

# Medicines Optimisation Briefing

**This medicines optimisation briefing focuses on patients with cardiovascular disease and is designed for pharmacy professionals in any sector to use in their practice.**

## Patient experience

*My doctor says I've got heart disease, but to be honest I feel fine. I've been given a huge list of medicines which I'm not keen on taking, as they only seem to make me feel worse. If years of eating the wrong things have caused problems for me, what's the point in eating the right things now? Surely the tablets would stop me getting worse?*

### Steps you can take:

- Discuss long term risks with patients and help empower them to make choices on therapy that reduces the risk
- Avoid dictating what therapy a patient must take; ask them what a good outcome for them is. Use the opportunity to talk about lifestyle changes.

## Evidence – is the medicine appropriate?

*Cardiovascular disease covers many conditions and it can be hard to explain risk to patients in terms that they understand. It is important though that all health professionals are consistent in the advice that they offer and the messages that they give. If you aren't sure why a patient is on a particular therapy, then ask them. Remember to use the patient as an evidence source.*

### Steps you can take:

- Ask patients why they think they are on their medicines and how and when they think they should take them
- Ask patients how the medication is making them feel. Are they aware whether it is working or giving them side effects? Discuss options
- Find out what other professionals have said and offer support to their messages.

The four principles of medicines optimisation\* describe how healthcare professionals can enable patients to improve their quality of life and outcomes from medicines use by having a sustained focus on the need to optimise patients' medicines.

\* [www.rpharms.com/medicines-safety/medicines-optimisation.asp](http://www.rpharms.com/medicines-safety/medicines-optimisation.asp)

## Safe and effective

*It's important to help patients understand their therapy and the purpose of their different medicines. Monitoring may be restricted to infrequent blood pressure checks, which patients may choose to ignore if they feel that they were stressed at the time. Take side effects seriously as these prove a real barrier to patients choosing to take their medicine.*

### Steps you can take:

- Explain the place in therapy of the different medicines groups, why more than one drug may be necessary and what they may expect to come next. Keep it simple.

## Medicines Optimisation as part of routine practice

*People with cardiovascular disease are likely to be long term users of your service and this offers you a good opportunity to support the effective management of their disease.*

*Occasionally, patients may be referred to secondary care therefore it is important to stay aware of any changes made to their medication.*

*Think about the lifestyle advice you can offer routinely to help reduce long term risks.*

### Steps you can take:

- Use the information you've got to build up a picture on patient adherence – do patients order their repeat medicines too often, or too infrequently? Do they have unused medicines at home or do they frequently bring medicines to you for safe destruction?
- Use NMS and MUR opportunities to engage people in making the right choices about the management of their condition; build on this with each repeat prescription.

## Case studies

### Tarun is a patient in his early 50's who has hypertension and hyperlipidemia, and a family history of cardiovascular disease.

Tarun has a stressful job, but keeps himself fit by playing squash regularly. Tarun's current medication is indapamide 2.5mg every morning, ramipril 5mg every morning and simvastatin 40mg every night. During an MUR Tarun mentions to the pharmacist that he was previously prescribed bendroflumethazide but he didn't take it because it caused him problems with urinary urgency, which was a particular problem as it often meant he had to leave meetings at work to visit the lavatory. Tarun's GP has just switched him to indapamide but Tarun is not sure that he wants to take it. Tarun takes ramipril every morning without any side effects but he doesn't check his blood pressure very often. Tarun mentions that he often forgets to take his simvastatin tablets as he often works into the evenings and falls asleep before remembering to take it last thing at night, but his cholesterol is not very high. Tarun spends three weeks overseas twice a year with his wife's family during which he eats a much healthier diet and takes time to relax so does not need to take his tablets and often leaves them at home.

The pharmacist discusses the risk of a cardiovascular event with Tarun based on his family history, lifestyle and hypertension and asks whether he would like to reduce his risk. They discuss lifestyle changes and the need for Tarun to take his medication on a regular basis. With Tarun's consent the pharmacist contacts his GP and suggests that instead of starting indapamide, Tarun's dose of ramipril is increased to 7.5mg every morning as he is tolerating the 5mg dose without any problems. The pharmacist also recommends switching simvastatin 40mg every night to atorvastatin 20mg every morning as this may help Tarun to remember to take it along with his ramipril tablets and unlike simvastatin, atorvastatin can be taken in the morning without reducing its efficacy.

The pharmacist asks Tarun if he would like to attend the pharmacy regularly to have his blood pressure monitored and receive some further lifestyle advice. Tarun is pleased with this as he often finds it difficult to get to his GP surgery during the working week and feels that more regular contact with the pharmacy will help to motivate him further.



### Lifestyle messages

- A healthy diet, regular exercise, weight loss and smoking cessation are key
- Advise patients on the benefits of healthy eating and weight loss – in particular to avoid excess salt and sugar (1kg weight loss = 1 mmHg systolic improvement)
- Encourage patients to stay active
- Offer brief alcohol advice
- Offer smoking cessation advice
- Advise patients to stand up slowly to avoid getting dizzy
- Recommend one-off pneumococcal vaccination and annual flu vaccination.

### Where's the Evidence?

- NICE <http://www.nice.org.uk/>
- British Hypertension Society <http://www.bhsoc.org/>
- Local formularies and experts
- RPharmS Map of Evidence <http://www.rpharms.com/support/map-of-evidence.asp>

### Signposting patients

- British Heart Foundation <http://www.bhf.org.uk/>
- Heart UK <http://heartuk.org.uk/>
- British Hypertension society <http://www.bhsoc.org/>
- Rehab club (if appropriate)
- Local support groups
- Local sports and leisure centres/Activity groups
- NHS Choices <http://www.nhs.uk/>
- Stop smoking services. Smoke free NHS <https://quitnow.smokefree.nhs.uk/>
- Alcoholics Anonymous <http://www.alcoholics-anonymous.org.uk/>

### Where can I learn more about this?

CPPE learning programmes [www.cppe.ac.uk](http://www.cppe.ac.uk)  
 The Royal Pharmaceutical Society  
[www.rpharms.com](http://www.rpharms.com)  
 Clinical knowledge summaries  
<http://cks.nice.org.uk>

