

# Medication Optimisation; A practical approach to supporting the Equally Well Principles

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List up to date

List ALL medicines currently used, including medicines, herbal and natural medicines. M tablets, liquids, inhalers, drops, patches, cream

Date to have all my medicines reviewed: \_\_\_\_\_

What is the medicine for?	How much do I use and when?	Special instructions or comments
e.g. Pain from arthritis	e.g. 2 capsules, every 6 hours	e.g. Doctor recommends to take rather than as needed for





# How can Medication Optimisation support the Equally Well principles?

Supporting people to take the correct medications

Supporting medication concordance

Reducing side effects (long-term & short-term)

Management of psychotropic-induced chronic disease

Management of psychotropic polypharmacy

# Supporting people to take the correct medications

## Best Possible Medication History (BPMH)

- A BPMH is a snapshot of a person's actual medication use
- Accurate list of medications available to guide decisions
  - it is a national standard to include a minimum of TWO sources when taking a BPMH
    - e.g. the person and/or carer, a person's own medications, dispensing list from community pharmacy, list of medications prescribed by GP or specialist services, my Health Record.
- Any historical adverse drug reactions and events should also be recorded in a BPMH
- Update regularly
  - Transfers of care
  - Changes in medication

# Supporting people to take the correct medications

- **How does a BPMH help people?**

- Australian Commission on Safety and Quality in Healthcare:

- > 50% of medication errors occur at transitions of care
- Patients with one or more medicines missing on their discharge information > 2 times more likely to be readmitted to a hospital than those with correct information on discharge
- 85% of discrepancies in medication treatment originate from poor medication history taking
- Between 10% and 67% of medication histories have at least one error, and up to 33% of these errors have the potential to cause patient harm

- Best possible medication histories therefore:

- Reduce prescribing errors
- Can ensure people have access to the correct medications during hospital admissions and at transfers of care
- Can prevent hospital admissions and readmissions
- Ensure continuity of care, and prevent medication related harm

# Supporting people to take the correct medications

## Medication lists

- Paper tools
  - e.g. NPS Medicines List: [English-Medicines-List-March-2016.pdf](#)
- Apps
  - e.g. Medsafe (subscription), or NPS MedicineWise App (free): [Medicines lists: how to keep your medicine information together](#)



### Keep your Medicines List up to date

List ALL medicines currently used, including: prescription medicines, over-the-counter medicines, herbal and natural medicines. Medicines come in many forms, including: tablets, liquids, inhalers, drops, patches, creams, suppositories and injections.

My name: \_\_\_\_\_ Date to have all my medicines reviewed: \_\_\_\_\_

Name of medicine <small>Active ingredient or brand name</small>	Strength	What is the medicine for?	How much do I use and when?	Special instructions or comments	Date started	When to stop or review
e.g. Active ingredient: paracetamol. Brand: Paraset	e.g. 500 mg capsules	e.g. Pain from arthritis	e.g. 2 capsules, every 6 hours	e.g. Doctor recommends taking regularly, rather than as needed for pain	e.g. 19.11.13	e.g. June 2014



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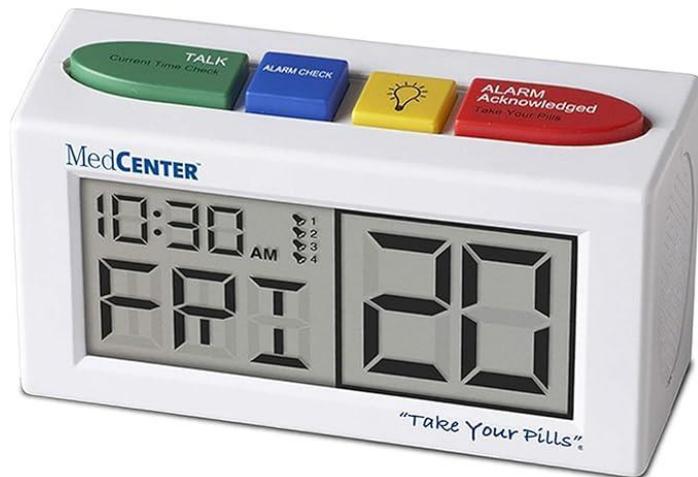
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# Supporting medication concordance

- Enquire about barriers
- Supports for taking medications:
  - Visual cues/reminders
  - Medication alarms
  - Dose Administration aids
  - Medication list/reminder apps
- Simplify regimens (where possible)



# Supporting medication concordance

## Education

- Medication indication and potential side effects
- Consumer Medicines Information
  - what to do if experience a side effect (e.g. Choice & Medication)
- Importance of constipation prevention & early intervention
  - See local guidelines for psychotropic-induced constipation
    - (Metamucil/Fybo gel, Movicol, Coloxyl & senna)
- Strategies for managing side effects
  - including non-pharmacological
    - e.g. use of pillows to sleep propped up if experience clozapine-induced hypersalivation)

Want to know more about the medicines used to treat mental illness?

Find fact sheets about these medicines in a range of languages and styles

Get the information you need to start a conversation today

Visit [choiceandmedication.org/SAHEALTH](https://choiceandmedication.org/SAHEALTH)

This document has been reviewed and approved by the SACQ for consumers and the community - July 2021  
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## Reducing side effects: long- & short-term



- Proactively undertake the recommended monitoring for a medication:
  - Antipsychotics
    - cardiometabolic screening
    - FBE
    - LFTs
    - renal
    - prolactin
    - sexual & reproductive side effects
    - **6-monthly** as per RANZCAP guidelines (or clozapine guidelines)
  - Mood stabilisers
    - Therapeutic drug monitoring
    - FBE
    - LFTs
    - TFTs
    - GFR
    - Vit D
    - BMD screening



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## Management of psychotropic-induced chronic disease

- Signs & symptoms of psychotropic-induced chronic disease requires:
  - Early intervention
  - Proactive referral
  - Treatment as required for e.g.:
    - Diabetes
    - Dyslipidaemia
    - Cardiac Disease
    - Obesity
      - consider GLP-1 analogue therapy if not cost prohibitive
  - Some mood stabilisers – consider osteoporosis prevention with long-term treatment
    - recommend GP to consider vitamin D & Calcium supplementation

\*\*\*Note that RANZCP guidelines for physical health state that for consumers that do not engage with a GP, the management of all physical health needs should be addressed by the treating team \*\*\*





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# Management of psychotropic polypharmacy



- Deprescribing prn or short-term antipsychotics
  - e.g Benzodiazepines post-acute hospital admissions
- High-dose and off-label prescribing of antipsychotics
  - Antipsychotic polypharmacy and high-dose prescribing is 'off-label' prescribing
    - Not approved by TGA at that dose or in a combination
    - Evidence to support benefit and or safety may be lacking
  - Obtain consumer consent
  - Document Plan for monitoring:
    - Adverse events & clinical benefit
    - Communicate with other primary carers
  - Document & discuss with person/carer:
    - Clinical indicators of response
    - Plans for review of need/benefit/risk for ongoing treatment

# Resources to support medication optimisation



## Medication History taking

- Australian Commission for Safety and Quality in Healthcare: Resources for taking a Best Possible Medication History
  - [Resources for obtaining a best possible medication history | Australian Commission on Safety and Quality in Health Care](#)
- NSW Government Clinical Excellence Commission
  - [Best Possible Medication History - Clinical Excellence Commission](#)

## NPS MedicineWise App

- [Medicines lists: how to keep your medicine information together](#)

## Choice and Medicines

- <https://www.choiceandmedication.org/salhn/>

## SA Health Psychotropic Induced Constipation Guideline

- [1200079+Clozapine+Constipation+flowchart-V4+\(1\).pdf](#)

## SALHN Information leaflet –'Dose Administration Aid Considerations'

- <https://intra.sahs.sa.gov.au/public/download/?id=136802>

## RANZCP statement for the treatment, management and monitoring of physical health of people with an enduring psychotic illness

- <https://www.ranzcp.org/getmedia/d1fd1da1-52ca-4047-b158-15612e10f70d/physical-health-consensus-paper.pdf>