

PCNE 3rd Medication Review Workshop 1

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Aim of workshop 1

- Aim: Develop systematic selection criteria for inclusion of patients in a medication review program



When to apply?

- PCNE type 1: Simple based on medication history
- PCNE Type 2: Intermediate based on medication history and full patient information
- PCNE Type 3: Advanced based on medication history, full patient and clinical information
- *(Focus today on 3)*



Ephor

- www.ephor.artsengroep.nl : Expertise centre for pharmacotherapy in the elderly in Utrecht
- Core team: Dr. PAF Jansen, Prof. Dr. JRBJ Brouwers, Prof. Dr. ACG Egberts, Prof. Dr. FM Haijjer-Ruskamp, Dr. RJ van Marum, Dr. EN van Roon.



Ephor criteria

- Patients >65, using 5 or more medicines (ATC-3-level) chronically and with at least one of the following risk factors:
 - reduced kidney function (eGFR<50 ml/min/1,73m²)
 - reduced cognition (ICPC 70 or ICPC P20, dementia and pre-dementia)
 - increased risk for falling (patient fell once or several times in the preceding 12 months)
 - signals of reduced adherence to therapy
 - not living independently (nursing home – elderly home)
 - with unplanned hospital admission(s)



Risk factor for DRP-PIP Report

Group	Factor	Example
Patient	Age Other culture Mental capacity	Very Old and Very Young Ramadan Dementia
Behaviour	Known drug misuse OTC use	Oveconsumption Uncontrolled use/wrong use
Medicines	High Risk Medicines Slow therapeutic onset	Small therapeutic index or high risk of ADRs Antidepressants, anti-cholesterole
Clinical aspects	Abnormal lab data Unfrequent genetic make-up	Kidney function Antidepressants
Health system	Access to care Dispensing	People who cannot visit health carers Not dispensing as expected

Filter 0: Triage

Age	<65	0	Drug groups	Cardiovascular	1
	66-75	1		Antidiabetics	1
	76-85	23		Anticoagulation	1
	>85			Neurology/Psych*	1
No of drugs	<6	0	Max 6 points	Astma/COPD	1
	6-9	2	* = chronic	NSAIDs	1
	>9	4		Opioids	1
No drugs small ther. Index Max 3 points	Acenocoumarol	1		Kidney function	GFR >50
	Anti-epileptics	1		GFR 31-50	2
	Digoxin	1		GFR <31	4
	Lithium	1			
	Methotrexate etc.	1			



Dilemma's

- Young person with 8 medicines and stable condition versus older demented person with 3 medicines and kidney failure.
- Is norm that we must do good & save lives, or that we must do as good as possible within the financial & system boundaries?



Discussion on how to..

- Point system with multipliers is good approach
- (Complex) Algorithms should be applied with help of software or not.
- As long as we do not have a complex algorithm, use a simple one.
- Things to incorporate are certainly non-adherence and certain ATCs.



Risk Factor Matrix

Additive risk factors

Patient

Medicines



At threshold (?)

Factorloading increases

Mutipliers →

Adherence; Multimorbidity

Bad of good

Good of bad

