

NZNO 10TH NATIONAL GERONTOLOGY SECTION CONFERENCE

Rydgas Latimer, Christchurch 31 Oct & 01 Nov 2016



BACK
TO OUR
FUTURE



More or less.

A journey into the grey areas of medication management



***Ginny Brailsford,
Pharmacist***

B.Pharm (UCT,SA) DipAdTL, MClinPharm

Who am I?

- Chair and Clinical Lead, HOPWS (0.2FTE)
- Primary Care Liaison Pharmacist (0.2FTE)
- Consult for HealthPathways, HealthInfo
- Community and hospital locums
- Medication reviews
- Member of SLAs & other work groups
- Canterbury Community Pharmacy Group
- Advanced Clinical Pharmacy tutor
- Projects



Canterbury Clinical Network Structure

July 2016

REFERENCE GROUP

- Other advisory groups we consult.
- Te Kahui o Papaki Ka Tai (TKOP)
 - Pacific Reference Group
 - Culturally & Linguistically Diverse (CALD) Health Advisory Group
 - Canterbury District Health Board Consumer Council

ENABLERS

- Other system enablers of our transformation.
- The Canterbury Initiative
 - HealthOne
 - Community Health Pathways
 - Hospital Health Pathways
 - Collaborative Care
 - Electronic Request Management System (ERMS)
 - Shared Care Plans
 - Advanced Care Plan
 - Integrated Family Health Service
 - Standing Orders Development Project
 - HealthInfo

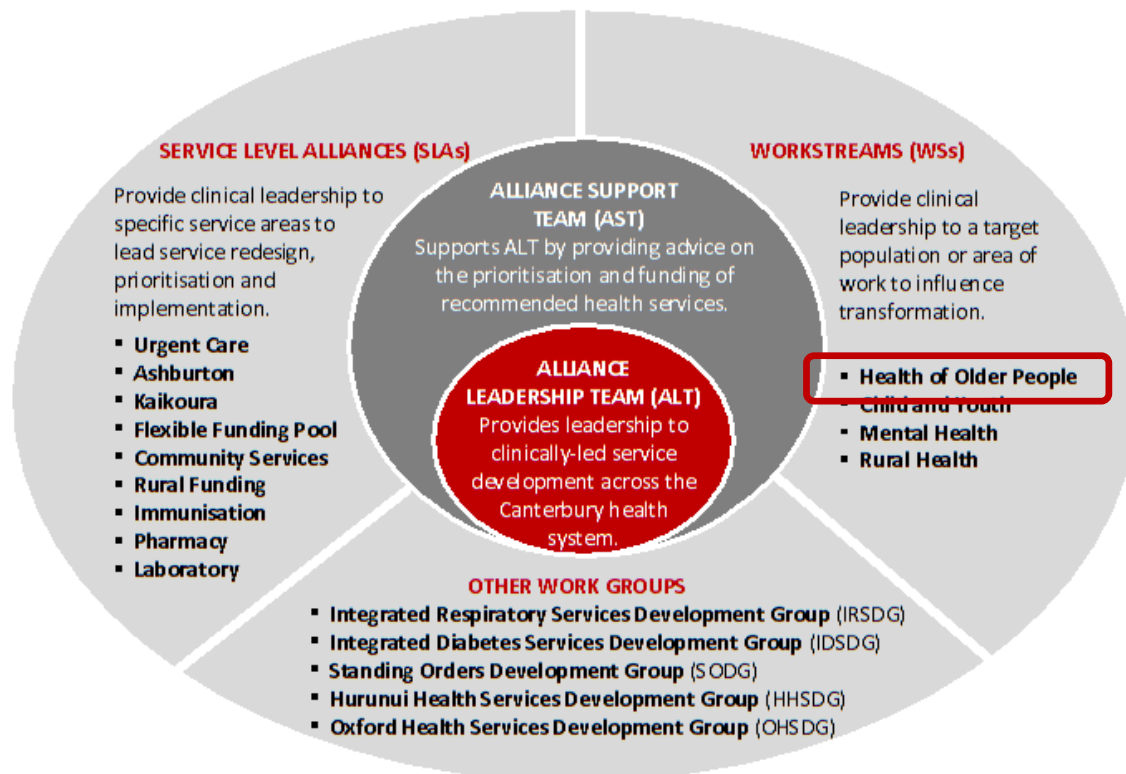
FUNDER

Canterbury District Health Board Planning and Funding Department

PROGRAMME OFFICE

Coordinates the activity of the alliance, providing day-to-day operational support to the various CCN groups.

- CCN Programme Director
- CCN Programme Manager
- Communications Advisor
- Project Administrator/Coordinator



CCN RESOURCES

- Primary Care Liaisons
- Project Facilitators (external resource)
- Collaborative Care Team
- Technology Lead - Shared Care
- Clinical Leads
- Integrated Services Team

(What I really do...)



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Who are you?

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“The risk-to-benefit ratio of taking a medicine is not static over a person’s lifetime”

Associate Professor Simon Bell,
Monash University Centre for
Medicine Use and Safety

In Alchemy newsletter, MONASH University Pharmacy
and Pharmaceutical Sciences, Issue 29, Winter 2016

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What is medication management?



Medicine optimisation:

‘...requires evidence-informed decision making about medicines, involving effective patient engagement and professional collaboration to provide an individualised, person-centred approach to medicines use, within the available resources’ (NICE 2013)

Tools for medicine optimisation:

- Beers Criteria
- STOPP/START
- Medicine appropriateness index
- NO-TEARS
- Policy and position statements
- MATCH-D

Mr Angus Foote

Medication	Indication
Aspirin EC 100mg mane	Recent CABG
Quinapril 5mg mane	Recent CAPG
Metoprolol 23.75mg mane	Recent CABG
Atorvastatin 40mg mane	Recent CABG
Furosemide 120mg mane, 40mg noon	Shortness of breath
Doxazosin 2mg nocte	BPH (prev TURP)
Thyroxine 150mcg mane	Hypothyroidism
Glipizide 1.25mg tds	Diabetes
Metformin 500mg tds	Diabetes
Lorazepam 0.5mg tds	?

Mrs Ada Smart – No CI

- Potassium Chloride 600mg alternate days
- Furosemide 20mg daily
- Ranitidine 150mg daily
- 'Laxsol' 2 bd
- Codeine 60mg tds
- Prednisone 5mg daily
- Thyroxine 100mcg daily
- Aspirin 100mg daily
- Paracetamol 1g qid

- Calcium (as carbonate) 500mg daily
- Candesartan 4mg daily
- Diltiazem CD 240mg daily
- Amitriptyline 10mg nocte
- Gabapentin 100mg bd
- Risedronate 35mg weekly
- 'Kiwicrush' mane
- Prn lactulose
- Prn morphine up to 5mg q4h

Mrs Ada Smart – Early stage

- | | |
|---|---|
| <ul style="list-style-type: none">• Donepezil 5mg daily (starting)• Colecalciferol 1.25mg monthly• Potassium Chloride 600mg alternate days• Furosemide 20mg daily• Ranitidine 150mg daily• 'Laxsol' 2 bd*• Codeine 60mg tds *• Prednisone 5mg daily• Thyroxine 100mcg daily• Aspirin 100mg daily• Paracetamol 1g qid* | <ul style="list-style-type: none">• Calcium (as carbonate) 500mg• Candesartan 4mg daily• Diltiazem CD 240mg daily• Amitriptyline 10mg nocte• Gabapentin 100mg bd• Risedronate 35mg weekly• 'Kiwicrush' mane*• Prn lactulose*• Prn morphine up to 5mg q4h* |
|---|---|

*rationalise analgesia & laxatives

Mrs Ada Smart – Mid stage

- | | |
|---|--|
| <ul style="list-style-type: none">• Donepezil 5mg daily (starting)• Colecalciferol 1.25mg monthly• Potassium Chloride 600mg alternate days• Furosemide 20mg daily• Ranitidine 150mg daily• 'Laxsol' 2 bd• Morphine SR 10mg bd• Prednisone 5mg daily• Thyroxine 100mcg daily• Aspirin 100mg daily• Paracetamol 1g qid | <ul style="list-style-type: none">• Calcium (as carbonate) 500mg• Candesartan 4mg daily• Diltiazem CD 240mg daily• Amitriptyline 10mg nocte• Gabapentin 100mg bd• Risedronate 35mg weekly ?• 'Kiwicrush' mane*• Prn lactulose*• ? Trial quetiapine low dose• Prn morphine up to 5mg q4h• Prn laxatives under standing orders |
|---|--|

Mrs Ada Smart – Late stage

- | | |
|--|---|
| <ul style="list-style-type: none">• Colecalciferol 1.25mg monthly• 'Laxsol' 2 bd ?• Morphine SR 10mg bd ?• Prednisone 5mg daily ?• Thyroxine 100mcg daily ?• Aspirin 100mg daily | <ul style="list-style-type: none">• Candesartan 4mg daily• Risedronate 35mg weekly• ? Trial quetiapine low dose• Prn morphine up to 5mg q4h• Prn laxatives under standing orders |
|--|---|

Tools for medicine optimisation:

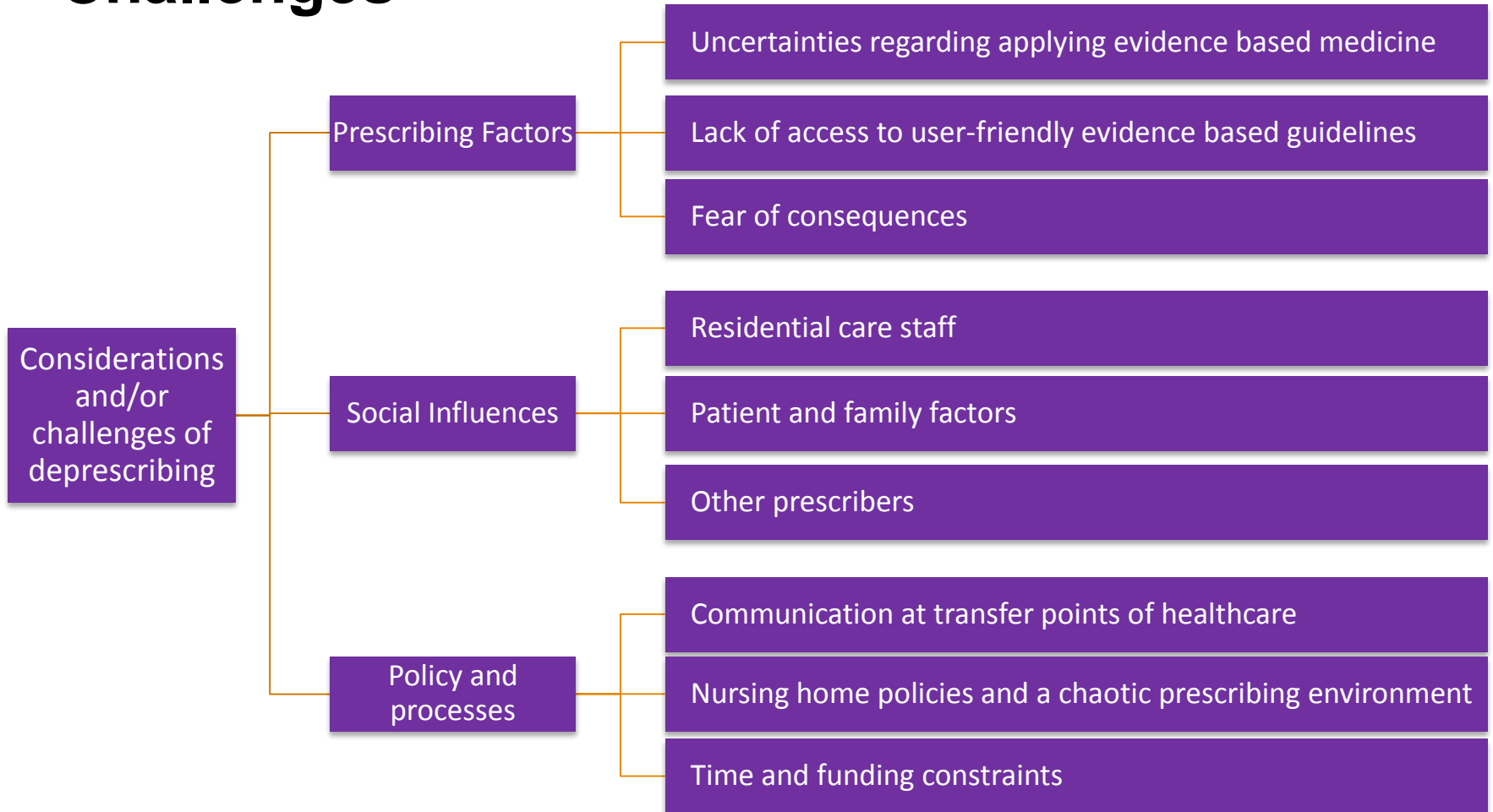
- Beers Criteria
- STOPP/START
- Medicine appropriateness index
- NO-TEARS
- Policy and position statements
- MATCH-D



**Clinical expertise
Individual's goals of care
Therapeutic relationship**

**=
OPTIMISED
MEDICATION**

Challenges



Ailabouni NJ, Nishtala PS, Mangin D, Tordoff JM (2016) Challenges and Enablers of Deprescribing: A General Practitioner Perspective. PLoS ONE 11(4): e0151066. doi:10.1371/journal.pone.0151066
<http://journals.plos.org/plosone/article?id=info:doi/10.1371/journal.pone.0151066>

“Consider stopping rather than adding medicines in the elderly in the context of unexplained falls, weight loss, nausea, incontinence, or cognitive impairment.”

Discontinuing medicines in the older person. Bryant,L.
JOURNAL OF PRIMARY HEALTH CARE 5(3) September 2013
<https://www.rnzcgp.org.nz/journal-of-primary-health-care>

So...

Where are the grey areas?

Want to learn more?

Videos

- **Professor Dee Mangin's inaugural professorial lecture**
https://www.youtube.com/watch?v=sHw_c32a76l
- **HQSC Debate about polypharmacy** Oct 15 (go in via the ATLAS of Healthcare Variation – Polypharmacy)
<http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/>

Novel Project

- **SHINE (UK) A clinico-ethical framework for multidisciplinary review of medication in nursing homes.** Northumbria Healthcare NHS Foundation Trust.

Key references

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- Pharmaceutical Society of New Zealand. **Polypharmacy and Medicines Optimisation Position Statement.** May 2015
- Royal Pharmaceutical Society. **The Right Medicine: Improving Care in Care Homes.** Feb 2016
- Duerden, M., Avery, T., Payne, R. **Polypharmacy and Medicines Optimisation. Making it Safe and Sound.** The Kings Fund 2014. ISBN: 978 1 909029 18 7
- Patterson SM, Cadogan CA, Kerse N, Cardwell CR, Bradley MC, Ryan C, Hughes C. **Interventions to improve the appropriate use of polypharmacy for older people.** Cochrane Database of Systematic Reviews 2014, Issue 10. Art. No.: CD008165. DOI: 10.1002/14651858.CD008165.pub3.
- Gallagher P, Ryan C, Byrne S, Kennedy J, O'Mahony D. **STOPP (Screening Tool of Older Person's Prescriptions) and START (Screening Tool to Alert doctors to Right Treatment). Consensus validation.** Int J Clin Pharmacol Ther. 2008 Feb;46(2):72-83
- Wauters, M., Elseviers, M., Vaes, B., Degryse, J., Dalleur, O., Vander Stichele, R., Christiaens, T., and Azermai, M. (2016) **Too many, too few, or too unsafe? Impact of inappropriate prescribing on mortality, and hospitalization in a cohort of community-dwelling oldest old.** Br J Clin Pharmacol, 82: 1382–1392. doi: [10.1111/bcp.13055](https://doi.org/10.1111/bcp.13055)
- Ailabouni NJ, Nishtala PS, Mangin D, Tordoff JM (2016) **Challenges and Enablers of Deprescribing: A General Practitioner Perspective.** PLoS ONE 11(4): e0151066. doi:10.1371/journal.pone.0151066
- Bryant, L. **Discontinuing medicines in the older person.** Bryant,L. JOURNAL OF PRIMARY HEALTH CARE 5(3) September 2013 <https://www.rnzcp.org.nz/journal-of-primary-health-care>
- Lewis Tessa. **Using the NO TEARS tool for medication review** BMJ 2004; 329 :434

And so back to our future...

