MEDICATION FOR REVIEW: Potentially Inappropriate Prescriptions

Date of form	**Completed by**	**Hospital Number**	**Age**	Patient uses a My Medication Passport ○ Requested or given MMP this time ○ See notes overleaf for details of 'MRP's
Date last review	**Consultant:** **Reliable DHx? [ ]**	**Number of current medicines:** [ ] ○ Polypharmacy (6 or more)		**Include** all regular prescription medicines, eye drops, "prn"s except topicals, OTC items except herbal, topical or food supplements/vitamins

Is the patient currently prescribed any of these medicines?
These medicines are commonly hazardous in the elderly and may contribute to harm if inappropriately prescribed.
Please tick all that apply

Medicine	Action
○ Anticholinergics eg Tolterodine	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Drugs with ACB s/e (see ACB list)	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ ACE Inhibitors, ARBs, CCBs	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Alpha blockers eg Tamsulosin	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Vasodilators in HF eg ISMN	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Centrally acting antihypertensives	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Antihistamines, older sedating	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Antidepressants –Tricyclic	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Antidepressants –SSRIs	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Anticoagulant (if no recent INR also tick○)	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Antiplatelets (if Aspirin >160mg also tick○)	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ NSAIDs (if >3months also tick○)	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Benzodiazepines	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Z-drugs	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Diuretics Thiazide	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Diuretics Loop	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Phenothiazine eg Promazine /Butyrophenones eg Haloperidol	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Antipsychotics 2nd generation eg Olanzepine, Quetiapine	**Deprescribed** [.....] **Held** [.....] **Changed** [.................]
○ Opioids eg Buprenorphine, Tramadol, Morphine	**Deprescribed** [.....] **Held** [.....] **Changed** [.................] Tick here if on a laxative○
○ Proton-pump Inhibitor >8weeks or no indication given	**Deprescribed** [.....] **Held** [.....] **Changed** [.................] Tick here if PPI is for gastroprotection○

PROBLEMS POTENTIALLY ATTIBUTABLE TO MEDICATION

Problem	Consider
○ Falls	Consider review of all anticholinergics, ACB, sedatives, hypnotics, antipsychotics, vasodilators including ACEInh, ARBs, CCBs
○ Bleeding	Consider course lengths of anticoagulants, interactions, concurrent aspirin with other antiplatelets/anticoagulants, SSRIs bisphosphonates, NSAIDs
○ Confusion	Consider review of all anticholinergics and psychoactive drugs, sedatives and hypnotics
○ Metabolic/electrolyte imbalance	Consider diuretics, antidepressants with hyponatraemia, ACEInh and ARBs with hyperkalaemia, Metformin if poor kidney function and lactic acidosis
○ Constipation	Consider all Opioids, Iron, Verapamil, ACB, aluminium-containing Antacids
Coded as Medicine Related problem?[.....]	Number of PIPs identified [ ]

These symptoms/problems are often medication-related or the result of potentially inappropriate prescribing (PIP) in the elderly
See notes overleaf for details of 'PIP's and 'ACB'
Following review, were changes made? Y/N/na
NO: please give reason...*
YES: note direct onto **Pharm Care Notes** or note here and update later [ ]..................................**
REVIEW = INTERIM [ ] or COMPREHENSIVE [ ]
Interim (Acute)- action = HELD/temp change
Comprehensive = with patient - action = DEPRES-CRIBED/permanent change (formulation, dose reduction or increase, switch to more appropriate)
Deprescribing is the role of prescribers (including NMP)
Record (LW) action e.g :
*MRev: NO PIP IDd. NO change required [ ]
**MRev: CHANGES made and list [ ]
Please note approx how long MRev took [.....min]

STOPIT 2015 Potentially Inappropriate Prescribing in the elderly

NIHR CLAHRC
North West London

ACB: Anti**C**holineric **B**urden: ◦ bladder antimuscarinics (all) e.g Oxybutinin, Tolterodine ◦ bronchodilator antimuscarinics (all) e.g Ipratropium, Tiotropium ◦ intestinal antimuscarinics: Hyoscine, Dicycloverine ◦ antidepressants: Paroxetine & all tricyclics (e.g Amitriptyline) ◦ antihistamines, 1st generation (sedating) e.g Chlorphenamine ◦ antipsychotics: Clozapine & all phenothiazines (e.g Promazine) ◦ opioids: all e.g Tramadol, Morphine	concomitant use of two or more drugs with anticholinergic properties (risk of increased anticholinergic toxicity: confusion, agitation, acute glaucoma, urinary retention, constipation); with delirium or dementia (risk of exacerbation of cognitive impairment, increased confusion, agitation); to treat extra-pyramidal side-effects of antipsychotic/neuroleptic drugs; with narrow-angle glaucoma (risk of acute exacerbation); with chronic prostatism/bladder outflow obstruction (may cause urinary retention)
ACE inhibitors e.g. Enalapril **Angiotensin Receptor Blockers** (ARBs) e.g. Losartan	with persistent postural hypotension or hyperkalaemia or with Aldosterone antagonists without regular K+ monitoring (6 monthly)
Alpha blockers e.g. Alfuzosin, Doxazosin, Tamsulosin	with symptomatic postural hypotension or micturition syncope
Amiodarone	as 1st-line in SVTs (higher risk of s/e than other antiarrhythmic s)
Anticholinergic/antimuscarinics e.g. Hyoscine	(also many meds with a/cholinergic side-effects)- see ACB above
Anticoagulants, oral (includes vitamin K antagonists, newer oral anticoagulants (NOACs) direct thrombin inhibitors (eg Dabigatran) and factor Xa inhibitors (e.g Apixaban, Rivaroxaban). See also antiplatelets	with other meds that increase bleeding risk/GI bleed (antiplatelets, bisphosphonates, NSAIDs, SSRIs/any linked with bleeding disorders); for > 6 months for first DVT or > 12 m for first PE without continuing provoking risk factors (e.g. thrombophilia) (no added benefit) NOACs: caution if poor kidney functn (Avoid Dabigatran if eGFR <30)
Antidepressants (see also SSRIs and Tricyclics)	with hyponatraemia (Na+ < 130 mmol/l)
Antihistamines, 1st-generation e.g. Chlorphenamine	Sedating, see also **ACB**: safer, less toxic choices widely available
Antiplatelet agents (e.g. Aspirin, Clopidogrel)	with oral anticoagulants in stable disease/AF (no added benefit); Aspirin: long term >160mg/d or with Clopidogrel unless stent, concurrent ACS, carotid arterial stenosis (no evidence for ↑benefit)
Antipsychotics/neuroleptics (particularly phenothiazines e.g. Promazine) See also **ACB**	other than Quetiapine/Clozapine in PD or Lewy Body disease; as hypnotics (risk of confusion, EPS); in dementia (risk of stroke)
Benzodiazepines (e.g. Diazepam)	for ≥ 4 weeks (no indication for longer treatment) withdraw gradually with respiratory failure (risk of exacerbation); (**Z-Drugs** too: may cause protracted daytime sedation, ataxia)
Beta-blockers (e.g. Atenolol)	in combination with Verapamil or Diltiazem (risk of heart block); with frequent hypoglycaemia in diabetics (risk of masking); with bradycardia (< 50/min) or heart block (risk of asystole)
Bisphosphonates, oral (e.g. Alendronate)	with history of upper GI disease or bleed or PUD
Digoxin	for heart failure if normal systolic ventricular functn (no

	benefit)
Diuretics, Loop (e.g. Furosemide, Bumetanide); **Thiazide (**e.g. Bendroflumethiazide)	Loops as 1st line for hypertension (safer, more effective alternatives); for ankle oedema (if no evidence of HF other indication) Thiazides with current serum K^+ < 3.0 or Na^+ < 130 or hypercalcaemia
Donepezil and other acetylcholinesterase inhibitors	with bradycardia, heart block or recurrent unexplained syncope
Ferrous salts oral doses> elemental **iron** 200 mg/day	(no further amount absorbed) Constipating
Isosorbide Mononitrate (and all other vasodilators in HF)	with persistent postural hypotension (risk of syncope and falls)
Methyldopa (all centrally-acting antihypertensives)	unless clear intolerance of 1st line (less well tolerated by elderly)
NSAIDs (e.g. Diclofenac, Ibuprofen)	if eGFR<50mL/min (risk of AKF); or for >3 months (safer alternatives) with anticoagulants (risk of GI bleed), antiplatelet, corticosteroid but no PPI cover (risk of PUD); with severe hypertension/HF or if concurrent cardiovascular disease (risk of MI and stroke)
Proton Pump inhibitors (PPIs) e.g. Omeprazole	for > 8/52 in uncomplicated PUD/oesophagitis at therapeutic dose (NB: indicated for Aspirin cover if history of PUD)
Selective Serotonin Re-uptake Inhibitors (SSRIs) e.g. Citalopram, Paroxetine. See also antidepressants	with current or recent significant hyponatraemia or bleeding disorder with glaucoma, prolonged QT interval (Citalopram, Escitalopram) confusion, extra-pyramidal effects (Paroxetine, see also **ACB**)
Tricyclic Antidepressants (e.g. Amitriptyline) See also **ACB**	with current or recent significant hyponatraemia, dementia, narrow angle glaucoma, cardiac conduction abnormalities
Vasodilator drugs including: **Hydralazine, Nitrates**	with persistent postural hypotension (risk of syncope and falls)
Verapamil	with NYHA Class III/IV heart failure or with chronic constipation