**Polypharmacy and deprescribing: Agreeing treatment goals**

**Aide memoire of things to consider before initiating a new medicine or continuing prescribing**

The number of medicines patients are taking is increasing, driven by the ageing population, rising levels of multimorbidity, multiple prescribers and evidence-based guidelines which are usually based on single conditions.1

Not all polypharmacy is problematic, for many patients the potential benefits of multiple medicines outweigh the potential harms, extending life expectancy and quality of life.2

Medication reviews should be regularly conducted for all patients with multiple long-term conditions. The following list highlights things to consider before prescribing in an environment of shared decision-making.3

**Things to consider before writing a prescription for new and existing medicines**

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| **Disease** | Are the symptoms caused by a disease or due to a medicine already being taken? (Have all medicines been taken correctly?) |
| Consider the time to benefit, have you asked yourself the ‘surprise question’? Is the patient moving towards end of life?4 |
| Has physiology changed significantly? Will this affect the metabolism of the proposed medicine? |
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| **Medicine** | Is there a documented indication for the medicine about to be prescribed? |
| Is the medicine effective for the condition? Is there sufficient evidence? Does the medicine produce limited benefits for the indication? |
| Are there any clinically significant drug interactions? (E.g. drug-drug, drug-disease etc.) Have you explained these to the patient? |
| Is there unnecessary duplication with other medicines? |
| Is the likely duration of therapy known and acceptable to both doctor and patient? |
| Is the use of the medicine consistent with recommendations in current guidelines? |
| Does the dose need to be titrated? If so by who and how? Is the patient aware? |
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| **Patient** | Will the patient take/use the medicine? What are the likely adverse effects?  Is the dose and frequency correct? Is the frequency practical for them? Do they feel they have an acceptable medication burden? |
| Will the patient comply with any monitoring (e.g. needle phobia)? Will the new medicine excessively add to the monitoring burden? |
| What is the clinical and personal significance of this specific medicine for this particular patient? |
| How will the patient know the medicine is working? |
| When will you follow up and who should the patient contact if any problems arise? |
| Does the patient understand the expected outcomes and what will happen if they are not reached or reduce over time? Discuss deprescribing before initiating a new medicine. |
| Is the patient (and possibly their family/carer) aware of stopping criteria and any alternatives following this treatment - they may be at the end of a pathway? |
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| **Adherence** | Have you explained how long it will take for the medicine to start working? Any potential side effects? |
| Would a Medication Passport help?5 |
| Could the community pharmacist provide support using a New Medicine Service or Medication Use Review?6 |
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| **Choice** | Have you had an open and honest discussion about the advantages and disadvantages of the medicine? |
| Have you considered using a Patient Decision Aid or Option Grid to support and help the patient understand the NNT, NNH and probability of the risk and benefits of the proposed treatment?3 |
| Have you considered non-pharmacological options? |
| Was there sufficient time for the patient to consider the options fully? They may need time to think about these, discuss with their family or they may need more information. Do you need to offer another consultation? |
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| **Cost** | Is this medicine the least expensive alternative compared with others of equal effectiveness? |

**References**

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