

Medicines Optimisation Briefing

This medicines optimisation briefing focuses on patients with rheumatoid arthritis (RA) and is designed for pharmacy professionals in any sector to use in their practice.

Patient experience

I am worried about having to take toxic medicines for the rest of my life. I don't like having injections, let alone injecting myself, and the thought of biologicals scares me. Also I want to be brave about pain, so I may tell nurses, doctors and you that I feel better than I do. When my disease is in remission, it feels like I am cured, so I don't always take my medicines. I want to be helped to live as normal a life as possible. I want to be able to go out and to travel. When I get a flare, I want to be able to manage it myself.

Steps you can take:

- Remind me that although there is no cure for RA, it is manageable providing that I pace myself and keep taking the medicines that I've agreed to take
- Reassure me that the medicines are toxic to RA, not to me, and that disease-modifying anti-rheumatic drugs (DMARDs) and biological medicines are both safe and effective, with years of evidence to support this
- Advise me on getting the best pain relief when I get a flare
- Help me with opening medicine packs, aids to daily living and travel.

Evidence – is the medicine appropriate?

RA is a fluctuating condition which can be effectively managed. Early combination treatment works to reduce the symptoms and joint damage caused by RA. Methotrexate is a very effective medicine and the gold standard for RA. Other medicines are added and methotrexate can boost their efficacy. In addition, methotrexate may protect the heart. Smoking can reduce the effectiveness of DMARDs and biologics. Any exercise such as swimming, tai chi and pilates helps RA patients keep mobile.

Steps you can take:

- Remind the patient that it can take up to three months for effects of medicines to be felt and some may take up to six months
- Emphasise adherence to medication; investigate reasons for non-adherence and refer if necessary
- Advise patients to stop DMARDs and biologicals during some infections and restart them when they have recovered
- Provide help to stop smoking.

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

Medicines prescribed for RA are very effective if taken as agreed with the prescriber. Patients can monitor their own progress by assessing how much pain relief they need, how their joints look and feel and taking an interest in their disease activity score 28 (DAS28). Part of managing their own condition is adjusting their own pain relief and taking responsibility for self-injection of methotrexate and/or biological medicines if prescribed.

Steps you can take:

- Make sure you have access to the patient's entire medication record, including OTC purchases and hospital-initiated medicines, and encourage them to keep a record too
- Ensure PPIs are prescribed with all NSAIDs. Avoid NSAIDs with methotrexate
- Ensure patients know (and use) their maximum pain relief doses e.g. paracetamol 4g/ day
- Specify methotrexate and folic acid days on the labels
- Check patients know where to swap sharps bins
- Encourage patients to go for monitoring checks and to be aware of their DAS28 and what this tells them about their disease.

Medicines optimisation as part of routine practice

Getting to know your RA patients can be very rewarding for you and them. Become familiar with their lives, their RA and their needs. They will come to you for advice once they know that you are interested and well-informed. Practise your consultation skills so that you develop a shared agenda. Talk to them about what they hope to achieve with their medicines and help them to reach these goals.

Steps you can take:

- Make sure you understand the whole picture – what's happening at home, who is there to help, what else do they need?
- Help patients understand why they are taking these medicines and what they can expect
- Check that patients are still getting the desired effect from their medicines
- Signpost to patient groups and to their websites for help with all aspects of their condition
- Encourage and offer support to stop smoking if they smoke.

Case studies

Dot is taking methotrexate tablets and etanercept 50mg injection, both weekly.

She found it difficult to get to the hospital so had not had her regular blood tests. She comes into the pharmacy with a flare-up of her rheumatoid arthritis and asks your advice on pain relief. On questioning her, you discover that because her GP has not received blood test results, the surgery will not issue her with a methotrexate prescription so she has had no methotrexate for four weeks, just the etanercept injection. You discuss this with Dot and point out that methotrexate is not only the cornerstone of her treatment for her RA, it also enhances the effects of etanercept. She promises not to miss her blood tests in future so that she can continue to receive both medicines.

John comes into the pharmacy to ask for an emergency supply of methotrexate because the GP has not provided the prescription he ordered, as his blood tests had not come through from the hospital.

You find that instead of taking his prescribed dose of eight tablets weekly, he has been eking out his supply by reducing his dose to 3, 3, 2 tablets in the previous three weeks. He has now run out and his joints are becoming more painful and stiff. You remind him of the importance of taking his prescribed dose regularly and phone both the hospital and GP on Monday to tell them what has happened and encourage better communication. John is grateful for your intervention but confesses that he finds prescription charges really mount up and he sometimes tries to make his methotrexate prescriptions last longer for that reason as well. This gives you a chance to encourage him to buy a prescription prepayment certificate, to ensure that he never again misses his medicines for reasons of prescription charges.

You notice Chiu-Lee at the medicines counter with a herbal medicine pack in her hand.

You intervene and ask her what she is buying as you know that she takes methotrexate and another DMARD for her RA. She tells you that she wants echinacea in order to boost her immune system to ward off colds. You remind her that the purpose of the RA medicines is to damp down her immune system to stop it attacking her joints so there is no point in boosting it up again with echinacea.

Julie is taking methotrexate weekly and two other DMARDs. She reports that she feels so nauseous on the days that she takes methotrexate that she now suffers from nausea the day before, in anticipation.

On your request, her GP agrees to prescribe prochlorperazine 5mg tds prn. This helps to reduce her anticipatory nausea, but a month later she is still suffering from nausea after taking methotrexate. The rheumatology team then agrees to try methotrexate injection, which suits her much better.

You can make a difference by supporting your patients – don't assume someone else has already done your job for you.



Lifestyle messages

- Stop smoking – it reduces the effectiveness of your medicines
- Try swimming, tai chi, pilates or other gentle exercise to keep your joints moving, but don't overdo it, even on good days!
- Rest and practice relaxation when possible
- Stay well below safe drinking levels of alcohol
- Manage your weight to a BMI of 25 or less
- Be wary of “natural or herbal” supplements as some will have interaction with prescribed medicines and can be harmful. ALWAYS ensure you speak with your pharmacist before trying “complementary or alternative” therapies.

Where's the evidence?

- NICE quality standard 33
- Technology appraisals 130, 143, 195 and 280
- NICE RA pathway www.nice.org.uk/Guidance/Conditions-and-diseases/Musculoskeletal-conditions/Arthritis

Signposting patients

- National Rheumatoid Arthritis Society (NRAS) www.nras.org.uk
- Health Unlocked Online Community www.healthunlocked.com/nras
- Arthritis Research UK (ARUK) www.arthritisresearchuk.org
- Arthritis Care www.arthritiscare.org.uk
- Self Care Auxiliary Aids www.medicinesresources.nhs.uk/upload/documents/Communities/SPS_E_SE_England/Self_Care_Auxiliary_Aids-ESDW.pdf
- NHS Choices www.nhs.uk
- Health talk online www.healthtalk.org/peoples-experiences/bones-joints/rheumatoid-arthritis
- Patient information leaflets www.medicines.org.uk
- Side effects can and should be reported by both patients and pharmacists using the yellow card system www.yellowcard.mhra.gov.uk

Where can I learn more about this?

CPPE learning programmes www.cppe.ac.uk
 Consultation skills for pharmacy website
www.consultationskillsforpharmacy.com
 NRAS resources for professionals
www.nras.org.uk/for-professionals

