

RGH Pharmacy E-Bulletin

Volume 31 (3): August 11, 2008

A joint initiative of the Patient Services Section and the Drug and Therapeutics Information Service of the Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia. The RGH Pharmacy E-Bulletin is distributed in electronic format on a weekly basis, and aims to present concise, factual information on issues of current interest in therapeutics, drug safety and cost-effective use of medications.

Editor: Assoc. Prof. Chris Alderman, University of South Australia – Director of Pharmacy, RGH

© Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia 5041

Post-discharge home medicines review for older patients

Older patients are often at high risk of medication misadventure and adverse effects after discharge from a hospital admission. Medications are often changed during an inpatient stay and patients may return home with new medicines or differing brands of medicines to that those were taking previously. This can lead to confusion about which medicines to take and how to use them in such a way as to gain the greatest benefit whilst minimising risks.

Older people may also be affected by a variety of risk factors that affect their ability to manage their medications, for example visual acuity, dexterity or memory issues. Often the presence of multiple co-morbidities can lead to a complicated medication regimen, which in addition to being difficult to manage may place the patient at an increased risk of adverse effects or drug-drug or drug-disease interactions. The involvement of multiple prescribers (e.g. a GP/primary care physician and specialists) may make it difficult to obtain a complete picture of what a patient is actually taking, and the addition of over-the-counter products and herbal or complementary medicines can further complicate this

A home medicines review (HMR) involves an assessment of the patient's medication management in their home environment. Following discharge from hospital this process can provide insight into the factors affecting the success of drug therapy. A comprehensive and accurate current medication list can be compiled with all medications that a patient is taking, including non-prescription items. Aspects such as patient compliance can be assessed, as can other factors that may affect the success of drug therapy, for example dietary or other lifestyle variables, patient technique when using devices (e.g. inhalers), and storage of medications. A home visit can also provide an opportunity for reiteration of education provided during the inpatient stay and implementation of strategies to address compliance issues, for example medicines lists and dosing aids. The potential benefits of an HMR for a particular patient may be identified by the GP or patient themselves, or alternatively another person involved in the patient's care (e.g. a carer, specialist, pharmacist or other health care professional) may recognise the need for a HMR and recommend that this be considered by the GP and patient.

To be funded under the Australian model, a HMR must be initiated by the patient's General Practitioner during a consultation in which patient consent is obtained and a referral is made to the patient's regular or preferred community pharmacy. The home visit is conducted by a pharmacist, and a report detailing any findings or suggestions arising from this process is provided to the GP. A Medication Management Plan is then generated by the GP in consultation with the patient and is provided to the patient and their community pharmacy.

HMR and Dose Administration Aids (DAA)

An outcome from a HMR may include, where appropriate, the initiation of a dose administration aid (DAA), such as a blister pack in which multiple medications are supplied in a sealed system according to when they need to be taken. Most pharmacies offer such a service for a nominal fee and generally this can be initiated by providing the pharmacy with a current list of medications endorsed by the GP and all current prescriptions and supplies of medications. Eligible veterans are now able to access a DAA service free (due to funding through the Department of Veterans' Affairs) through a process that involves an HMR, and authority prescriptions for the DAA service. This involves a trial and a six month review of the service. Patients are still required to pay the co-payment for the medicines used to fill the DAA (unless a PBS safety net limit has been reached). Further information regarding this can be obtained at <http://www.dva.gov.au/health/DAA/veterans.htm>.

Acknowledgment – This E-Bulletin is based on work by Liz Learhinan, Senior Clinical Pharmacist, RGH

FOR FURTHER INFORMATION – CONTACT THE PHARMACY DEPARTMENT ON 82751763 or email: chris.alderman@rgh.sa.gov.au
Information in this E-Bulletin is derived from critical analysis of available evidence – individual clinical circumstances should be considered when making treatment decisions. You are welcome to forward this E-bulletin by email to others you might feel would be interested, or to print the E-Bulletin for wider distribution. Reproduction of this material is permissible for purposes of individual study or research.