

# Thinking about problematic polypharmacy

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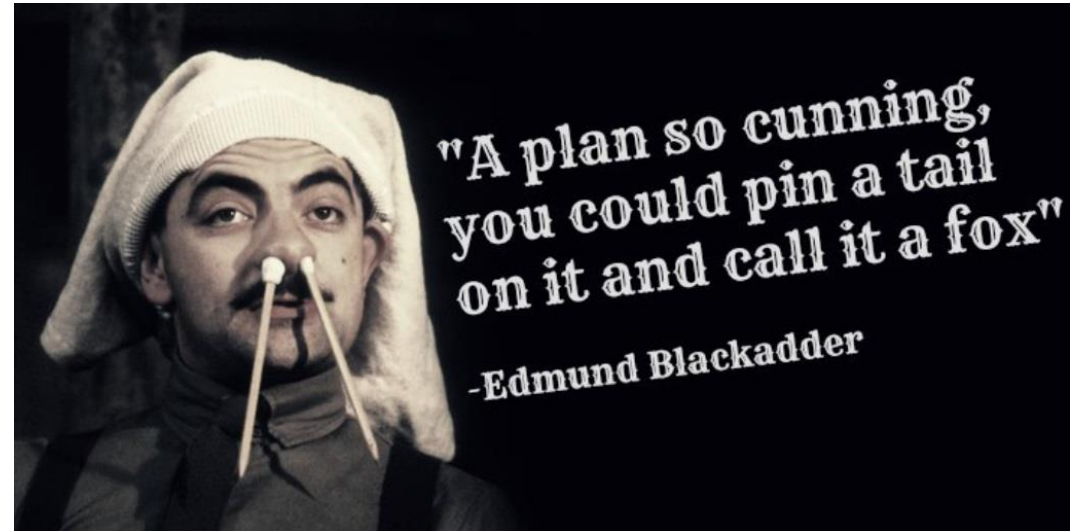
@joannelreeve

@HYMS\_APC



## Our plan for this afternoon

- 🌀 A brief intro to how this will work...
- 🌀 Why is Problematic Polypharmacy hard to manage?
- 🌀 What we're doing at Princes Park to tackle the problem.
- 🌀 Other things that could help...



## Why do we need to talk about polypharmacy?

- 30-50% of medicines for long term conditions are not taken as prescribed

NICE Medicines Optimisation Quality Standard 2016 ([/www.nice.org.uk/guidance/qs120](http://www.nice.org.uk/guidance/qs120))

- 40% of people taking 5+ medicines a day feel burdened

- By MANAGING medicines, MAKING SENSE of meds, INTERACTING with others, LOOKING TO FUTURE



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Research article | Open Access | Published: 09 January 2018

**A conceptual model of treatment burden and patient capacity in stroke**

Katie J. Gallacher, Carl R. May, Peter Langhorne & Frances S. Mair

*BMC Family Practice* 19, Article number: 9 (2018) | [Cite this article](#)

3653 Accesses | 14 Citations | 15 Altmetric | [Metrics](#)

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DOI: 10.1111/hsc.12624

ORIGINAL ARTICLE

WILEY **Health and Social Care** in the community

**Patient experiences of the burden of using medicines for long-term conditions and factors affecting burden: A cross-sectional survey**

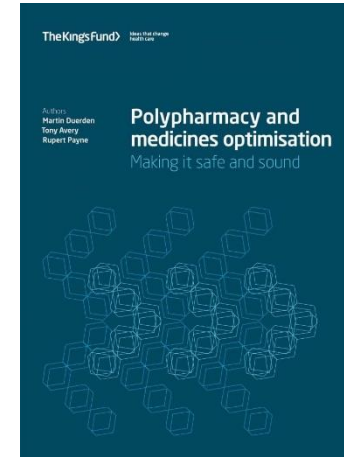
Janet Kraska | Barbra Katusiime | Sarah A. Corlett

# Managing the *problem* of polypharmacy

- APPROPRIATE POLYPHARMACY
- PROBLEMATIC POLYPHARMACY

## MANAGING PROBLEMATIC POLYPHARMACY REQUIRES COMPROMISE

(Kings Fund 2013)



## Why compromise can be hard to do in practice...

**P**ERMISSION

**P**RIORITISATION

**P**ROFESSIONAL  
SKILLS

**P**ERFORMANCE  
MMT

Reeve et al. *BMC Family Practice* (2018) 19:17  
DOI 10.1186/s12875-017-0705-2

BMC Family Practice

RESEARCH ARTICLE

Open Access



Identifying enablers and barriers to individually tailored prescribing: a survey of healthcare professionals in the UK

Joanne Reeve<sup>1\*</sup>, Nicky Britten<sup>2</sup>, Richard Byng<sup>3</sup>, Jo Fleming<sup>4</sup>, Janet Heaton<sup>5</sup> and Janet Kraska<sup>6</sup>

## What do you find challenging about managing polypharmacy?



## What we've been doing at Princes Park: outlining the problem

- 🌀 Inner city, deprived practice, multi-ethnic (and language), coming out of turbulent times...
- 🌀 COVID-19: ACP a priority
- 🌀 Where to start?
  - WHAT: 'Needs Polypharmacy Review'
  - WHO: JR and practice pharmacist
  - HOW...



## What we decided we needed to think about

- *Tailored care*
- **Generalist medication review** (from medicines optimisation to minimally disruptive medicine)
- **Working with patients**
- **Documenting actions** (team working)





## Tailored care: shifting our thinking

- Think problematic polypharmacy
- Think balance of benefit : burden
  - Medical: what medicines and why
  - Patient: where medicines fit and why



BMJ 2009; 339



## Conducting an expert generalist medication review

- Initially a desk-based review with a PERSON CENTRED 'LENS' to generate...
- PROBLEM LIST: **why** does this person potentially need medicines; what factors influence tailored decisions
- MEDICINES LIST: what medicines are they on and **why**
- SET OF QUESTIONS...



## Outputs from a (partial) generalist medication review



A	<b>Supportive care</b> ( <i>Significant</i> ) Frail elder, limited mobility - lives with relatives - informal carers. COPD -breathlessness and deconditioning	11-Nov-2019
B	<b>Glaucoma</b> ( <i>Significant</i> ) Last ophthal review Nov 2019	04-Nov-2019
C	<b>Knee osteoarthritis NOS</b> ( <i>Significant</i> ) Steroid injection dec 2019	18-Sep-2015
D	<b>Chronic obstructive pulmonary disease</b> ( <i>Significant</i> )	03-Nov-2009
E	▷ <b>[V]Pseudophakia</b> ( <i>Significant</i> ) Previous catarct surgery. Ongoing input from ophthalmology	25-Sep-2007
G	<b>Prostatism</b> ( <i>Significant</i> ) long standing LUTS - under urology for long period. Not medically fit for TURP. Now discharged and managed with medication	12-Sep-2007
H	<b>Asthma</b> ( <i>Significant</i> ) [Chronic obstructive pulmonary disease ] replaced with	03-May-2007
I	<b>[M]Oncocytoma</b> ( <i>Significant</i> ) slow growing renal tumour asymp. Undr annual se4rial scans for 2006 by urology - last review 2013. Not medically fit for surgical intervention. Stable so discharged but re-refer if new symptoms	07-Feb-2006

- Polypharmacy Medication Review entry
- Questions arising



How does that fit with your experience of starting meds reviews?



## Working with patients: filling the gaps

- 🌀 **GOALS, GAPS, GRASP**
- 🌀 Addressing the 'Questions generated'
- 🌀 Towards a compromise....
- 🌀 The challenges of the telephone



# Documenting Actions (1): *how to record a robust tailored plan*

## 5 STEPS

**GOAL**

**EXPLORATION**

**TAILORED EXPLANATION**

**SAFETY NET**

**IMPACT ASSESSMENT**

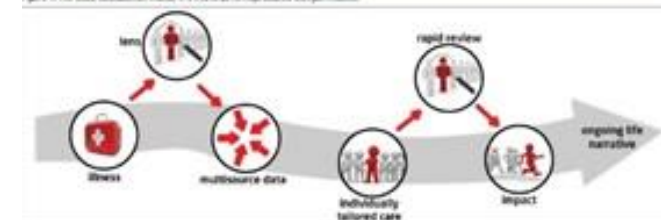
[www.ncbi.nlm.nih.gov/pmc/articles/PMC3259801/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3259801/)

BJGP 2015; 65 (633): 207-208. DOI: <https://doi.org/10.3399/bjgp15X684613>



**Debate & Analysis**  
**Supporting expert generalist practice:**  
the SAGE consultation model

Figure 1. The SAGE consultation model. © Jones 2015. Reproduced with permission.



## Documenting Actions (2): *why* record – because continuity matters

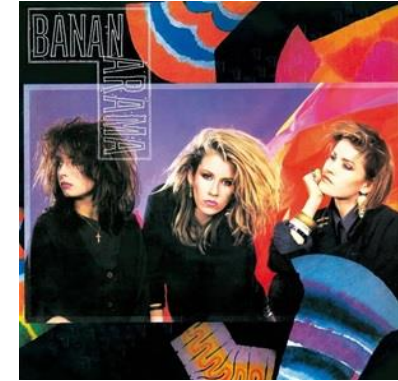
### PRELIMINARY FINDINGS...

- ⌘ Conflicting recommendations from multiple prescribers can cause distrust among patients because they do not know which line of advice to follow.
- ⌘ When a health care professional demonstrates to a patient they understands their needs and goals the patient is more likely to trust them because they believe the health care professional is acting in their best interest.
- ⌘ Unfamiliarity with healthcare staff may make patients and their families reluctant to undergo deprescribing because they fear the staff do not know what is best for them personally

**Tailor**  
MEDICATION  
SYNTHESIS 

## What we've learnt

- Thinking about it has changed how we work
- Highlighting the importance of thoughtful expert generalist practice
- Exposing deeper problems e.g. engagement and expectations





## Your thoughts and reflections...?



## Other resources: now and future



**Tailor**  
MEDICATION  
SYNTHESIS



[www.wisegp.co.uk](http://www.wisegp.co.uk)

[www.polypharmacy.scot.nhs.uk/polypharmacy-guidance-medicines-review/](http://www.polypharmacy.scot.nhs.uk/polypharmacy-guidance-medicines-review/)

## Wrapping up – thoughts and questions?



### TAKE HOME THOUGHTS

- Think BURDEN
- Discuss COMPROMISE (with patients and team)
- Be a WISE GP using the Bananarama principles