

The 10 minute face to face medication review consultation

At least a third of patients in Britain aged more than 75 years are taking four or more drugs. Adverse drug reactions are implicated in 5-17% of hospital admissions¹. Medication waste is an estimated £750,000 in Dumfries & Galloway per year. Currently this equates to 2.5% of the primary care prescribing budget. Regular medication review is a key to good pharmaceutical care of our patients. However the process is time consuming and often requires input from a range of health professionals.

Patient concordance with prescribed medication should be checked and not assumed as part of medication review.

Tess Lewis a GP from Torfaen, Wales wrote an article in the BMJ to advocate the use of the “NO TEARS” tool to simplify and aid medication review.¹

Need and indication
 Open questions
 Tests and monitoring
 Evidence and guidelines
 Adverse events
 Risk reduction or prevention
 Simplification and switches

Need and indication – Does the patient know why he takes each drug? Does he still need them? Was long term treatment intended? Is the dose appropriate? Has the diagnosis been refuted? Would non-pharmacological treatment be better?

Open questions – Give the patient the opportunity to express their views by asking questions: “I realise a lot of people don’t take all their tablets. Tell me about how you take your medication and if you have any problems with taking any of them”

Tests and monitoring – Assess disease control. Are any of the conditions under treated? Get advice on appropriate monitoring (see Intranet and drug monitoring under Useful Websites at www.dgprescribingmatters.co.uk)

Evidence and guidelines – Has the evidence base changed since prescription was started? Do any of the prescribing guidelines indicate that any of the drugs are now less suitable for prescribing? Is the dose appropriate? e.g. dose optimisation of ACE inhibitors in Heart Failure. Are other investigations now advised e.g. testing for Helicobacter pylori?

Adverse Events – Does the patient have any side effects? Are they taking complementary medicines or over-the-counter preparations? Check for interactions, duplications or contraindications. Remember the ‘prescribing cascade’ (misinterpreting an adverse reaction as a new medical condition which can lead to unnecessary polypharmacy)

Risk reduction – If time allows, update opportunistic screening. What are the risks, such as falls? Are the drugs optimised to reduce these risks?

Simplification and switches – Can treatment be simplified? Can dosing frequency be reduced? Does the patient understand which treatments are important? Explain any switches that increase the cost-effectiveness of treatment.

1. Tessa Lewis Using the NO TEARS tool for medication review. BMJ 2004 Vol 329, 433-434.