

Polypharmacy - Reducing Anticholinergics in Care Homes (ReACH)

 @HINSouthLondon

 healthinnovationnetwork.com

 Health
Innovation
Network
South London

Why Polypharmacy?



- Polypharmacy literally means “Many medicines”
- World Health Organisation
 - Defined polypharmacy as 4 or more medicines that are prescribed or bought in pharmacy (including herbal)
 - Polypharmacy has been named the third Global Patient Safety Challenge, “Medication without Harm” (May 2017).
- Increased risk of unwanted effects from medicines with the more medications taken. According to a study by Prybys et al. (2002) there is:
 - 13% increased risk with 2 medicines
 - 58% with 5 medicines and
 - 82% with 7 medicines
- On average, care home residents are 85 years of age and take seven medications per day!

Reducing Inappropriate Polypharmacy

- In 2018/19 HIN explored ways to reduce inappropriate polypharmacy in care homes
- Engaged with care home managers and staff, residents/relatives, care home pharmacy teams and GPs.
- Several interventions were suggested from key stakeholders
- Interventions trialled include:
 - Increasing dietary fibre to reduce use of laxatives
 - Highlighting and reviewing medicines with high anticholinergic activity

Anticholinergic Medicines

- Used to treat conditions such as hayfever (e.g. chlorphenamine) and depression (e.g. paroxetine).
- Long term use increases risk of mortality in those with dementia.
- Directly block the beneficial affects of dementia medicines.
- May cause side-effects such as:
 - Dry mouth
 - Dry eyes
 - Constipation
 - Confusion

Anticholinergic Burden

- Some drugs have more anticholinergic effect than others.
- Medications assigned a score (0-3) with 3 being most anticholinergic activity
- Add up all the scores to calculate anticholinergic burden
- Several calculators are available online to calculate anticholinergic burden
 - ACB calculator <http://www.acbcalc.com>
 - Medichec <http://www.medichec.com>
- Medications with highest score have greatest risk of unwanted effects
- No current consensus on anticholinergics list and scores

Anticholinergic medicines with score 2 and 3

Antidepressants

- Amitriptyline (neuropathic pain)
- Clomipramine
- Dothiepin
- Doxepin
- Imipramine
- Lofepramine
- Nortriptyline
- Paroxetine
- Trimipramine

Anti-spasmodics (urinary frequency)

- Oxybutynin
- Tolterodine

Antihistamines

- Alimemazine (trimeprazine)
- Chlorphenamine
- Clemastine
- Cyproheptadine
- Dimenhydrinate (motion sickness)
- Diphenhydramine
- Promethiazine

Anti-psychotics

- Chlorpromazine
- Clozapine
- Olanzapine
- Pimozide
- Quetiapine
- Trifluoperazine

Anti-parkinsonism

- Amantadine
- Orphenadrine
- Procyline
- Trihexyphenidryl (benzhexol)

Miscellaneous

- Atropine
- Benztropine
- Disopyramide
- Hyoscine hydrobromide
- Levopromazine (methotrimeprazine)
- Pethidine
- Promazine
- Propantheline

Reducing Anticholinergics in Care Homes (ReACH)

- Project completed over 12 months
- 3 care homes included
- All medication administration records (MAR) for dementia residents were reviewed and any medicines with high anticholinergic activity were highlighted to the GP for review.

Total Results

- 23 meds highlighted for review
- 21 reviewed
- 11 stopped (52%)
- 8 unchanged (32%)
- 2 switched (10%)

Anticholinergics: spot side effects & review regularly

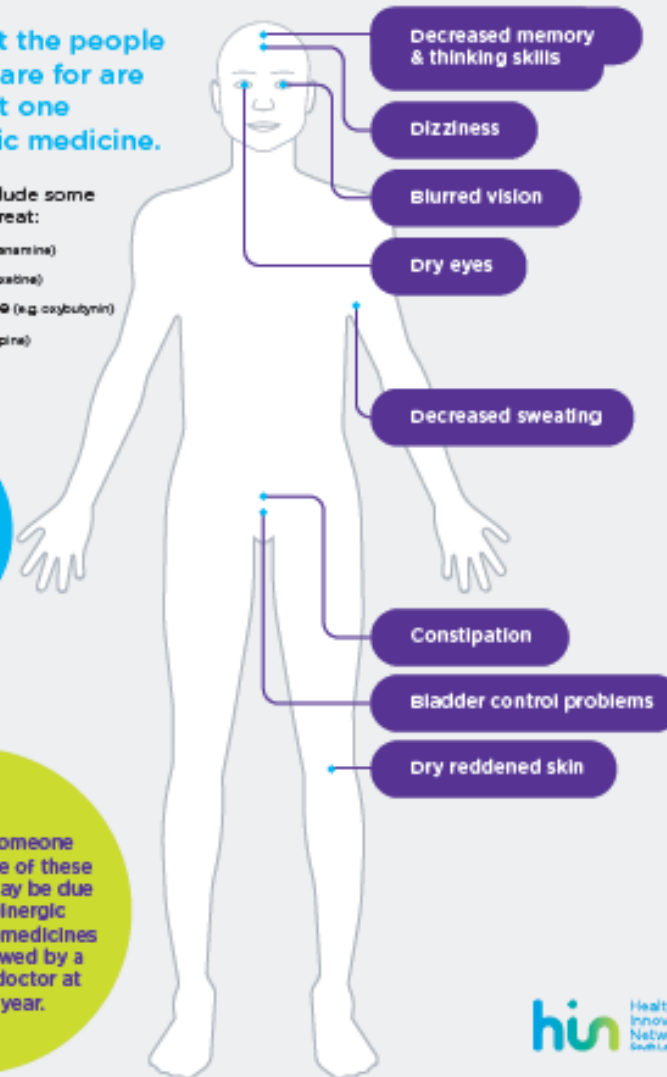
It is likely that the people you treat or care for are taking at least one anticholinergic medicine.

Anticholinergics include some medicines used to treat:

- Allergies (e.g. chlorpheniramine)
- Depression (e.g. paroxetine)
- Urinary Incontinence (e.g. oxybutynin)
- Psychosis (e.g. olanzapine)

Take the time to know the risks and learn how to spot the signs.

! If you notice someone experiencing one of these side effects, it may be due to an anticholinergic medicine. These medicines should be reviewed by a pharmacist or doctor at least every year.



Let's talk about medicines

Medicines are used to improve your health and quality of life. It's important to talk about your medicines to make sure that they are being used safely.



Would you like to have a conversation about your medicines?

Yes

I'd like to have a conversation.

Here are some questions you might like to discuss:

- Why have I been given these medicines?
- Are there any alternatives?
- What if I don't want to take them?
- What possible side-effects are there?

My medicines do not suit me

- Opening the package is difficult
- Using the medicine is problematic
- The timing or number of medicines is not right for me

No

I don't want to have this conversation now.

If you don't want to have a conversation now, you can talk about your medicines at another time.

You might want to:

- Arrange a more convenient day or time
- Come back with a relative/friend/caror
- Talk with another healthcare professional

In the meantime, please continue to take your medicines as advised by your doctor or pharmacist.

Speak to your pharmacist or doctor



Let's talk about medicines

Medicines are used to improve your health and quality of life. It's important to talk about your medicines to make sure that they are being used safely.



A quick guide to talking about your medicines

If you are taking many medicines you can sometimes feel unwell. It's important to talk about your medicines regularly. You can talk about them to your pharmacist or doctor, to other healthcare staff and also to your carers.

'Many medicines' is defined as taking four or more medicines including those:

- Prescribed by a health-care professional
- Bought at the pharmacy, including herbal remedies

It's particularly important to inform your pharmacist or doctor if you feel that you may be experiencing negative effects from your medicines. Having this conversation about your medicines with your pharmacist or doctor is the first step to ensuring you have the most benefit from your medicines. It's important to talk about your medicines before stopping or changing anything.

It is also important to have a conversation with your pharmacist or doctor regularly to review your medicines. Medication reviews should occur at least once a year to ensure your medicines are still providing the most benefit to you. Some people may require more frequent reviews. Ask your doctor or pharmacist how often your medications should be reviewed.

Remember:

- Discussing and agreeing a plan for managing your medicines together with your pharmacist or doctor is the best way of getting the most from your medicines.
- You can always bring a relative, friend or carer with you to your medicines review appointment.



Would you like to have a conversation about your medicines?

Yes

I'd like to have a conversation.

Here are some questions you might like to discuss:

- Why have I been given these medicines?
- Are there any alternatives?
- What if I don't want to take them?
- What possible side-effects are there?

My medicines do not suit me

- Opening the package is difficult
- Using the medicine is problematic
- The timing or number of medicines is not right for me

No

I don't want to have this conversation now.

If you don't want to have a conversation now, you can talk about your medicines at another time.

You might want to:

- Arrange a more convenient day or time
- Come back with a relative/friend/carers
- Talk with another healthcare professional

In the meantime, please continue to take your medicines as advised by your doctor or pharmacist.

My GP is:

Contact details:

My local pharmacist is:

Summary

- Anticholinergic drugs can increase risks of falls and cause cognitive decline in older people
- Anticholinergic drugs oppose the affect of drugs used in dementia and so should be especially avoided in residents with dementia.
- Care home staff can highlight anticholinergics to pharmacists/GPs to review regularly.
- Download the implementation guide from: https://healthinnovationnetwork.com/projects/reducing_innapropriate_polypharmacy_in_care_homes/



Sign up to our newsletter!

How to sign up:

1. Visit <https://healthinnovationnetwork.com/sign-up/> & tick Healthy Ageing and Social Care & Care Homes

OR

2. Email lydia.davies3@nhs.net



Contact details



Ground Floor, Minerva House,
5 Montague Close, London SE1 9BB

Closest stations:
London Bridge or Monument

15



020 7188 9805



@HINSouthLondon



healthinnovationnetwork.com

aiysha.saleemi@nhs.net