

Government review finds 10% of drugs dispensed in England are pointless

Ministers call for crackdown and family doctors will be told to boost the use of social prescribing

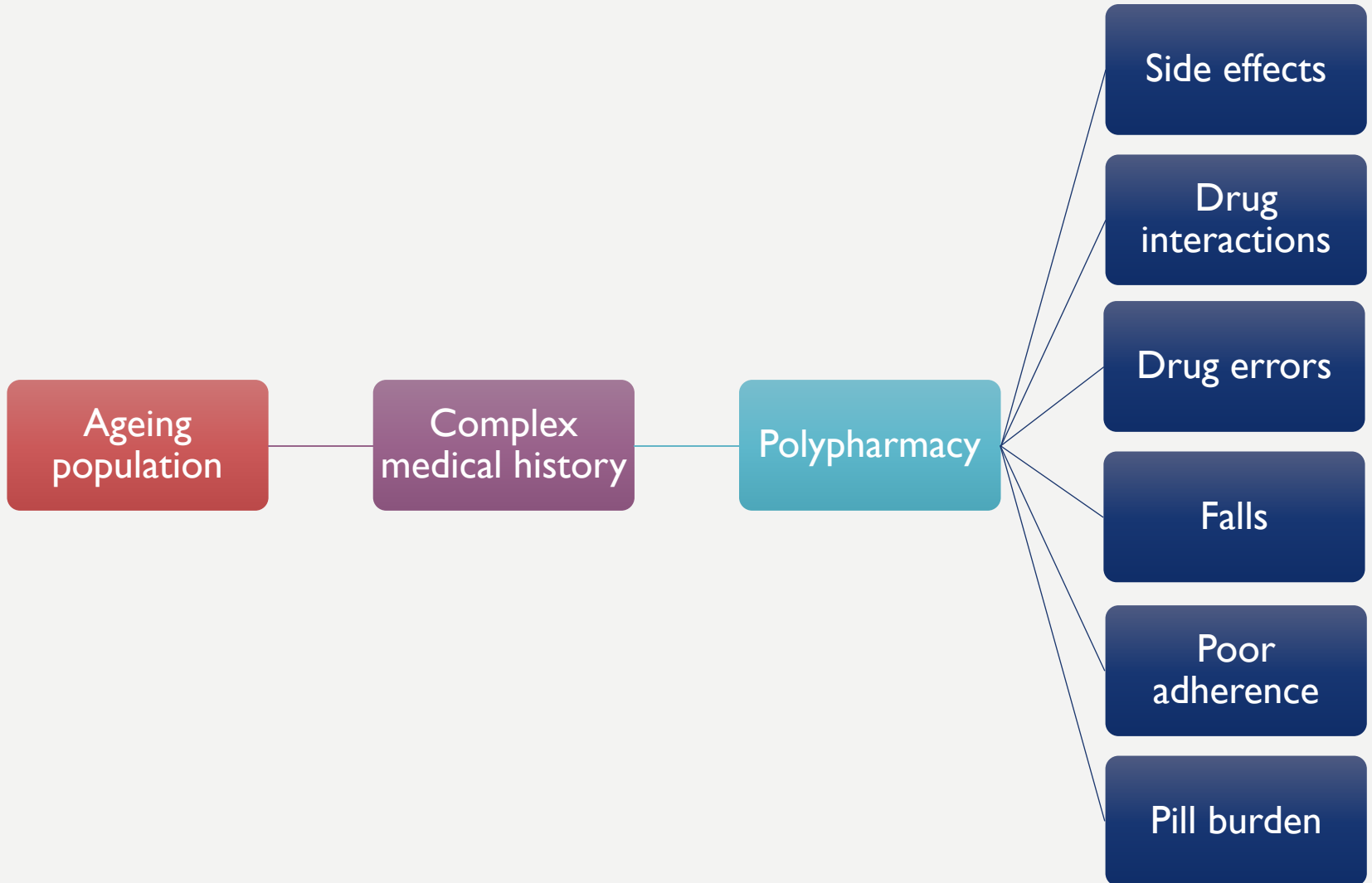
Andrew Gregory
Health editor

Wed 22 Sep 2021 00.01
BST



▲ NHS England found that 10% of prescription items dispensed via primary care in England are inappropriate for the circumstances or wishes of that patient, or could be replaced with better, alternative treatments. Photograph: Photofusion/Rex/Shutterstock

BACKGROUND



1. Know your patient

- “What matters to me?”
- Goals and wishes
- Meds regimen & who is administering
- Life expectancy
- Evidence based practice applied to the individual
- Frailty score (CFS)



2. Use a medication review tool

STOPP/START

STOPP/Frail

All Wales Medicines
Strategy Group:
Polypharmacy

Scottish
Polypharmacy
Guidance &
Realistic Prescribing
2018

"We combined all your medications
into ONE convenient dose."



NICKEL

3. Know your enemy

In a 2004 UK study the most common drug groups associated with admission due to adverse drug reaction ('ADR') were:

1. NSAIDs 29.6%
2. Diuretics 27.3%
3. Warfarin 10.5%
4. ACE inhibitors 7.7%
5. Antidepressants 7.1%
6. Beta blockers 6.8%
7. Opiates 6.0%
8. Digoxin 2.9%
9. Prednisolone 2.5%
10. Clopidogrel 2.4%

Drugs That are Tolerated Poorly in Frail Patients

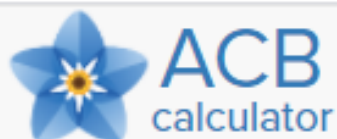
- Digoxin in higher doses 250microgram+
- Antipsychotics (although note caution re rapid symptomatic decline).
- Tricyclic antidepressants
- Benzodiazepines particularly long-term
- Antimuscarinics (e.g solifenacin)
- Phenothiazines (e.g. prochlorperazine)
- Combinations painkillers (e.g. co-codamol v paracetamol).

Drugs associated with falls in the elderly

- Benzodiazepines and other sedatives and hypnotics/ antidepressants/ antipsychotics/ Antihypertensives/ diuretics / sedating antihistamines/ antimuscarinics/ Drugs used to treat nausea and dizziness

4. Consider anticholinergic risk

1 Point	2 Points	3 Points
<ul style="list-style-type: none">• Haloperidol• Quetiapine• Mirtazapine• Paroxetine• Trazodone• Ranitidine	<ul style="list-style-type: none">• Clozapine• Nortriptyline• Baclofen• Cetirizine• Loratadine• Cimetidine• Loperamide• Prochlorperazine	<ul style="list-style-type: none">• Chlorpromazine• Amitriptyline• Imipramine• Chlorpheniramine• Hydroxyzine• Oxybutynin



Amitriptyline



Score:

3

Medicine: Amitriptyline

Brands: Elavil™

Oxybutynin|



Score:

3

Medicine: Oxybutynin

Brands: Ditropan™

Start typing...



Score:

Medicine:

Brands:

+ Add new medicine

Reset

Total ACB Score: **6 High Risk**

Your patient has scored ≥ 3 and is therefore at a higher risk of confusion, falls and death.

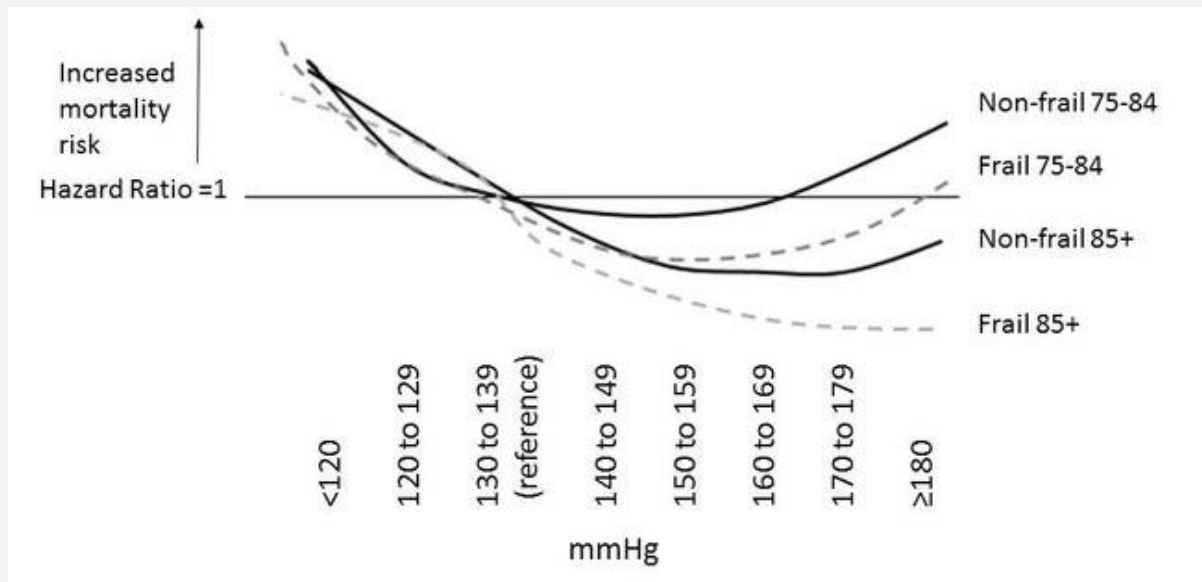
Please review their medications and, if possible, discuss this with the patient and/or relatives/carers. Please consider if any of these medications could be switched to a lower-risk alternative.

For help choosing medicines to reduce anticholinergic burden, [click here](#)

<http://www.acbcalc.com>

5. Prescribing for the older adult

- Review doses of current medications in BNF
 - Is it the right dose for renal function?
 - Should it be a lower dose for older people?
- Less tight diabetic control
 - Adjust according to frailty
- Less tight BP control



The association between systolic blood pressure and all-cause mortality stratified by age group and frailty, adapted from Masoli et al (2020)

USEFUL RESOURCES

NHS England
website

<https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/frailty-resources/>

All Wales Medicines
Strategy Group:
Polypharmacy

<https://awmsg.nhs.wales/files/guidelines-and-pils/polypharmacy-guidance-for-prescribing-pdf/>

Scottish
Polypharmacy
Guidance & Realistic
Prescribing 2018

<https://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/04/Polypharmacy-Guidance-2018.pdf>

Anticholinergic
burden calculator

<http://www.acbcalc.com/>

STOPP/START

https://www.plymouth.ac.uk/uploads/production/document/path/19/19535/STOPP_START_medication_review_tool.pdf

STOPP/Frail

<https://www.sunderlandccg.nhs.uk/wp-content/uploads/2018/11/Stopppfrail-v1.pdf>

REFERENCES

1. Development of a core outcome set for medication review in older patients with multimorbidity and polypharmacy: a study protocol Authors [Beuscart JB](#), Dalleur O, Boland B, Thevelin S, Knol W, [Cullinan S](#), Schneider C, O'Mahony D, Rodondi N, Spinewine A Feb 2017
2. <https://www.sps.nhs.uk/articles/polypharmacy-oligopharmacy-deprescribing-resources-to-support-local-delivery/>
3. NICE guidelines <https://www.nice.org.uk/advice/ktt18/resources/multimorbidity-and-polypharmacy-pdf-58757959453381>
4. <https://www.sps.nhs.uk/wp-content/uploads/2016/08/Lambeth-In-depth-Assessment-tool.pdf>
5. <https://www.sunderlandccg.nhs.uk/wp-content/uploads/2018/11/Stopppfrail-v1.pdf>
6. <https://awmsg.nhs.wales/files/guidelines-and-pils/polypharmacy-guidance-for-prescribing-pdf/>
7. <https://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/04/Polypharmacy-Guidance-2018.pdf>
8. Frailty, polypharmacy and deprescribing. *Drug Ther Bull.* 2016 Jun;54(6):69-72. doi: 10.1136/dtb.2016.6.0408. PMID: 27284125.
9. [Type 2 diabetes: frailty in older people | Independent professional body guideline | Guidelines](#)
10. Jane A H Masoli, Joao Delgado, Luke Pilling, David Strain, David Melzer, Blood pressure in frail older adults: associations with cardiovascular outcomes and all-cause mortality, *Age and Ageing*, Volume 49, Issue 5, September 2020, Pages 807–813, <https://doi.org/10.1093/ageing/afaa028>