

Medicines Optimisation Briefing

This medicines optimisation briefing focuses on patients with type 2 diabetes and is designed for pharmacy professionals in any sector to use in their practice.

Patient experience

I'm not sure how much control I have over my condition and seem to need lots of tests and checks that don't always make sense. I would value the chance to talk about this, but I am concerned that there's a lack of privacy; I may want to talk about things which feel rather personal. Often I have more problems than just my diabetes.

Steps you can take:

- Ask patients if they would like to talk to you in the privacy of the consultation room
- Ask patients how their checks are going – make sure they are looking after their eyes and feet
- Ask patients about their goals and which of their medicines help them to achieve them.

Evidence – is the medicine appropriate?

Diabetes is a progressive condition and over time it will worsen – irrespective of how good the patient's adherence is. Evidence has shown good control will slow the process, starting with a healthy diet and regular exercise and continuing through use of medicine. Insulin has a place in the management of type 2 diabetes and patients are more likely to need support with its use and place in therapy.

Steps you can take:

- Advise patients that their therapy will change over time. But lifestyle is always important; patients often feel when they need to take tablets that they no longer need to watch their diet
- Talk with patients about their test results; use these to support the advice that you offer them on taking their therapy
- Congratulate patients when you can see evidence of good control and encourage them if there is room for improvement – small steps.

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

Safe and effective

It can be hard for people with type 2 diabetes to know if their therapy is working as there are no instant results that they can access or experience; long term therapy management is difficult. Patients may be inclined to decide what to take, or not, according to any side effects that they suffer. Making sure that patients know what can happen and what action they should take will help to improve their adherence.

Steps you can take:

- Ask patients if they are experiencing any side effects, or have any concerns or questions. Particularly check for episodes of hypoglycaemia which may not be fully recognised in type 2 diabetes
- For patients that are on insulin, check that they are on the right preparation and ask if and how they adjust the dose
- Self-monitoring of blood glucose is dependent on individual patient and their treatment. It is only useful if it is used to inform decisions; for example, adjusting tablets or making decisions about driving. This will be routine for patients treated with insulin. Patients should be having regular HbA1c checks
- Make sure patients are aware of the Driver and Vehicle Licensing Agency (DVLA) regulations for diabetes and driving (see signposting patients).

Medicines Optimisation as part of routine practice

People with type 2 diabetes are likely to be regular users of your service – this offers you a good opportunity to support the effective management of their condition.

Diabetes affects many areas of a person's life and you can provide expert advice on how to access help and support as well as explaining about their medicines.

Steps you can take:

- People with diabetes are likely to be using your NMS and MUR services. Use that opportunity to advise patients about their medicines, lifestyle and check if the medicines are working as they expect
- Make notes on the PMR to follow up on additional tests that people have had; for example, showing an interest in foot care, eye care and erectile dysfunction shows a holistic approach to patient care
- The frequency at which patients order their medicines can offer you insight into their adherence, use the information you have at hand.

Case studies

During an MUR, David, a patient with type 2 diabetes mentioned that he had been experiencing dizziness over the past few days.

He said that he had not been taking his oral hypoglycaemic medication regularly and when he last self-tested his blood glucose level two weeks ago it was above his target level. David also said he had been focussing on a healthy diet and exercise pattern and enjoyed a large glass or two of red wine every evening which he believed to be good for him. Together David and the pharmacist calculated his average weekly alcohol consumption to be 28 units. David was surprised that he was consuming so many units and hadn't realised it had reached that amount. The pharmacist explained to David that the possible reason for the dizziness could be linked to high blood glucose levels, as indicated by his latest fasting glucose test, and explained the test results and normal ranges. The importance of taking his medication regularly as prescribed and reducing alcohol consumption were also emphasised to David, not only due to the effects on his blood glucose levels, but also due to the risks to his liver and cardiovascular system. The need for David to limit his alcohol consumption to 21 units per week (and preferably less) and to include at least two consecutive alcohol free days per week were also emphasised. The pharmacist provided David with some literature about alcohol reduction strategies and support groups. David acted on the advice from his pharmacist and later reported that his glucose levels were under better control, his dizziness had disappeared and he was very pleased with all the useful information and advice given to him.

Lorna, a 52 year old patient with type 2 diabetes had been taking metformin 500mg twice daily for several months and mentioned to her pharmacist that she was feeling really frustrated as she had not lost any weight.

When she started on the metformin her GP had told her that it would help her to lose weight. Lorna said she wished she hadn't started taking them as she had been doing better before. The pharmacist asked Lorna if she was eating a healthy diet and keeping active. Lorna replied no, because she didn't need to now she was taking the tablets. The pharmacist asked Lorna if she would like to go into the consultation room to talk privately about her medicines and Lorna consented to an MUR. During the MUR the pharmacist explained that the healthy lifestyle changes that Lorna had been making previously; losing weight, keeping active and reducing her alcohol consumption, were still important and needed to be maintained alongside the medication. Lorna said that no-one had explained that to her and she thought the tablets would do everything for her. The pharmacist went through Lorna's typical diet with her and gave some advice on small changes that would help. With regular support Lorna was able to lose weight and thereby reduce her risk of long-term complications of diabetes.



Lifestyle messages

- A healthy diet, regular exercise and weight management are key to the management of the condition and reducing risk of complications
- This is a key group for support in smoking cessation, you can provide patients with information on national and local support groups
- Offer brief alcohol advice
- Offer support in using blood glucose meters (where applicable)
- Recommend one-off pneumococcal vaccination and annual flu vaccination.

Where's the Evidence?

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

Signposting patients

- Diabetes UK <http://www.diabetes.org.uk/>
- Local networks
- 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/>
- DVLA website for advice on diabetes and driving <https://www.gov.uk/diabetes-driving>
- DESMOND course – education and self management patients with type 2 diabetes <http://www.diabetes.co.uk/education/desmond.html>
- X-PERT course – diabetes management for all people with diabetes <http://www.diabetes.co.uk/education/x-pert.html>
- Freedom4Life course – diet and lifestyle changes <http://www.diabetes.co.uk/education/freedom4life-course.html>
- Alcoholics Anonymous <http://www.alcoholics-anonymous.org.uk/>

Where can I learn more about this?

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



Printing and Distribution supported by Pfizer Limited.