

Polypharmacy: some GP cases

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Indications for medication review

- ▶ Item 900 at \$154.80
- ▶ Once each 12 month period
- ▶ Approximately 15% of patients thought to be eligible.
- ▶ Currently only 0.5% patients

Indications continued

- ▶ · currently taking five or more regular medications;
- ▶ · taking more than 12 doses of medication per day;
- ▶ · have had significant changes made to medication treatment regimen in the last three months;
- ▶ · taking medication with a narrow therapeutic index or medications requiring therapeutic monitoring;
- ▶ · experiencing symptoms suggestive of an adverse drug reaction;
- ▶ · displaying sub-optimal response to treatment with medicines;
- ▶ · suspected of non-compliance or inability to manage medication related therapeutic devices;
- ▶ · having difficulty managing their own medicines because of literacy or language difficulties, dexterity problems or impaired sight, confusion/dementia or other cognitive difficulties;
- ▶ · attending a number of different doctors, both general practitioners and specialists; and/or
- ▶ · recently discharged from a facility / hospital (in the last four weeks).

Case 1 - Mary

- ▶ Patient aged 75
- ▶ On more 7 prescription medications (plus additional OTC)
- ▶ History of generalised anxiety
- ▶ Very anxious about her medications
- ▶ Agreed to pharmacist review

Mary continued

- ▶ Pharmacist did a home visit and went through with Mary what each medication was and what it was for (from my medication list)
- ▶ Pharmacist found Mary knowledgeable about her medications
- ▶ Pharmacist then checked how Mary was taking the medications. She could manage all the bottles and packages fine
- ▶ Pharmacist then checked timing. Mary had the view that medications would “fizz” if taken together and would make her unwell. She was setting her watch to remind her every two hours to take a tablet and this was making her very anxious and reluctant to leave the house.

Mary continued

- ▶ Pharmacist explained that it was fine to take the tablets altogether and went through how to group them.
- ▶ Mary was still reluctant to do this when I reviewed the medication review with her, so we compromised by agreeing that all her OTC vitamins etc could be taken together. I fed this decision back to the pharmacist in the DMMR response to pharmacist form.
- ▶ Over the next two years it became apparent that Mary has cognitive impairment and is now using a Webster pack - no longer worried about timing her medications to be separate.

Year 3/4 student research project 2020

Medication Management in Independently Living Older Persons

Ivy Hodson, Theodora Lee, Callum McTigue, Dimity Pond, Mary-Ann Ryall

Barriers and enablers

To medication adherence

PARTICIPANTS

- ▶ aged 65-69 years
- ▶ lived independently in the community
- ▶ taking five or more regular medications

METHODS

- ▶ Six semi-structured interviews were conducted over the phone in August-September 2020.
- ▶ Recorded and transcribed
- ▶ Coded and thematically analysed

Student project

Strong interest in medications

The number of prescribed regular medications ranged from 5 to 15 (median 10), while the total daily “pill count” (including all routes of administration, excluding P.R.N.) ranged from 4.3 to 22.5 doses (median 11).

FACTORS AFFECTING ADHERENCE

Medication adherence was found to be influenced by many factors of participants’ lives, including their health, perceptions surrounding health and health care, outlook, and organisational skills.

Quotes

- ▶ *“I kept on thinking ‘well, if it's not really doing me any good, what's the point in taking it?’ ... I experiment with leaving it, not taking it ... to see whether the pain was worse when I didn't take it” (P5)*
- ▶ *“sitting up with the salt and pepper, is the Micardis® ... I put that behind [the dosing box], reminds me to take my blood pressure” (P2)*
- ▶ *“I take, ah, woo, hold on ... [counting] 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15. I take fifteen in the morning ... three midday, and ... [counting] 3, 4, 5. Five in the evening.” (P4)*
- ▶ *“I'm finding it's a lot easier [with the Webster pack] ... when I was just sort of getting them out as I needed them ...sometimes I would actually mistakenly take two.” (P5)*
- ▶ *“[the chemist] tried to open [the bottle] and had difficulties himself. If I remember I'll get them to do it every time ... it's one of those childproof locks” (P2)*
- ▶ *“if I can't undo something, then I use a pair of pliers or something to undo the caps” (P1)*

Case 2 Annette - pharmacy review in residential aged care

- ▶ Aged 82
- ▶ Lived in the local caravan park
- ▶ On 15 different medications
- ▶ Including five different medications for intractable hypertension - the result of several hospital visits and physician reviews. Hypertension not well controlled and labile

Annette - RMMR review as identification of harmful OTC

- ▶ Moved into residential aged care. Had a medication review as a new resident.
- ▶ Pharmacist report noted high doses of licorice aperient, never previously noted.

Ingesting licorice in large amounts, or in smaller amounts regularly over several months/years, can result in hypertension and other serious adverse effects.... Patients should be advised to avoid consuming licorice regularly and in large quantities, especially if they have poor dietary habits or pre-existing cardiovascular or renal conditions. Licorice is not safe during pregnancy. Insufficient evidence is available for use during lactation. No major drug interactions are known, although caution is advised with digoxin, corticosteroids, and diuretics. Licorice should be stopped 2 weeks before surgery to minimise effects on blood pressure.

Nataly Martini BPharm, MSc, PhD LICORICE J PRIM HEALTH CARE 2020;12(4):397-398. doi:10.1071/HC15958 Published 22 December 2020

We stopped the licorice and used movecol instead. BP reduced remarkably - only two antihypertensives required..

Monica, aged 85: specific questions for the pharmacist

Monica lives by herself. Her daughter - only child - is stuck overseas in the pandemic. She is fiercely independent and refuses a Webster pack

Conditions:

- ▶ Rheumatoid arthritis
- ▶ COPD/Asthma
- ▶ Diabetes
- ▶ Recurrent UTIs/incontinence
- ▶ Depression
- ▶ Cognitive impairment

Monica's issues in relation to medication

- ▶ 15 different medications to be remembered. These include puffers - one regular, one prn when wheezy. Hospitalised last year with pneumonia. Question mark on puffer adherence - what does the pharmacist think?
- ▶ Medications include a highly anticholinergic urinary antispasmodic for incontinence. Also an anticholinergic antidepressant. Are these two anticholinergic medications contributing to cognitive impairment?
- ▶ Any suggestions about simplifying the medication regime?

Monica's pharmacist review

Pharmacist conducted a home visit;

- ▶ Identified OTC aspirin (is already on Plavix) and folate (left over from previous methotrexate prescription, now ceased) - suggested these be ceased
- ▶ Pharmacist asked Monica about her main concerns and Monica mentioned shortness of breath. Pharmacist asked about puffers - not presented with the puffer medication. Monica used a footstool to find two dusty puffers in the cupboard above the refrigerator. One was out of date. Pharmacist emphasised the importance of taking puffers.
- ▶ Pharmacist calculated the anticholinergic load and identified the urinary medication as particularly high. Identified that this could be contributing to cognitive problems.

GP response to review

- ▶ Aspirin and folate ceased
- ▶ Discussion re puffers. I reviewed her puffer technique and regularly ask her now if she has needed the additional prn one, to remind her.
- ▶ Wrote to urologist suggesting antispasmodic be changed to mirabegron (Betmiga), which is not anticholinergic
- ▶ Gently reinforced that Webster pack might be helpful (unsuccessful to date).
- ▶ Suggested telephone counselling support to complement/spare the antidepressant.

Summary

- ▶ Both RMMR and DMMR may be useful.
- ▶ May identify adverse side effects, especially from OTCs
- ▶ May identify problems with understanding and barriers to adherence
- ▶ May be helpful in answering specific questions from the GP eg how to simplify regime? What about anticholinergic burden? Any suggestion of poor adherence identified on the home visit?
- ▶ It is helpful to liaise with the pharmacist both before and after the medication review in order to discuss the issues and get a full picture of the findings.