts and CCGs Feb 2018
NHSBSA data Feb 2018
  • Summary of activity
  • CCG variation (not a measure of practice)
Survey highlights

Sent to 32 CCGs) and 39 Trusts across London
Response rate 32%, (12 Trusts and 11 CCGs).

1. Polypharmacy is a pharmacy, not organisational/STP priority
2. Work undertaken as part of MO strategy not targeted at Polypharmacy
3. Variety of initiatives, usually include pharmacists +/- pharmacy technicians, may be part of MDT
   Some commissioned, some part of other services
4. No standard method of highlighting patients for polypharmacy review but most do something
   STOPP START tool, or variations of the tool used
   Data on cost and harm reduction collected
NHSBSA data for London CCGs

32 CCGs in London, for people over 65, 75, 85yrs Feb. 2018
Data reviewed for:

• Average number of unique medicines per patient
• Percentage of patients prescribed 8, 10, 15 or 20 more unique medicines
• Percentage of patients with an anticholinergic burden (ACB) score of 6, 9 or 12
• Percentage of patients prescribed 3 or more unique medicines that have an anticoagulant or antiplatelet action
• Percentage of patients prescribed 2 or more unique medicines likely to cause kidney injury (DAMN medicines - Diuretics, ACE/ARB inhibitors, Metformin, NSAIDs)
32 CCGs in London, for people over 65, 75, 85yrs Feb. 2018

- Variation across the CCGs for most polypharmacy comparators.
- When they are ranked from lowest to highest, the CCGs do not always appear in the same position, compared to other CCGs, for the different polypharmacy comparators.
- It is important to note that these results make no comment on good practice
  - The data are a means for CCGs to recognise variation and identify where further data analysis is warranted, taking into account factors such as population deprivation, numbers of older people in individual CCGs, numbers of older people with multimorbidity.
1. Refine questions in above survey (to reduce repetition and increase clarity), include BSA indicators and then circulate to other RMOCs

2. Obtain further information from organisations about what their challenges are around reducing inappropriate to identify methods of mitigation.

3. Identify resource to:
   - explore additional methods of interpreting polypharmacy data for CCGs, acute and mental health Trusts
   - collate good practice examples of managing polypharmacy around England (linking with other RMOCs)
   - define principles of good practice in the management of polypharmacy and methods of measuring desired outcomes, using available tools and good practice examples.
   - create a searchable repository of good practice considering the principles of good practice and desired outcomes.

4. Encourage STPs to include polypharmacy on their agenda (in line with the WHO safety challenge)
Guidance available

NHS Scotland and The Scottish Government 2012, updated 2015, 2018
Polypharmacy Guidance

Kings Fund 2013
Polypharmacy and medicines optimisation: Making it safe & sound

NHS Wales Health Board 2013
Polypharmacy: Guidance for Prescribing in Frail Adults Practical guide, full guidance, BNF sections to target

PrescQIPP NHS Programme 2011-
Safe and appropriate medicines use, Polypharmacy & Deprescribing
Evidence based tools

- **STOPP/START & STOPP Frail tools** (explicit, Ireland)
- **Anticholinergic burden** (explicit online tools) [www.medichec.com](http://www.medichec.com)
  
  https://www.prescqipp.info/resources/send/294-anticholinergic-drugs/2864-bulletin-140-anticholinergics-drugs or
  
  http://www.polypharmacy.scot.nhs.uk/hot-topics/anticholinergics/

- **RxISK Polypharmacy Index**
- **Beers criteria** (explicit, US)
- **Medication appropriateness index** (implicit)
- **Medstopper tool** (explicit online tool)
What about best practice?

Examples from London include:

- Award-winning LIMOS service
- South London Health Innovation network
- Five CCG polypharmacy activity CWHH (Central London, West London, Hammersmith & Fulham and Hounslow) CCGs – relaunched collaborative polypharmacy initiative

Many excellent examples with evidence from around England led in Wessex ASHN
What interventions support effective deprescribing?

Structured guides: algorithms, flow charts or tables

Review of 7 structured deprescribing guides (1), varied in design.

More research is needed for determining effectiveness and ease of use in routine clinical practice, especially in primary care settings.

Emerging research about safety of “polydeprescribing” (2)


Pause for thought:

How is medication review, managing inappropriate polypharmacy and optimising safe deprescribing viewed from a patient perspective?

What does the law say about informed consent to treatment initiation, change and withdrawal?
Informed consent and deprescribing:

Montgomery vs Lanarkshire Health Board

What was the law about consent?

“Bolam test”

Practitioners to act in accordance with a practice accepted at the time as proper by a responsible body of medical opinion.

See Bolam v Friern Hospital Management Committee (1957)
Focus on Consent: The Montgomery case

  - The story
  - The outcome
  - The journey through courts...
Focus on Consent: The Montgomery Judgement

Supreme court judgement 2015
Two key changes in the law pertaining to informed consent

- From what “a reasonable practitioner” would do to what “a reasonable patient” would expect
- From informing patient about serious and/or common risks to risks that are “material to that patient”

Montgomery versus Lanarkshire Health Board 2015 [https://www.supremecourt.uk/decided-cases/docs/UKSC_2013_0136_Judgment.pdf](https://www.supremecourt.uk/decided-cases/docs/UKSC_2013_0136_Judgment.pdf)
Consent: The Montgomery Judgement

Current law: For informed consent to be given, the

“Practitioner is required to take “reasonable care” to ensure the patient is made aware of any material risks of a proposed intervention”.

So how do we know what would an “ordinary, sensible patient” or “reasonable patient” wants to know?

For more information see: Sokol D. Let’s raise a glass to the ordinary sensible patient *BMJ* 2015;351:h3956doi:10.1136/bmj.h3956
http://ejhp.bmj.com/content/24/1/21 and Barnett N and Sokol D. Why pharmacists need to re-evaluate what information they provide to patients 25 Jan 2017 http://www.pharmaceutical-journal.com/opinion/comment/why-pharmacists-need-to-re-evaluate-what-information-they-provide-to-patients/20202226.article
Further reading

- Lee A ‘Bolam’ to ‘Montgomery’ is result of evolutionary change of medical practice towards ‘patient-centred care’ *Postgraduate Medical Journal* 2017;93:46-50. [http://pmj.bmj.com/content/93/1095/46](http://pmj.bmj.com/content/93/1095/46)


- General Pharmaceutical Council Standards for Pharmacy Practice May 2017 [https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf](https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf)

- Sokol D. Let’s raise a glass to the ordinary sensible patient *BMJ* 2015;351:h3956doi:10.1136/bmj.h3956 [http://www.bmj.com/content/351/bmj.h3956](http://www.bmj.com/content/351/bmj.h3956) (Published 28 July 2015)

- Barnett N, Kelly O. Deprescribing: is the law on your side? *Eur J Hosp Pharm* 2017;24:21-25. [http://ejhp.bmj.com/content/24/1/21](http://ejhp.bmj.com/content/24/1/21)

Patient-centred polypharmacy process

The right amount of medicines for you

Assess patient

Define context and overall goals

Identify medicines with potential risks

Assess risks and benefits in context of individual patient

Agree actions to stop, reduce dose continue or start

Communicate actions with all relevant parties

Monitor and adjust regularly
Process in practice

- Consultations usually short (5-15 min)
- Agree to prioritise one or two issues per consultation

- Balance of
  - Importance to patient
  - Current evidence
  - Risk/benefits

Communication with patient/carers and other health professionals is key to success (actions and follow up)
Supporting patient-centred consultations

- Using person-centred methods such as
  - goal setting,
  - motivational interviewing
  - health coaching

- Changing clinician mindset about how many experts there are in the room.....

For examples see Centre for Postgraduate Pharmacy Education Feb 2016 Polypharmacy media wall [https://www.cppe.ac.uk/therapeutics/polypharmacy](https://www.cppe.ac.uk/therapeutics/polypharmacy)
Three principles of evidence-based practice

Informed consent through evidence based person-centred consultations requires:

☐ Best available research evidence
☐ Clinical expertise of the practitioner
☐ Patient's circumstances, goals, values & wishes

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http://www.bmj.com/content/312/7023/71
Thank you