BRITISH COLUMBIA MEDICAL ASSOCIATION | Guidelines & Protocols Advisory Committee

MEDICATION REVIEW

This Medication Review pertains to the Guideline:
Frailty in Older Adults – Early Identification and Management
www.BCGuidelines.ca

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NAME OF PATIENT	SEX ☐ M ☐ F	AGE AT DIAGNOSIS	DATE OF BIRTH
NAME OF PHARMACY		PHN	

CARE OBJECTIVES

DATE OF REVIEW	NAME OF REVIEWER	
ALLERGIES OR INTOLERANCES (STATE DRUG AND INTERACTION)	COMPLIANCE ISSUES	SYSTEM ☐ VIALS ☐ DOSETTE ☐ BLISTER PACKS

RISK FACTORS AND CO-MORBID CONDITIONS

Neurological
- ☐ Stroke

Musculoskeletal
- ☐ Arthritis
- ☐ Osteoporosis

Renal
- ☐ CKD GFR: _____

Cardiovascular
- ☐ HTN
- ☐ CAD
- ☐ PVD
- ☐ Hypercholesterolemia
- ☐ MI
- ☐ CHF Echo: _____
- ☐ Arrhythmia

Gastrointestinal
- ☐ GERD
- ☐ Ulcer
- ☐ IBS/IBD
- ☐ Constipation

Respiratory
- ☐ Asthma
- ☐ COPD

Psychiatric
- ☐ Depression
- ☐ Anxiety
- ☐ Bipolar

Endocrine
- ☐ Diabetes
- ☐ Hypothyroid

Other:
_____

VISITS (EVERY 6 MONTHS)

DRUG SCHEDULE (Rx, OTC, HERBS, REMEDIES, PRN)	MEDICAL PROBLEM	PLAN (CHANGE/NO CHANGE)

CONTINUED ON REVERSE

DRUG SCHEDULE (Rx, OTC, HERBS, REMEDIES, PRN)	MEDICAL PROBLEM	PLAN (CHANGE/NO CHANGE)

Medication Review Process

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Why is it important for me to complete a Medication Review with my patients?

When considered as a disease, medication-related adverse outcomes are the 5th leading cause of death in the United States.[1] People over 65 years represent the largest consumers of medications and subsequently experience the highest rate of adverse drug events. Yet, the evidence base for older patients is small and disproportionate to the level of prescribing.[2] (Generally speaking, older adults are systematically excluded from many trials - only 3% of randomized control trials and systematic reviews include patients greater than 75 years.)[1,2]

Medication-related morbidity and mortality has been recognized as adverse events, mimicking the disease and a safety concern in older adults.[3] A prospective observational study done in a Vancouver hospital found approximately one quarter of admissions to the emergency department were medication-related with 70% of those being preventable.[4]

A regular medication review is an effective way of addressing these concerns. The process helps you prioritize the patient's health goals, eliminate unnecessary drugs, review monitoring requirements for existing or on-going therapies and reduce the risk of adverse reactions.

What steps could I follow to facilitate the Medication Review process?

1. Establish the best possible medication list (including OTC, herbals, etc.)
   - ✔ Have the patient bring all his/her medications into the appointment
   - ✔ Get a list from the patient's pharmacy or *PharmaNet.*
   - ✔ See Medication Review Template
2. Reconcile with the medical problem list
   - ✔ Engage the patient into the discussion/decision-making clarifying the patient's health care goals and willingness to carry out the therapeutic plan
   - ✔ Match each medication with an established medical problem/need/issue/symptom
   - ✔ Question the need for any medications that do not have an obvious purpose
   - ✔ Consider if any medications are contributing to the patient's medical problems
   - ✔ Consider benefits/risks if starting new therapies & consider time-limited trials
   - ✔ Consider monitoring requirements for existing or on-going therapies
3. Assess compliance/adherence
   - ✔ Patient-specific factors - cognition, beliefs, vision, swallowing, manual dexterity
   - ✔ Compliance – prescribed versus actual use

Common Drug-Related Problems[5]

1. Untreated indications
2. Improper drug selection
3. Subtherapeutic dosage
4. Failure to receive drugs
5. Overdosage
6. Adverse drug reaction
7. Drug interactions
8. Drug use without an indication

Consider Medical Practice Access to *PharmaNet* (MPAP)-a secure computer network that links community and hospital pharmacies throughout B.C. www.health.gov.bc.ca/das/medpract.html

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[1] Petrone K, Katz P. Approaches to appropriate drug prescribing for the older adult. Primary Care: Clinics in Office Practice 2005; 32:755-775.
[2] LeCouteur DG, Hilmer SN, Glastgow N, Naganathan V, Cumming RG. Prescribing in older people. Australian Family Physician 2004;33(10): 777-781.
[3] Fick DM, Cooper JW, Wade WE, Waller JL, Maclean JR, Beers MH. Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. Arch Intern Med 2003;163:2716-2724.
[4] Samoy LJ, Zed PJ, Wilbur K, Belen RM, Abu-Laban RB, Roberts M. Pharmacotherapy 2006;26(11)1587-1586
[5] Strand LM, Morley PC, et al. Drug-related problems: their structure and function. DICP ANN Pharmacother 1990;24:1093-7