Optimising Medication Management

Main content
- Claremont CNU undertook a pilot study to review both general and psychotropic medications of all long term residents with the aim of reducing/optimising their medication.

Background and Context
- Clarke and Adams (2003) found that of the residents in long term care, 67% were on hypnotics, 43% on antidepressants and 26% on antipsychotics.
- Tolson et al (2011) found that 45% of those in elderly care in Ireland were on 5 or more medications (polypharmacy)
- The exposure of older adults to inappropriate medications is associated with increased morbidity, mortality, increased prescribing cascade, health care resource utilisation and adverse drug events (Spinewine et al, 2007).

Aims and objectives
- The aim of this project is to improve the quality of life for the residents by reviewing all current prescriptions with a view to optimising medication management and reducing polypharmacy.

Objectives
- Modify the prescribing of psychotropic medications and optimise the use of these drugs in accordance with principles of current best practice through assessment, review, maintenance and monitoring.
- Assessing the needs of the residents and how best these can be met in a non pharmacological way.

Main content
- Claremont CNU undertook a pilot study to review both general and psychotropic medications of all long term residents with the aim of reducing/optimising their medication.

Processes
- Members of the multidisciplinary team meet every six weeks to discuss two new residents and review for any benefits/outcomes from the previous discussed cases.
- Members of the multi disciplinary team include two medical officers, nurse prescriber, practice development coordinator, occupational therapist, activities coordinator, complementary therapist, assistant director of nursing and unit nurse.
- The medical officers peer review each others residents to ensure maximum optimisation of medication management.
- The needs of the resident are discussed with a holistic approach and if any changes to their medication can be made.

Evaluations and outcomes
- Thus far, 67% of the residents assessed had their medication optimised, to which there has been 62% positive impact with those changes.
- There has been a 16% reduction in the instances where psychotropic medication has been prescribed.
- 7% reduction in expenditure in the first quarter of 2012 compared to first quarter of 2011. The variations of resident occupancy and purchase of generic medications have not been calculated into this result.

References

Rachel Simons, Niamh Hulm, Lorraine McNamee & Rita Torrans, Claremont Services Dublin