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Optimising Medicines – Factoring in Frailty

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Introduction

The 2018 Annual Scientific Meeting of PRIMM (Prescribing Research in Medicines Management), was held at the National Council for Voluntary Organisations (NCVO), London, attended by 42 delegates. Attendees have come to expect a high standard of speakers at PRIMM meetings and they were not disappointed. We were treated to three excellent entertaining presentations accompanied by robust discussion on the subject of reducing medicines and ensuring that we target the right people in the right way.

Invited speakers

Professor Adrian Blundell, Consultant Geriatrician and Honorary Associate Professor at Nottingham University, described polypharmacy and frailty as 'the perfect paradox'. The reason being that frail older people need drugs but, conversely, they don't need drugs because of the problems they cause, such as adverse reactions, which contribute to frailty.

In order to manage medicines in older frail patients, Adrian outlined the need to develop a stratified problem list and map the medicines to it, then formulate a bespoke management plan with goals. He also gave us ten top tips for managing such patients:

1) Undertake the medication mapping described above.
2) Prescribe in the current clinical context of what the patient is actually doing with their medicines.
3) Confirm evidence of the diagnosis for all medicines (often there isn't one!).
4) Ensure risk benefit balance is still appropriate, remembering that it changes over time (a medicine which presented little risk when it was started may be too risky to continue in the same patient ten years later).
5) Review the evidence in the context of the patient – frail older patients may not be included in trial evidence.
6) Remember that function and cognition may be more important to the patient than 'health'.
7) Think about side effects and interactions – don't start a prescribing cascade.
8) Consider symptom control as opposed to prognostic benefit – may be more important to the patient.
9) Individualise doses and the overall management.
10) Monitor responses regularly.

Andy Clegg, Consultant Geriatrician and Senior Lecturer at the University of Leeds, talked us through his seminal work on enabling the identification of frailty in routine care. He encouraged everyone to consider frailty as a condition, which he defined for us as being "characterised by a loss of biological reserves, failure of homeostatic mechanisms and vulnerability to adverse outcomes." The key thing he explained for us was that, in an individual with reduced physiological function, frailty can easily be precipitated by a stressor event. This could be introduction of a new drug or an adverse drug reaction, which in others would have little consequence. He also emphasised that frailty is a spectrum and importantly that it is possible to reduce frailty in individuals.

Andy has developed the electronic frailty index (eFI), which uses routine data in medical records to identify those with frailty. This is now implemented across practices in England and it is a contractual requirement for them to identify frailty in their patients.

Dr Tessa Lewis, a GP and Medical Adviser in Wales, led us through her two methods for individualising medication to reduce problems in frail older people. The first is the well-known NO TEARS tool, which acts as a reminder of what GPs (and others) need to consider in a consultation about medicines:

Need and indication
Open questions

Tests and monitoring
Evidence and guidelines
Adverse events
Risk reduction or prevention
Simplification and switches

She also applies another easily remembered method of prioritising what to do during a consultation: *"Stop, Sorted, Specials"*. She suggests there are often medicines which is it obvious you can simply Stop – for example if the patient is actually not taking them or they are meant for short term use and shouldn't be on the repeat system. There are others which are *Sorted,* because someone else is monitoring these – for example when the patient is attending a regular clinic where their medicines for diabetes or asthma are being monitored already. The rest are the Specials – the ones you have to decide to do something about. These are the ones to prioritise in a medication review consultation. The take home message from Tessa which we must all remember was: People have priorities beyond living longer – but you won't know what they are if you don't ask!

Research highlights

There were 14 posters presented, plus five oral presentations. The winner of the Hugh McGavock[1] bursary, was Professor Janet Krska, Medway School of Pharmacy, for her team's work on assessing factors which contribute to medicines burden. Their study showed that, in contrast to what may be expected, older people perceive medicines to be less of a burden to their everyday lives than younger people. Janet received a cheque for £200 to use to support junior members of her team in furthering this research.

The winner of the poster prize was Andrew Campbell and colleagues from Dudley and Walsall Mental Health Partnership NHS Trust and Keele University School of Pharmacy. This team's work demonstrated a dramatic reduction in hospital admissions and bed days due to the use of both paliperidone and aripiprazole long-acting injections in schizophrenia/schizoaffective disorder.

The posters and presentations demonstrated the diversity and quality of research going on in the area of medicines use in the UK and Ireland. Abstracts will be published in 'Pharmacoepidemiology and Drug Safety' later this year.

Date for your diary

The next meeting, the 30th Annual Scientific Meeting will be on Friday December 14th 2018 with the theme: Person-centred care in a digital world – nudge, nudge, tweet, tweet. It promises to prove a very exciting and innovative meeting, so hold the date!

DUR book

PRIMM committee members have contributed to the writing and editing of a major reference textbook titled 'Drug Utilization Research: Methods and Applications'. The book is published by Wiley at a cost of £99 (€125) and was a EuroDURG initiative. See http://eu.wiley.com/WileyCDA/WileyTitle/productCd-1118949781.html. It replaces the 1st edition of the Drug Utilisation Research Handbook, produced by PRIMM (formerly known as DURG UK and Ireland) in 2000, which was edited by Prof Hugh McGavock.

Declaration of interests

Nothing to declare.

1. Professor Hugh McGavock was Professor of Prescribing Science at Ulster University and a founding member of the Drug Utilisation Research Group, the forerunner of PRIMM. He made many major contributions to the safe and effective use of medicines in the UK.