

# Medication review support tool

## Questions to ask your patient in a medication review and how to ask them to ensure an effective partnership

Adapted from: Lewis T. The NO TEARS review tool. BMJ 2004; 329: 434. <http://www.bmj.com/content/329/7463/434>

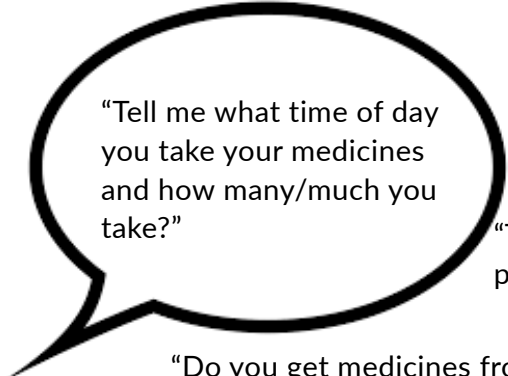
<b>What should you cover in an effective medication review?</b>	<ul style="list-style-type: none"><li>• Ask the patient to bring in all of their medicines - looking at the number of containers and date of dispensing on the labels can tell a story.</li></ul>
	<ul style="list-style-type: none"><li>• Look at the history of repeat requests on the practice system.</li></ul>
	<ul style="list-style-type: none"><li>• Gain the patient's confidence, this must be an effective partnership to get the full benefit.</li></ul>
	<ul style="list-style-type: none"><li>• Check the patient's adherence with prescribed medicines and do not make assumptions.</li></ul>
	<ul style="list-style-type: none"><li>• Medicine waste can be 2.5% of your prescribing budget and if medicines are not being taken as expected consider the need for continuing prescribing.</li></ul>
	<p>Use the NO TEARS review tool to prompt the right questions, at <a href="http://www.bmj.com/content/329/7463/434">http://www.bmj.com/content/329/7463/434</a> and adapted below</p>

## Need and indication

Does the patient know why they take each medicine? Do they still need them? Was long term treatment intended? Is the dose appropriate? Has the diagnosis been refuted? Would non-pharmacological treatments be better?

## Open questions

Give the patient the confidence and opportunity to tell you what they really do (not what they want you to hear) by asking open questions such as:



"Tell me what time of day you take your medicines and how many/much you take?"

"I realise a lot of people don't take all their tablets for many reasons. Tell me about any problems you have in taking your medicines?"

"Tell me what you do if you forget a medicine?"


"Tell me how you take any as required medicines, for example, for pain?"

"Do you get medicines from other places not just your GP, e.g. from the hospital, community pharmacy (Chemist) or supermarket?"

"Do you buy any herbal medicines?"

"Do you receive any medicines via home care delivery?"

"Do any other people share their medicines with you?"



"Can I check that we both agree what you're taking regularly from your prescription you collect/have delivered?"

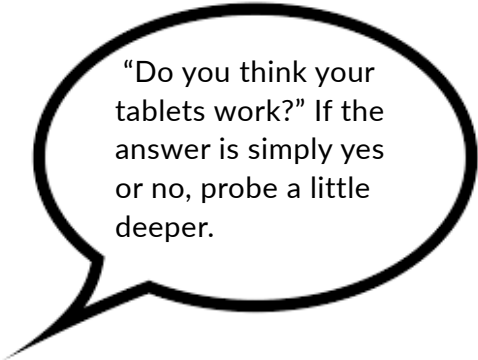
“Are you comfortable with all the medicines you take?”

“Tell me what you are going to take the next time you are due to take your medicines?”

“Do you find it easy to take all of your medicines or do some cause problems for you?”

“Explain how you order your medicines, do you order them all at the same time, do they get delivered for you?”

“What do you do with any medicines you stop taking?”



“Do you think your tablets work?” If the answer is simply yes or no, probe a little deeper.

**Compare their replies with the number of prescription requests.**

## T

### ests and monitoring

- » **Assess disease control** - Are any of the conditions undertreated? Get advice on appropriate monitoring from prescribing guidelines.

## E

### vidence and guidelines

- » Has the evidence base changed since the prescription was initiated?
- » Do the prescribing guidelines indicate that any of the medicines are now less suitable for prescribing, see PrescQIPP low priority prescribing webkit <https://www.prescqipp.info/our-resources/webkits/low-priority-prescribing/>
- » Is the dose appropriate? (E.g. dose optimisation of angiotensin converting enzyme inhibitors in cardiac failure.)
- » Are other investigations now advised, such as echocardiography or testing for Helicobacter pylori?

## A

### dverse events

- » Does the patient have any side effects?
- » Ask them to explain how they feel after they take their medicines.
- » Are they worried about anything that stops them taking the medicines as indicated on the labels?
- » **Remember the prescribing cascade** - Has there been any misinterpreting an adverse reaction as a new medical condition?
- » Are they taking complementary medicines or over the counter preparations? Check for interactions, duplications, or contraindications.

## R

### isk reduction or prevention

- » Update opportunistic screening.
- » What are their risks, such as falls?
- » Are the medicines optimised to reduce these risks?

## S

### implification and switches

- » Can treatment be simplified?
- » Does the patient know which treatments are important, do they always take these as expected? Can you reduce their pill burden? It may be better to replace low doses of several agents by one full dose to help adherence. Explain any switches that increase the cost effectiveness of treatment.
- » Can you offer a non-pharmacological option?

## What you should do next

Read code and document the discussion you had with your patient. It will make the next review easier and may be important medico legally.

Overlap of the parts of the NO TEARS tool means you can adapt it to your consultation style, increasing the chance of identifying a problem. For example, consideration of bone protection in patients taking steroids may be an adverse effect for one doctor, but another may deal with it at the guidelines or prevention stage.

Identify important or controversial issues that may need to be covered at a subsequent consultation/ medication review (adjust the number of authorised repeats accordingly).

Agree a system to log changes with your colleagues. This should include a facility for amending the repeat prescription after home visits, and recording an admission to a care home, discharge from hospital, and outpatient clinic attendances.

There are various levels of medication review, a clinical pharmacist may undertake some reviews, especially if dedicated time is needed.

It is important to remember that signing a prescription as a prescriber makes you ultimately responsible for that action, regardless of who recommended or initiated the medicine, e.g. consultant, pharmacist etc.

A structured approach to repeat prescribing should improve the confidence of doctor and patient.

## Patient engagement and partnership in the process

Encouraging patients to ask specific questions will also help them understand that sometimes doing nothing is the best approach.

Questions patients may ask you include:

“Do I really need this test or procedure?”

“What are the risks?”

“Are there simpler safer options?”

“What happens if I do nothing?”

“How much does it cost?”