POLYPHARMACY: KEY POINTS FROM FULL GUIDANCE TO CONSIDER/AREAS TO TARGET

Remember to review patients after a suitable interval following any significant medication changes being made to their repeats

GI SYSTEM

PPIs – use minimum dose to control GI symptoms - risk of *C.difficle &* fracture.
NB: co-prescribing with CLOPIDOGREL – if PPI needed, use LANSOPRAZOLE

H2 antagonists - ?reduce/stop

Long term Laxatives – check effectiveness/reduce overuse**;** is there Rx duplication? e.g. if on both Lactulose and Laxido, consider stopping one & titrating dose of other

CV SYSTEM

Antianginals – if now less active/mobile, consider need for Rx/reduce doses

Anticoagulants

- ?still indicated ?regular monitoring/within target range
- ?Hx of Falls

Antiplatelet drugs

- ?PMH of coronary/CV/peripheral symptoms or events - if not, consider stopping aspirin (e.g. historical prescriptions for hypertensive patients)
- Reduce to evidence based doses (e.g. ASPIRIN 300/150mg to 75mg)
- Review ASPIRIN/CLOPIDOGREL combos as per Cardiology advice

Diuretics – if used for dependent ankle swelling, consider alternative Mx/causes (e.g. reduce Ca+ channel blockers)

Digoxin – does patient have CKD? If so, consider reducing/stopping

Quinine – MHRA advise not for use as routine Rx for nocturnal leg cramps, only if regularly disrupt sleep, v. painful/frequent, other causes of cramp ruled out & other measures not working (e.g., passive stretching exercises). Initial starting dose 200mg, stop if no benefit after initial trial 4/52. S/E s inc. tinnitus, impaired hearing, headache, nausea, disturbed vision, confusion, flushing & abdo pain. Rare but serious: thrombocytopenia

CNS SYSTEM & PSYCHOTROPICS

Hypnotics/Anxiolytics - ?reduce and stop

Cognitive Enhancers - ?still effective/tolerated, ?does recent MMSE or progression of dementia suggest no longer beneficial

Antidepressants –

- If on Rx for >12/12, ?still indicated or wean and stop
- SSRIs better tolerated in patient also has dementia
- Review combinations ?also on TCADs for pain relief
- NB: cumulative GI effects of SSRIs, NSAIDs, Aspirin if co-prescribed

Antihistamines for vertigo / Metclopramide – see if long term Rx still required

Gabapentin/Pregabalin/Quetiapine dose optimisation – consider most cost effective prescribing – use either higher strength formulations (e.g. Pregabalin, Quetiapine) or lower (e.g. Gabapentin)

ANALGESIA – for safety, reduce use of NSAIDs, AMITRIPTYLINE & OPIOIDs if possible

Opioids – review long term use of opioids for mild-mod pain ?neuropathic component not responsive to opioids; consider TENS/topical Rx as alternatives

Paracetamol - Consider dose reduction where low body weight or significant reduction in renal or hepatic function; avoid use of >1 paracetamol product

ENDOCRINE SYSTEM

Metformin - use with caution in renal impairment & **STOP if eGFR < 30ml/min**

Long term oral Corticosteroids – keep maintenance dose as low as possible, withdraw where possible. Consider local treatments as preference where possible e.g. inhalers, creams

UROGENITAL SYSTEM

Alpha-blockers for BPH in men with long-term catheters – ?stop if on Rx >2/12
Finasteride in men with catheters – consider stopping/liaise with Urology

MUSCULOSKELETAL SYSTEM

Bone Health – see local guidance around Bisphosphonate use and drug 'holidays' (NB: Rx up to 5 years); is patient also prescribed/taking calcium/Vit D Rx?
NB: non-compliance with AdCal preps? – consider Formulary 2nd line Rx choices

DMARDs – is the patient attending for routine bloods for drug monitoring?

NSAIDs – long term NSAID for non-inflammatory pain? Check/stop as appropriate

OTHERS

Long-term/Prophylactic ANTIBIOTICS - ?still indicated/appropriate

Long-term TOPICAL STEROID / ANTI-FUNGAL CREAMS - ?still indicated/appropriate

PRN meds on repeats – consider removing if not needed e.g. Paracetamol

Anticholinergic effects in frail elderly – linked with confusion, falls risk & ↑ mortality
Be aware of effects from common drugs such as **Amitriptyline, Oxybutynin, Prochlorperazine, Loratadine, Cimetidine, Cetirizine, Baclofen, Ranitidine, Trazodone, Mirtazepine & Quetiapine**

DEHYDRATED? (e.g. D&V) – *STOP* ACEIs, A2RAs, NSAIDs, Diuretics, Spironolactone and Metformin. Restart when well (e.g. after 24-48hrs of eating & drinking normally).

HIGH RISK COMBINATIONS TO AVOID WHERE POSSIBLE

NSAIDS plus	ACEI/AR2A + Diuretic; Warfarin; >75yo if no PPI; CCF; eGFR <60
CCF plus	NSAID; Glitazone + NSAIDs; Tricyclic antidepressants
WARFARIN plus	Other antiplatelet Rx; NSAIDs; Metronidazole; Macrolides; Quinolones; 'azole' antifungals