

Polypharmacy and de-prescribing

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and Frailty

Aims and Objectives

- Prevalence of multimorbidity
- Polypharmacy and older people
- Drug interactions
- De-prescribing
- Working with the patient/Health Coaching

Multimorbidity

- Around 15 million people in England have one long term condition (DoH 2012)
- The number of people with three or more long term conditions is rising (DoH 2012)
- The management of risk factors for future disease can be a major treatment burden for people with multimorbidity
- Evidence for recommendations in NICE guidance on single health conditions is regularly drawn from people without multimorbidity
(DoH (2012) Report. Long term conditions compendium of information: 3rd edition)

Polypharmacy

Polypharmacy can be a consequence of multimorbidity

- the concurrent use of multiple medication items by one individual divided into
 - appropriate polypharmacy
 - problematic polypharmacy
- 5-8% admissions in UK are due to medication issues
- Frail older people especially those with impaired cognition are at high risk from adverse drug reactions.
- Be aware of how ageing affects pharmacodynamics and pharmacokinetics

(The Kings Fund (2013) Polypharmacy and medicines optimisation)

Polypharmacy: a challenge?

- The average number of items prescribed for each person is increasing
- Estimated total NHS spending grown from £13 billion in 2010-2011 to £18.2 billion in 2017-2018
- Older people receive more than 50% of all prescription medications
- Dec 2018 review on over prescribing ordered by Matt Hancock

Tools to assess appropriateness of de-prescribing

Aim is to review whether the risk of harmful effects exceeds the potential benefit

- Beers criteria (American Geriatrics society Updated 2019)

https://nicheprogram.org/sites/niche/files/2019-02/Panel-2019-Journal_of_the_American_Geriatrics_Society.pdf

- STOPP/START

<http://ageing.oxfordjournals.org/content/early/2014/10/16/ageing.afu145.full>

- Anticholinergic burden

<http://www.medicheck.com/assessment>

- Scottish guidelines

[Scottish Government Polypharmacy Model of Care group \(2018\)](#)

Medicines Review



Polypharmacy
Guidance Realistic
Prescribing 3rd ed,
2018

A common example of
multimorbidity and
subsequent polypharmacy

Admission Medication Unchanged					
Medication	Route	Dose	Frequency	No. of Days Supplied	GP to continue
<i>Docusate 100mg capsules</i>	oral	100 mg	THREE times a day		Yes
	Special Instructions: om, lunch & eve in dossette				
<i>Furosemide tablet</i>	oral	20 mg	ONCE a day (morning)		Yes
	Special Instructions: dosette morning				
<i>Lisinopril 2.5mg tablets</i>	oral	2.5 mg	ONCE a day (morning)		Yes
	Special Instructions: in dossette				
<i>Macrogol compound oral powder sachets (Movicol / Laxido)</i>		See Instructions	As required for constipation		Yes
	Special Instructions: 1 sachet oral TWICE a day				
<i>Tamsulosin 400microgram modified-release capsules</i>	oral	400 microgram	ONCE a day (morning)		Yes
	Special Instructions: in dossette, morning				
New Medication Prescribed This Admission					
Medication	Route	Dose	Frequency	No. of Days Supplied	GP to continue
<i>Fludrocortisone 100microgram tablets</i>	oral	100 microgram	ONCE a day		GP to Review
<i>Paracetamol tablet</i>	oral	1 g	FOUR times a day		GP to Review
<i>Vitamin D (Colecalciferol)</i>	oral	800 unit	ONCE a day		Yes

Mr B

- 85 year old lives alone 3rd floor recently widowed
Fallen x4 in past 3 months, no injuries
- Has BPH
- Current medication
- Tamsulosin 400micrograms
- Furosemide 40mg

- No clear indication for diuretic in the notes

Furosemide identified as potential problem

- Patient became upset and anxious and believes furosemide helps BPH symptoms
- What are your options?
 - Stop
 - Continue
 - Hold

Patient centred care

Older people and those with multimorbidities can gather medicines as they move between services.

It is vital to ensure that the patient is central to decision making

There may be resistance to change coming from the patient (but I've always taken this....)

Health Coaching could be one solution...

Health Coaching for Behaviour Change

West Suffolk NHS Foundation Trust

Trudi Dunn & Zoe Noble

Health Coaching Trainers

Clinical Specialist Physiotherapists

Sometimes we need to change the way we approach things



A radical change in the conversation

Mindset Change



Clinician as Fixer
what's the matter
with the patient



Clinician as Enabler
what matters to
the patient

Health Coaching

Health coaching is helping patients gain the knowledge, skills, tools and confidence to become active participants in their care:

Grounded in behaviour change science:

- ✓ Goal setting
- ✓ Collaborative
- ✓ Personalised
- ✓ Structured process
- ✓ Creates insight
- ✓ Empowering

Health Coaching

#betterconversation transforms relationships and health behaviours

www.betterconversation.co.uk

[#betterconvo](https://twitter.com/betterconvo) [#healthcoaching](https://twitter.com/healthcoaching)



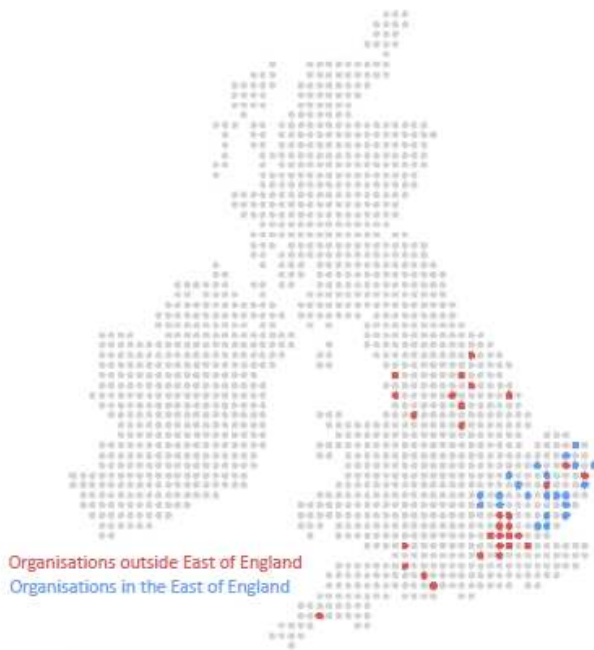
Dr Penny Newman

- NHS Innovation Accelerator Fellow
- Trained in general practice and public health
- Executive coach

Dr Andrew McDowell

- Director, TPC Health & TPC Leadership
- Psychologist, Executive Coach and Leadership professional
- Previously academic specialising in the areas of health psychology and behavioural medicine

Training and enablers for empowerment and behaviour change conversations



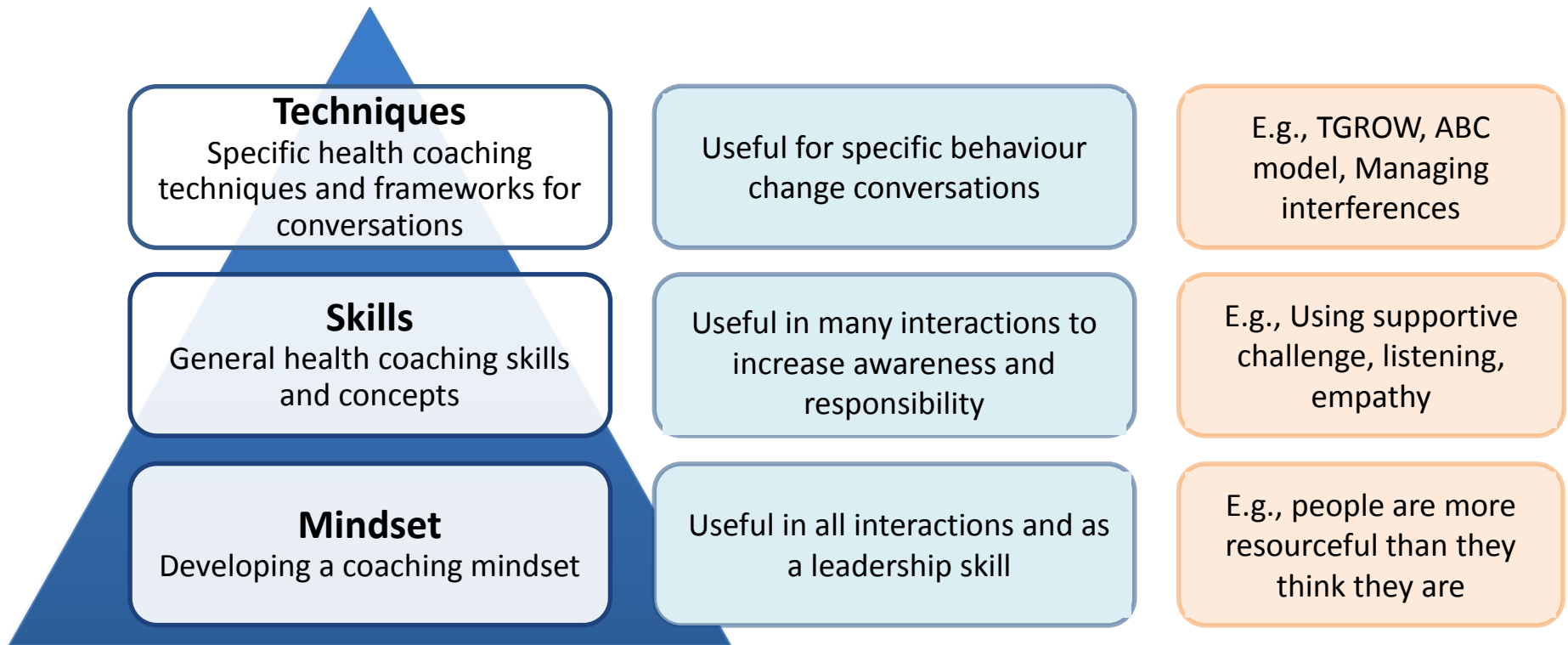
Our track record

- 4,000 participants, 56 trainers
- 75 health & care organisations
- £1.5 million investment
- 98% clinician satisfaction
- 2/3 clinicians using at one year
- Works with all professionals & carers
- Disease agnostic
- Stand alone/pathways
- 3 positive independent evaluations EoE, Hampshire Hospitals FT, Symphony Vanguard, Horsham & Mid Sussex CCG
- Other HC providers also positive evaluation - My Health My Way, Health Navigator
- Cost savings

International trends

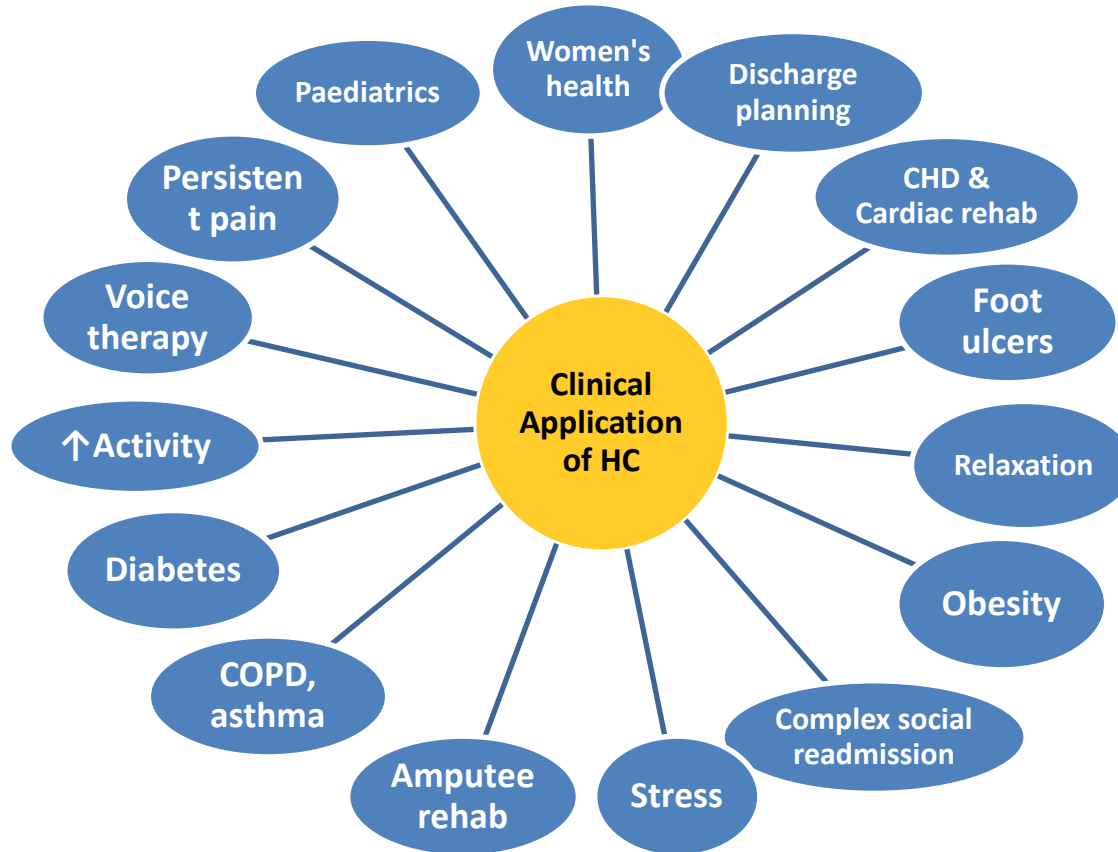
- 11 systematic reviews – improves lifestyle, physical and psychological outcomes (HbA1c, BMI, BP, cholesterol, CVD risk), self efficacy and activation

Mind-sets, skills, and techniques



Source: McDowell, 2014

Application of skills



Reported benefits



Just 'telling people' doesn't really work

This is how you'll be treated . . .



It's good to have coaching conversations





better conversation
better health
health coaching

Training dates 2019/2020

- **18th and 26th September** Hartismere Hospital, Eye
- 10th and 17th October East Suffolk House, Woodbridge
- **31st October and 7th November** Education Centre, West Suffolk Hospital
- 14th and 21st November West Suffolk House, Bury St Edmunds
- **5th and 12th December** Education centre, West Suffolk Hospital
- 9th and 16th January Stow Lodge, conference room
- **11th and 18th February** Education Centre, West Suffolk Hospital
- 20th and 26th February West Suffolk House, Bury Edmunds
- **3rd and 10th March** Education Centre, West Suffolk Hospital
- 12th and 19th March Stow Lodge, conference centre

Bookings and queries:

health.coaching@wsh.nhs.uk

Information on health coaching: www.betterconversation.co.uk