

Preliminary results of a Specialist Pharmacist led Medicines Optimisation Service (Polypharmacy clinic) for Prostate Cancer patients

Joseph Williams^{1,2,3}, Mark Prentice¹, Pinkie Chambers^{1,2,3}, Reena Davda¹, Laura E. Sellers¹, Heather Payne¹

1. University College of London Hospitals (UCLH), London, United Kingdom, 2. Cancer CMORE (The Cancer Centre for Medicines Optimisation, Research and Evaluation), London, United Kingdom, 3. University College London (UCL), London, United Kingdom

Joseph Williams *Mpharm, MRPharmS, PG Dip GPP*

Email - Joseph.Williams2@nhs.net

Twitter - [@joewilliams4689](https://twitter.com/joewilliams4689)



“We dislike poly-pharmacy as much as its possible, and we would never exhibit a remedy of any kind unless we had a scientific reason for so doing and unless we were prepared to defend our method of treatment”

W Newham, Provincial Medical and Surgical Journal 1848

What is Polypharmacy?

The King's Fund define Polypharmacy as:

- 'The concurrent use of multiple medication items by one individual'

Multiple?

How many is
'multiple' to classify
a patient as having
polypharmacy?



| Appropriate Polypharmacy?

'Prescribing for an individual for complex conditions or for multiple conditions in circumstances where medicines use has been optimised and where the medicines are prescribed according to best evidence.'

| Problematic / Inappropriate Polypharmacy?

'The prescribing of multiple medicines inappropriately, or where the intended benefit of the medicines are not realised'

Drivers for Change

- The Kings Fund – Polypharmacy and Medicines Optimisation (2013)
- NICE Medicines Optimisation (NG5 – March 2015)
- Lord Carter Report (2016)
- The National Institute for Health Research (NIHR) 2017 Theme:
 - ‘Complex health and care needs in older people’
 - Option 3 - Medicines management / polypharmacy
- Most importantly - Patient need

Patient Need

1 December 2015 - 305 questionnaires given to prostate cancer patients. Patients reporting poly-pharmacy (52%) were more likely to express interest in a pharmacy review of their medicines in the oncology clinic

2 April 2016 - 40 elderly cancer patients were interviewed about their medication. The majority of patients (37/40) attended a regular local pharmacy and half stated that their local pharmacy was not aware of the oral SACT they were receiving. It is possible that an MUR could have helped these patients, but they had not been offered one.

3 Melanie Dalby, Darzi Fellow 2016-17 (Abstract No. 19) – Focus group with Community Pharmacists (CP):

- A lot of CP did say that they didn't feel confident when talking to patients with cancer
- None of the CP said they would avoid conducting an MUR but that sometimes they would feel a bit lost or helpless if talking to a cancer patient

Specialist Pharmacist led Medicines optimisation Service (Polypharmacy clinic) for Prostate Cancer patients was initiated



Background and Purpose of the study

Elderly prostate cancer patients may be at increased risk of polypharmacy

- The increasing number of treatment options and an aging population has meant that anecdotally we are seeing more patients with co-morbidities
- The multiple specialisms involved in various aspects of cancer patient care can lead to no one taking responsibility for the patient as a whole which may result in:

In-appropriate Polypharmacy leads to:

Poor adherence

Increased risk of side effects

Increased risk of drug interactions

Unnecessary cost to NHS

Poorer therapeutic outcomes

Aim

To understand the value of a secondary care led Medicines Use Review (MUR) service in prostate cancer patients

Objectives

To evaluate changes in the medicines usage and adherence of Prostate Cancer patients

1

To evaluate change in quality of life and wellbeing of the Prostate cancer patients

2

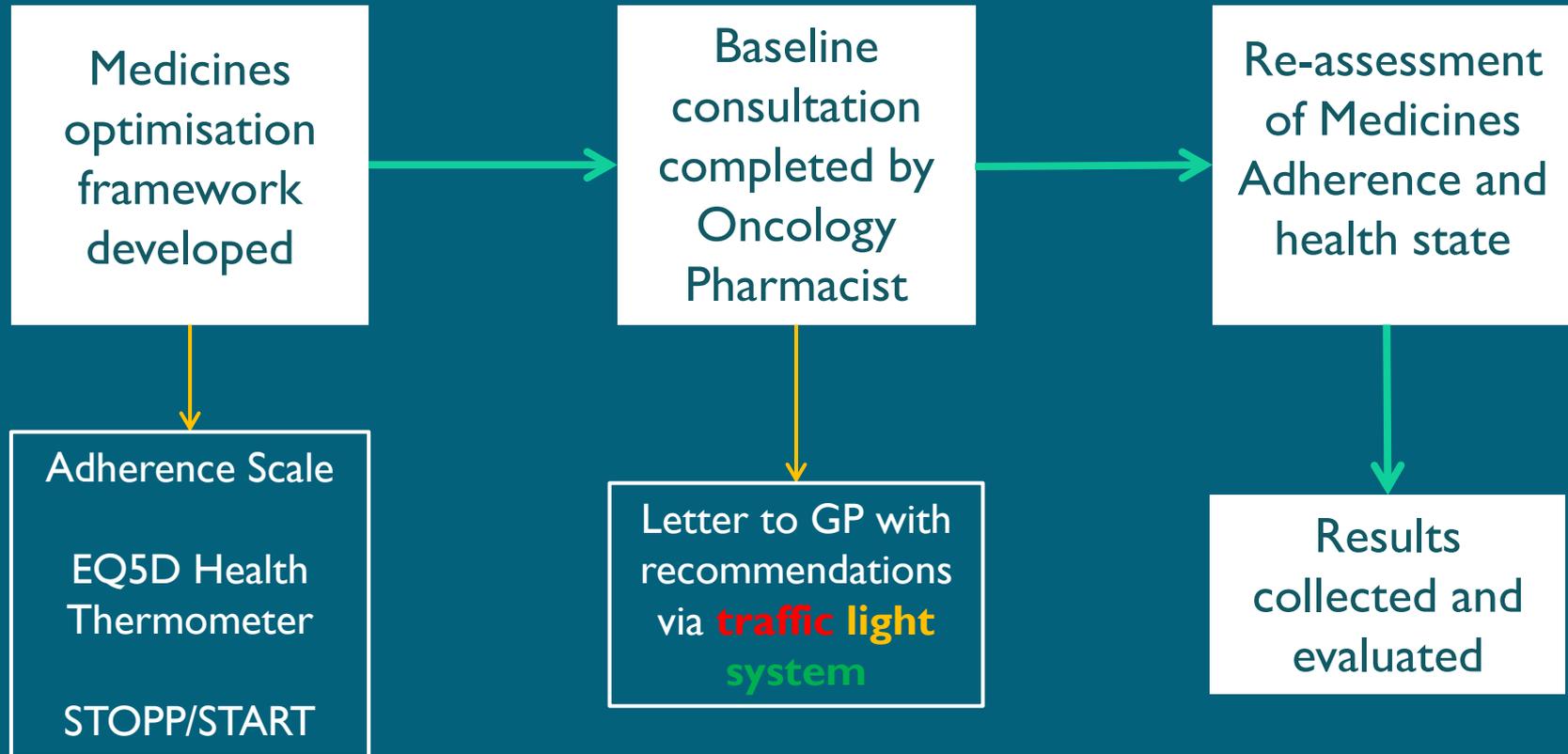
To understand service implications and time taken to conduct the MUR

3

Study Design and Method

Inclusion criteria:

- All patients with prostate cancer, including advanced disease



Results and Key Findings

Between August 2016 – June 2017:

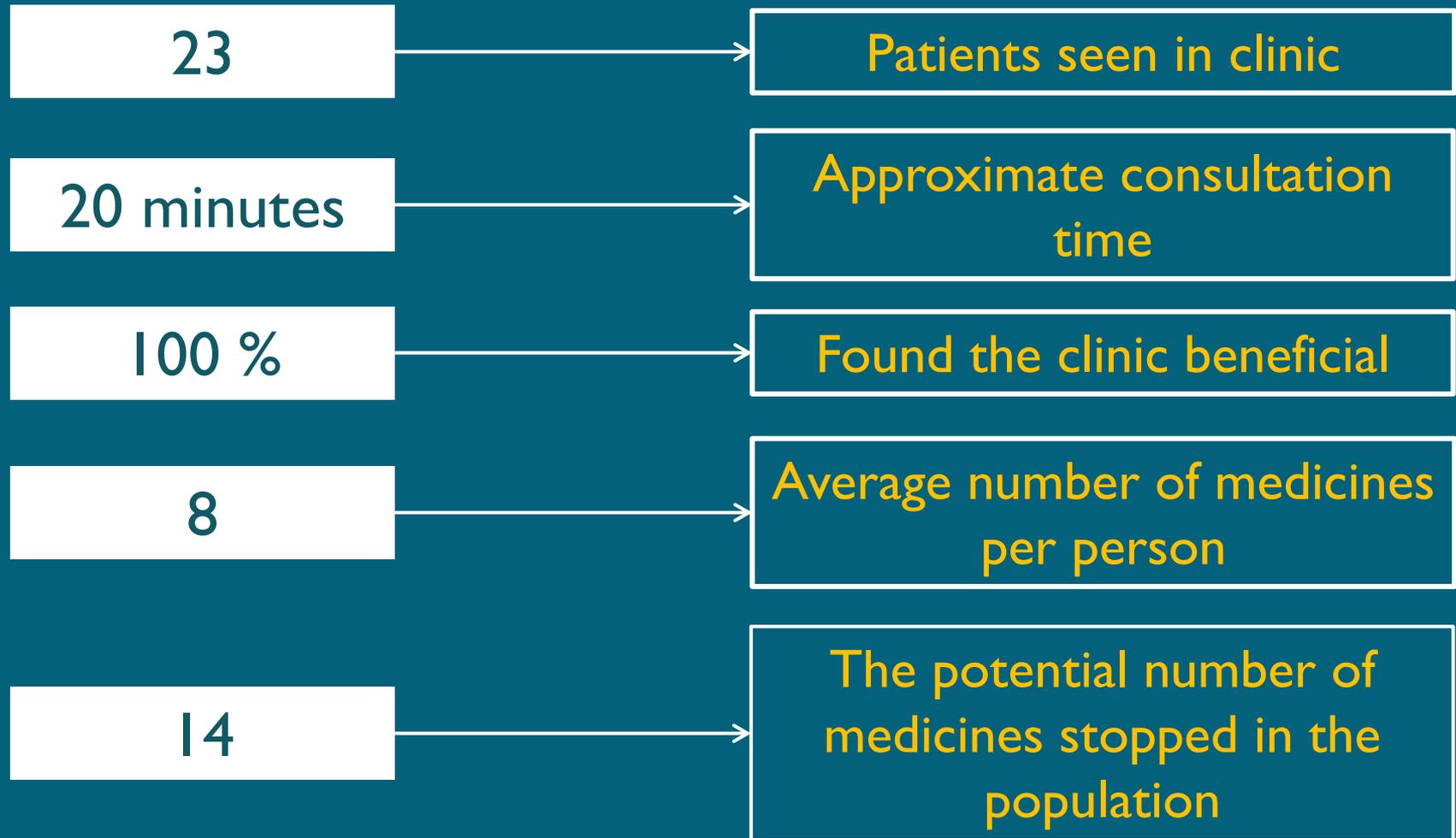


Figure 1 – A graph to show changes in patient Health State after consultation

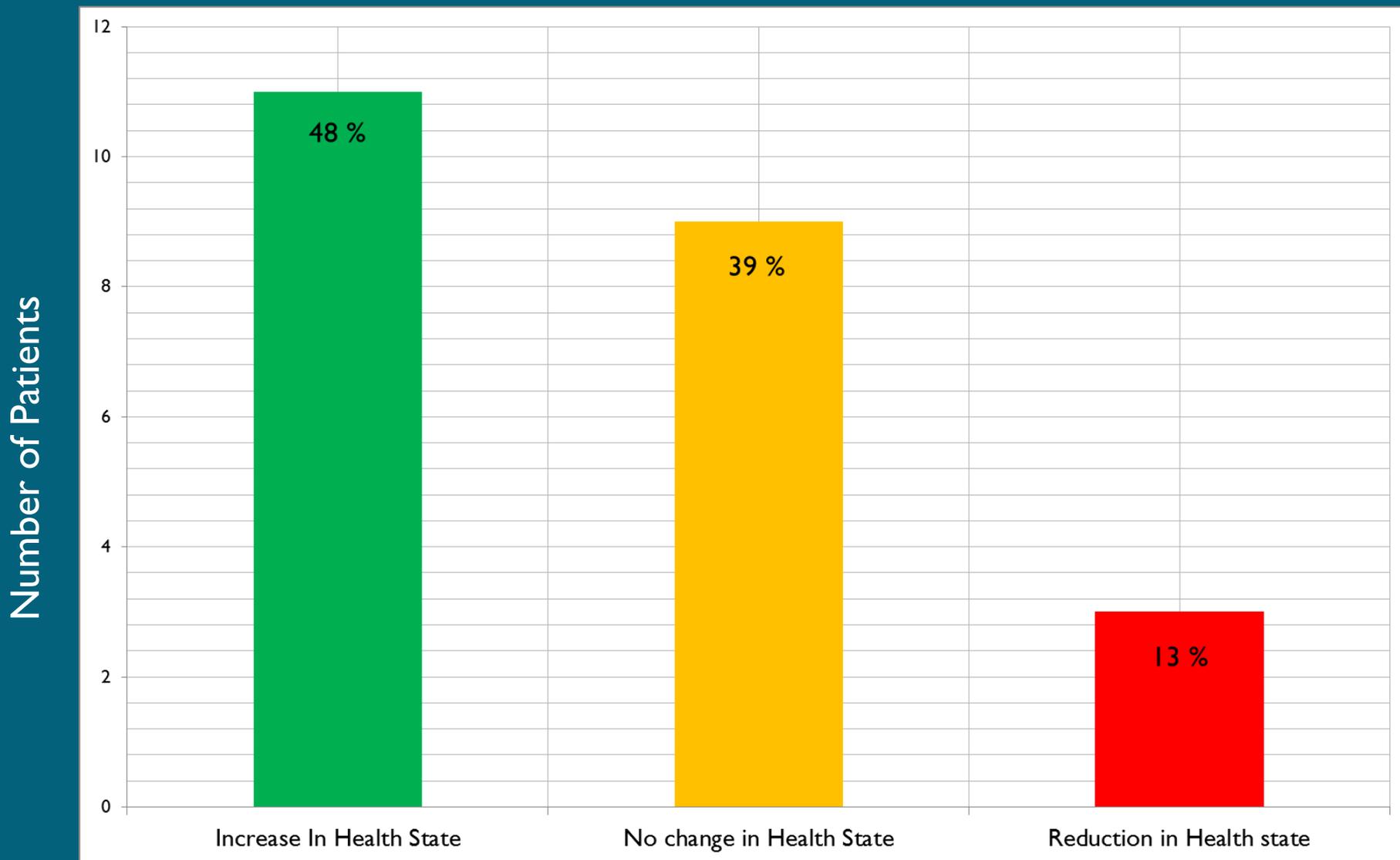
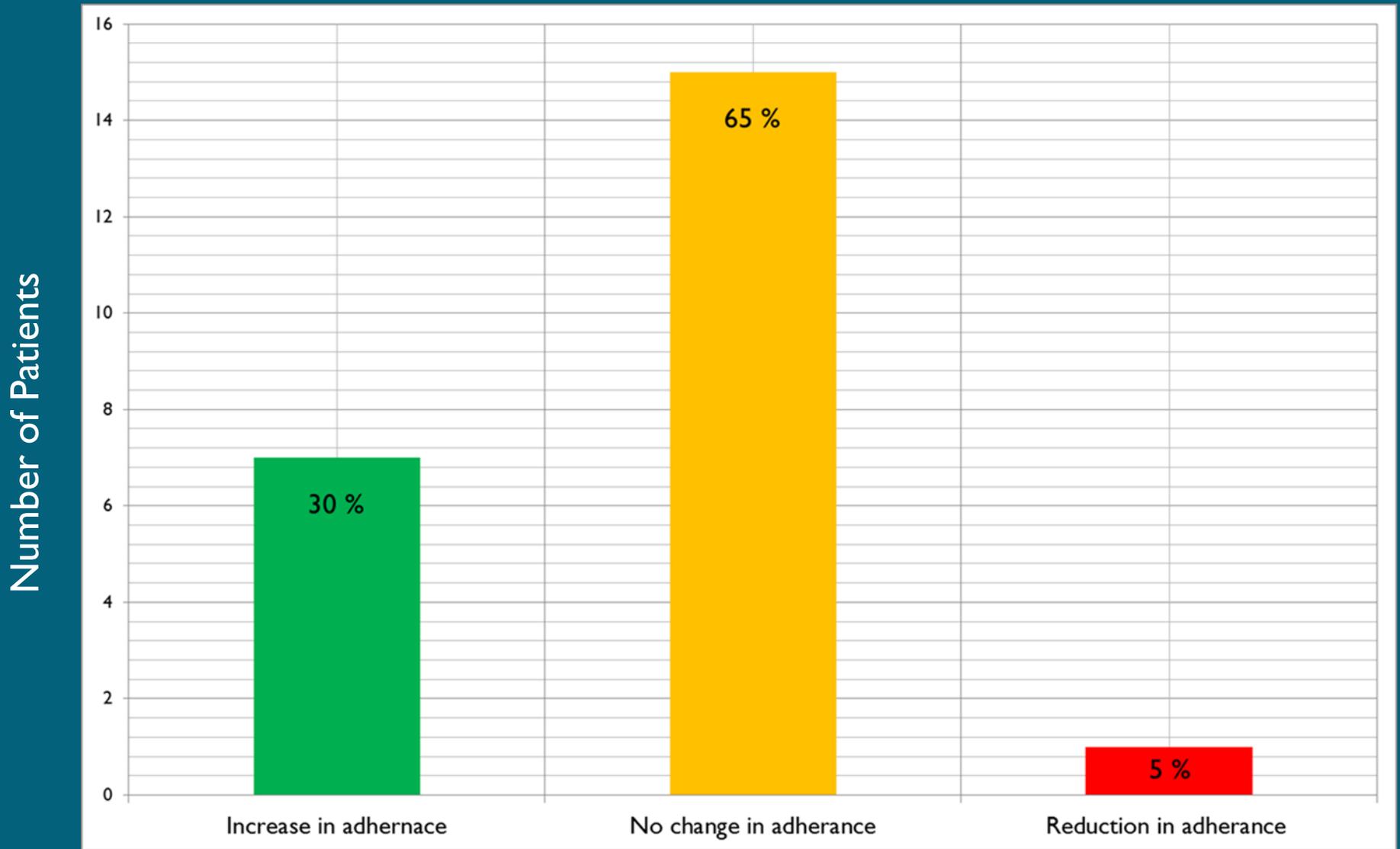


Figure 2 – A graph to show changes in patient Adherence after consultation



Patient Feedback

“Thank you for showing interest. I now know how to use my GTN spray properly”

“Very helpful”

“I hardly get up in the night anymore, I sleep so much better”

“I feel so much more confident now about taking my medicines,”

“Thank you for taking the time to ring me about my medicines”

“I now feel very reassured – thank you”

“I feel reassured after the consultation. I now sleep all night through”

“I feel very reassured that I’m taking the correct medicines”

“The consultation was very helpful. I’m over the moon”

“Grateful that you have an interest in me”

Conclusions and Recommendations

The outcomes from the clinic have highlighted the importance for long term pharmacy input to:

- keep ensuring access to lifelong personalised care
- manage chronic diseases and reduce in-appropriate polypharmacy among cancer patients

Future:

- Community Pharmacy
- Different tumour types

Thank you for listening

Any questions?