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Polypharmacy as a Chronic Condition: Clinical and Ethical Approaches in Primary Care and Mental Health

Agenda

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Agenda Item	Speaker	Time
Welcome & Housekeeping	**Amar Singh**, Imperial College Health Partners	12pm to 12.05pm
Deprescribing in Primary Care	**Dr Waseem Jerjes,** GP Partner Hammersmith and Fulham Partnership	12.05pm to 13.00pm
Mental Health Polypharmacy		13.10pm to 13.55pm
Feedback and Close	Amar Singh	13.55pm to 2pm

Housekeeping:

- Please remain on mute and with camera off unless speaking
- Please maintain confidentiality as appropriate
- Questions? Enter into the chat, use ‘raise hand’ function
- Please note we will be recording this meeting, the slides will be shared after the session

Polypharmacy:
getting the balance right

Multiple Dates Available

Learn how the NHS BSA polypharmacy prescribing comparators help us understand variation in prescribing of multiple medicines and identify patients more likely to be exposed to the risk of taking multiple or combinations of medicines.

Book your place:

HERE

Health Innovation Network

NHS Business Services Authority

Polypharmacy ALS

The HIN polypharmacy programme has recently released final dates for the Action Learning Sets (ALS) to help build GP and prescribing health care professionals confidence in, and understanding of, the complex issues surrounding stopping inappropriate medicines safely. Delegates need to attend all three sessions.

The ALS will also help PCNs deliver the medicines optimisation elements of the new Directed Enhanced Services contract and contributes to QoF.

Cohort 22
22nd January 5th February and 26th February
Polypharmacy Action Learning Set Cohort 22

Polypharmacy Pillar 3

A public-facing campaign to change people's perception of a 'pill for every ill' and encourage patients to open up about their medicines

'Are your medicines working for you' is a campaign designed to support more open conversations between patients and healthcare professionals about whether or not long-term medicines should continue to be prescribed. This will help everyone benefit from more effective and safer care.

Families and carers **are encouraged to ask questions about their medicines** so that they can be helped to get the most benefit. Everyone helping the patient's experience of the NHS, including Community Pharmacy, GPs, Hospital Doctors, Nurses and Hospital Pharmacy are being encouraged to listen to, better understand, and help overcome problems when using medicines.

Polypharmacy patient behavior change campaign

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When	**September 2024 to March 2025**
What is ICHP doing	▪ Patient materials hosted online by ICHP ▪ Acura template with link to patient materials supplied by ICHP to encourage attendance of Structured Medication Reviews (SMR) ▪ Post campaign analysis
What are we asking of PCNs	▪ Invite patients to SMRs are per business as usual (BAU) ▪ Use AccuRx template with embedded link to ICHP patient materials ▪ Perform SMRs as per business as usual ▪ Send follow up AccuRx with embedded ICHP survey ▪ Clinician survey to be completed at 0 months, 3 months & 6 months ▪ To provide aggregate data on SMR invitees & attendees
What do the PCNs get in return	▪ Improved engagement in SMRs ▪ ICHP support through provision of patient materials including hosting of resources ▪ Data analysis evaluation of PCN SMRs for time period ▪ Report on patient campaign at local and national level
How will this be measured	▪ Measurement of click rates on patient materials ▪ SMR invitees & attendees ▪ SMR completion rates ▪ Clinician and patient feedback

HFP MEDICAL

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Clinical and Ethical Approaches to Deprescribing and Mental Health Polypharmacy in Primary Care

Dr Waseem Jerjes

GP Partner

Hammersmith and Fulham Partnership

Polypharmacy ALS Trainer,

Imperial College Health Partners (NWL HIN)

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Deprescribing in Primary Care

Understanding Polypharmacy

- **Definition:** The use of multiple medications by a single patient, often five or more.
- **Relevance in Healthcare:**
  - Prevalence increases with aging populations.
  - Associated with higher risks of adverse drug reactions (ADRs) and healthcare utilization.
- **Focus of Presentation:** Exploring the chronic nature of polypharmacy and its management.

Why Focus on Polypharmacy?

- **Clinical Impact:**
  - Leads to drug-drug and drug-disease interactions.
  - Potentially inappropriate medications (PIMs) increase patient harm.
- **Systemic Impact:**
  - Strains healthcare systems.
  - Contributes to higher costs and longer hospital stays.
- **Patient-Centred Concerns:**
  - Medication burden and reduced quality of life.

The Role of Deprescribing

- **Definition:** Systematic process of reducing or stopping unnecessary medications.
- **Benefits:**
  - Reduces ADRs and interactions.
  - Simplifies medication regimens, improving adherence.
  - Enhances patient safety and quality of life.
- **Collaborative Process:**
  - Involves patients, GPs, pharmacists, and other healthcare professionals.

Practical Approaches to Deprescribing

- **Identifying PIMs:**
  - Tools: STOPP/START criteria, Beers Criteria.
  - Review drug-drug and drug-disease interactions.
- **Monitoring:**
  - Regular follow-ups to assess symptom management and withdrawal effects.
- **Adjusting Plans:**
  - Tailor medication changes based on patient response.

Balancing Ethics and Psychology in Deprescribing

- **Ethical Considerations:**
  - Non-maleficence: Avoiding harm from unnecessary medications.
  - Autonomy: Respecting patient choices and involving them in decisions.
- **Psychological Barriers:**
  - Patients' fear of relapse or condition worsening.
  - Trust-building through clear communication and education.

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From Episodic to Chronic Management of Polypharmacy

- **Traditional View:** Polypharmacy as a transient problem.
- **Chronic Condition Lens:**
  - Persistent, complex nature of polypharmacy necessitates ongoing management.
  - Aligns with chronic disease frameworks.
- **Benefits of Reframing:**
  - Enables structured interventions and better patient outcomes.

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Reframing Polypharmacy

- **Why Chronic?**
  - Polypharmacy mirrors chronic conditions in persistence and complexity.
  - Requires systematic monitoring and consistent care strategies.
- **Key Principles:**
  - Regular medication reviews.
  - Proactive, patient-centred approaches.

Practical Strategies for Chronic Polypharmacy Management

- **Structured Reviews:**
  - Regularly reassess medication regimens for necessity and efficacy.
  - Use evidence-based tools like STOPP/START.
- **Multidisciplinary Collaboration:**
  - GPs, pharmacists, and specialists working together.
- **Patient Involvement:**
  - Shared decision-making to align with patient goals.

Ethical Foundations of Chronic Management

- **Balancing Risks and Benefits:**
  - Regularly weighing therapeutic advantages against potential harms.
- **Patient-Centred Focus:**
  - Ensuring patients understand their medication regimens.
- **Long-Term Monitoring:**
  - Consistent evaluation to adjust treatment as needed.

Primary Care’s Central Role

- **Continuity of Care:**
  - GPs as key coordinators of ongoing medication management.
- **Comprehensive Assessments:**
  - Holistic evaluation of physical, mental, and social health.
- **Collaboration and Communication:**
  - Bridging gaps between different healthcare providers.

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Promoting Safer Alternatives Through Patient Engagement

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Chronic Musculoskeletal Pain and Opioid Use

- Chronic musculoskeletal (MSK) pain is a leading cause of disability and opioid prescriptions.
- Long-term opioid use is associated with risks such as dependence, tolerance, and adverse effects.
- This project focuses on reducing opioid reliance through patient engagement, promoting exercise, and introducing topical treatments.

Project Goals

- •Understand patient perspectives on opioid use (“What does this medication mean to you?”).
- •Gradually reduce opioid use while ensuring adequate pain management.
- •Promote safer alternatives, including exercise, physiotherapy, and topical analgesics.

Project Design and Approach

- **Participants:** 200 patients aged 50-85 with chronic MSK pain.
- **Baseline Assessment:** Pain intensity, opioid dosage, functional status, and patient interviews.
- **Interventions:**
  - Gradual tapering of opioids by 10-20% every 2 weeks.
  - Written materials on home exercises and topical treatments.
  - Referrals to physiotherapy for additional support.
- **Follow-Up:** Monitoring at 3, 6, and 12 months for outcomes and feedback.

Key Outcomes

- Reduction in average daily opioid dose by 40% over 12 months.
- 74% of patients successfully reduced opioid use by at least 30%.
- Significant adoption of alternatives:
  - 80% used topical treatments.
  - 65% engaged in regular exercise.
  - 50% attended physiotherapy sessions.

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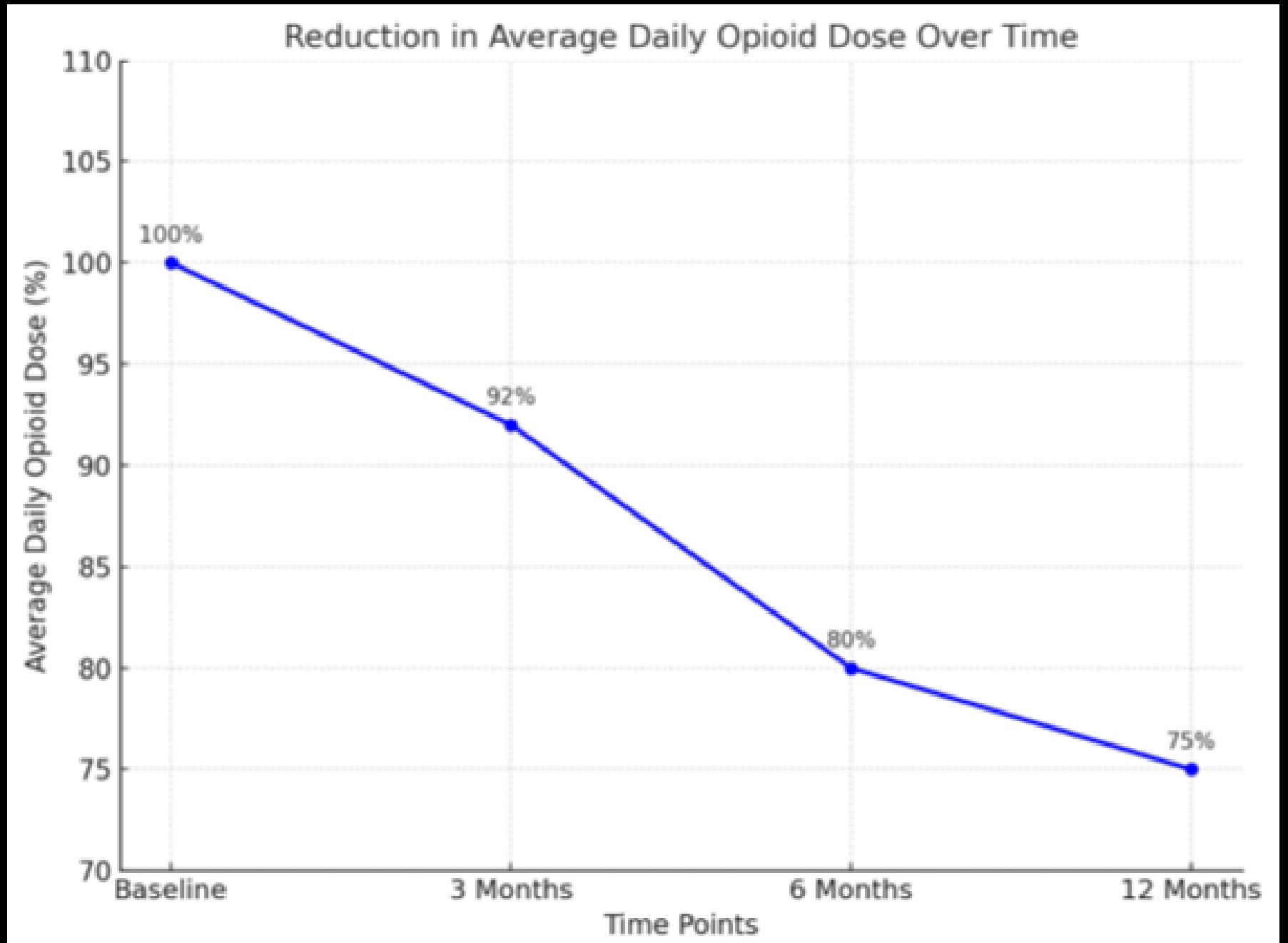
Patient Perspectives on Opioid Use

- **Common Themes:**
  - "I rely on this medication to get through the day."
  - "I’m scared of the pain coming back if I stop."
  - "It’s become part of my routine, even though I’m not sure I need it anymore.”

- **Reactions to Alternatives:**
  - "The gel works surprisingly well for my knee pain."
  - "The exercises made me feel more in control of my body."
  - "I didn’t think I could reduce my pills, but now I’m managing fine."



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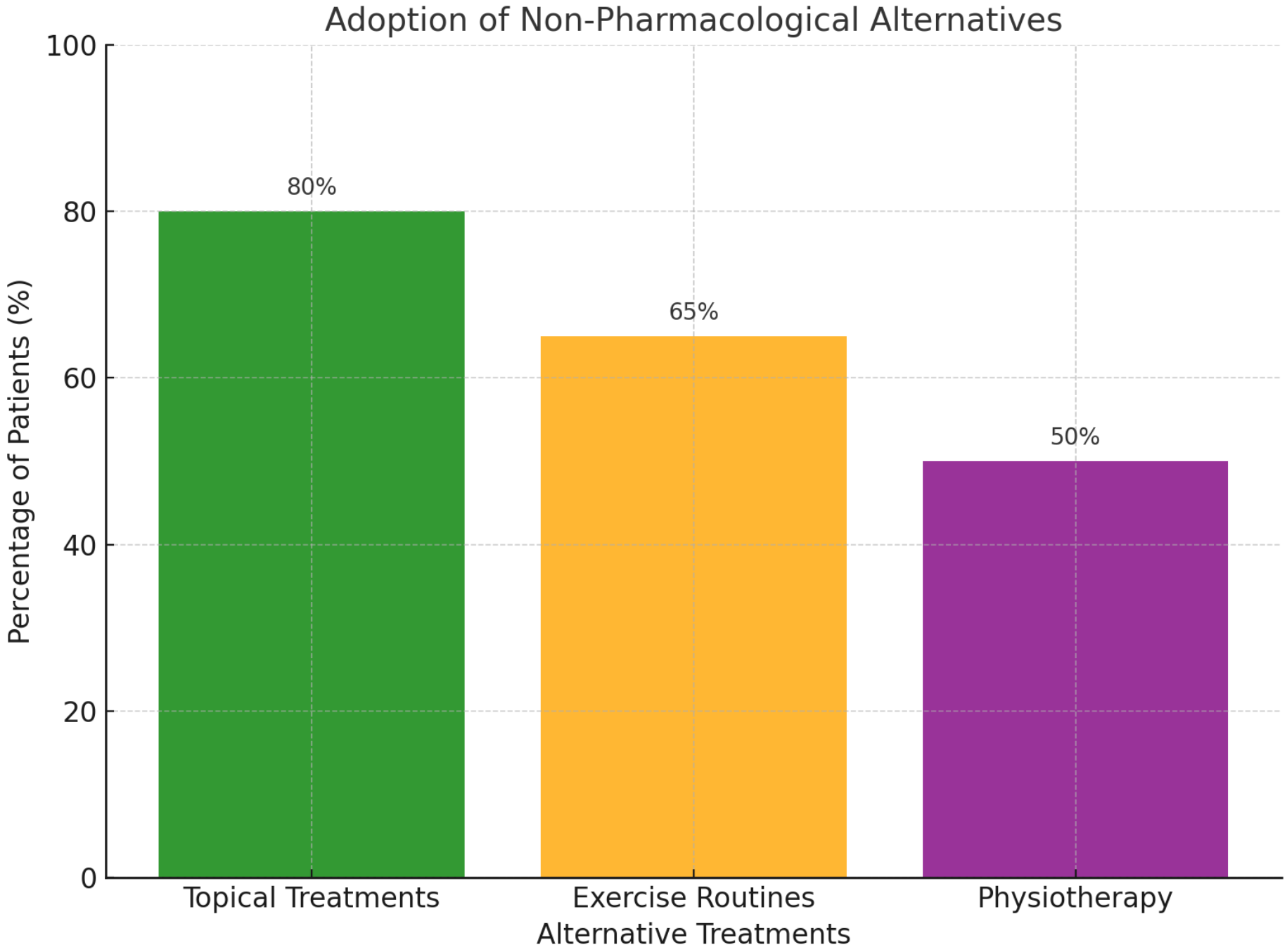

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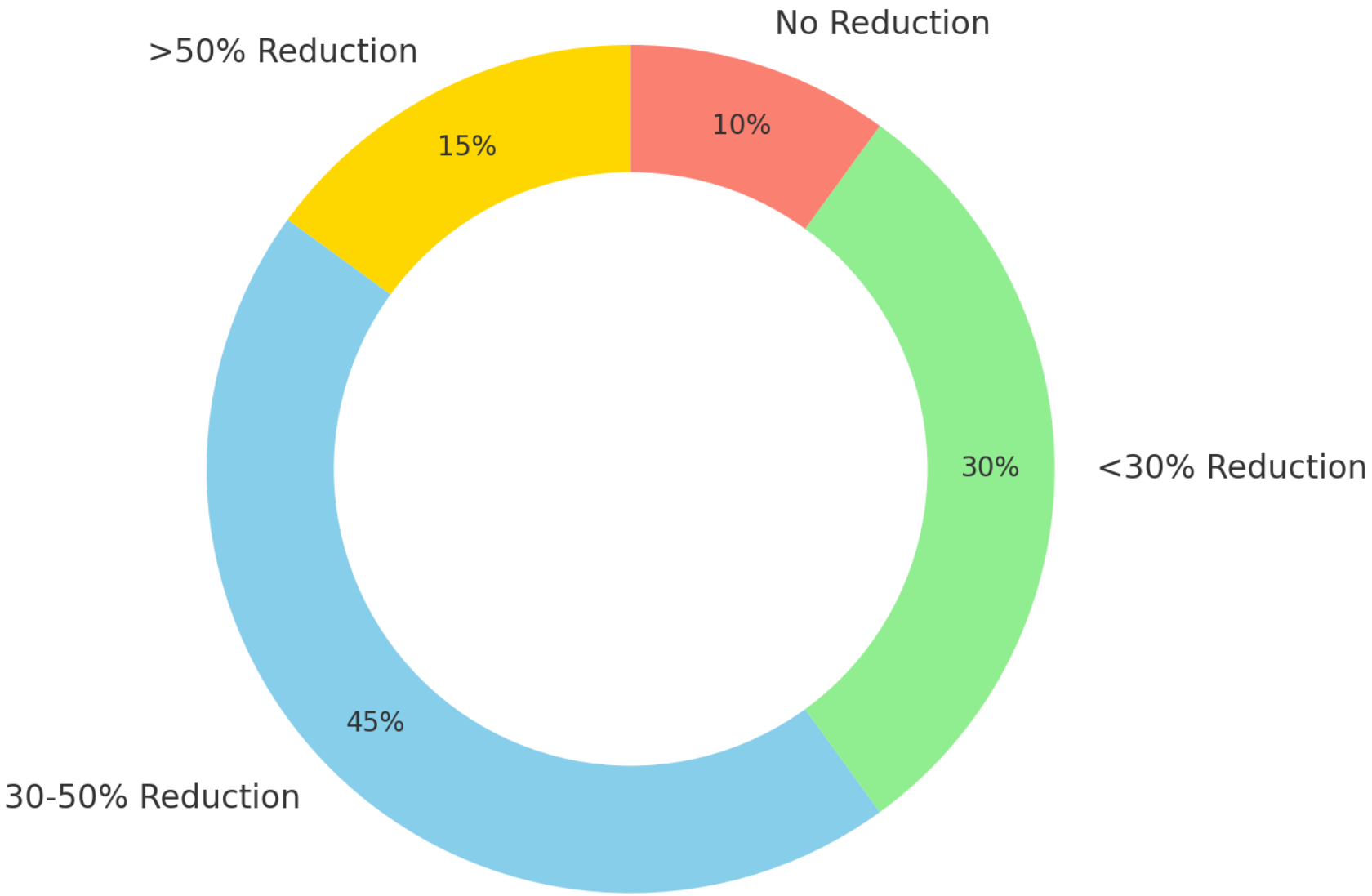
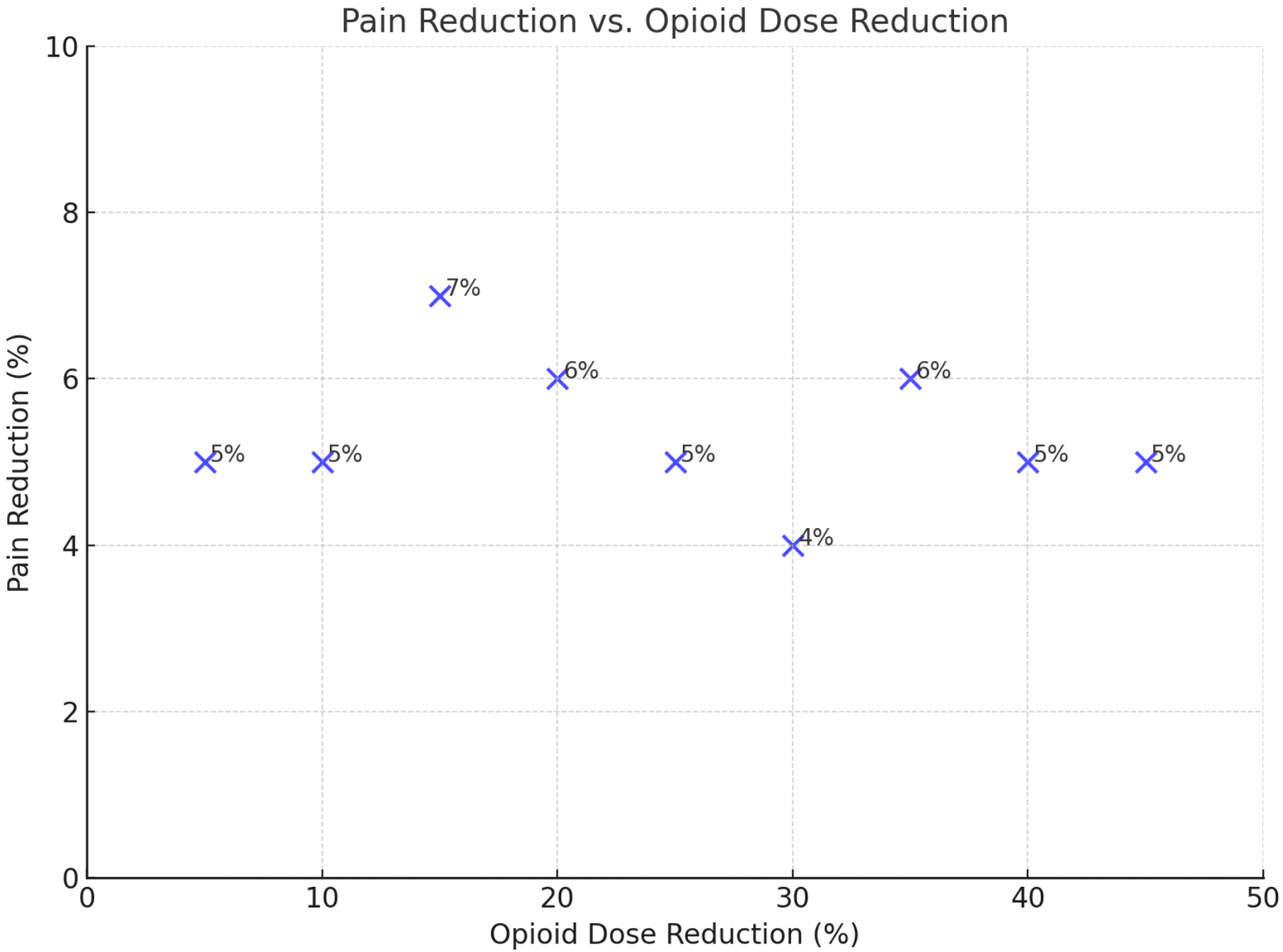
Proportion of Patients Achieving Opioid Reduction





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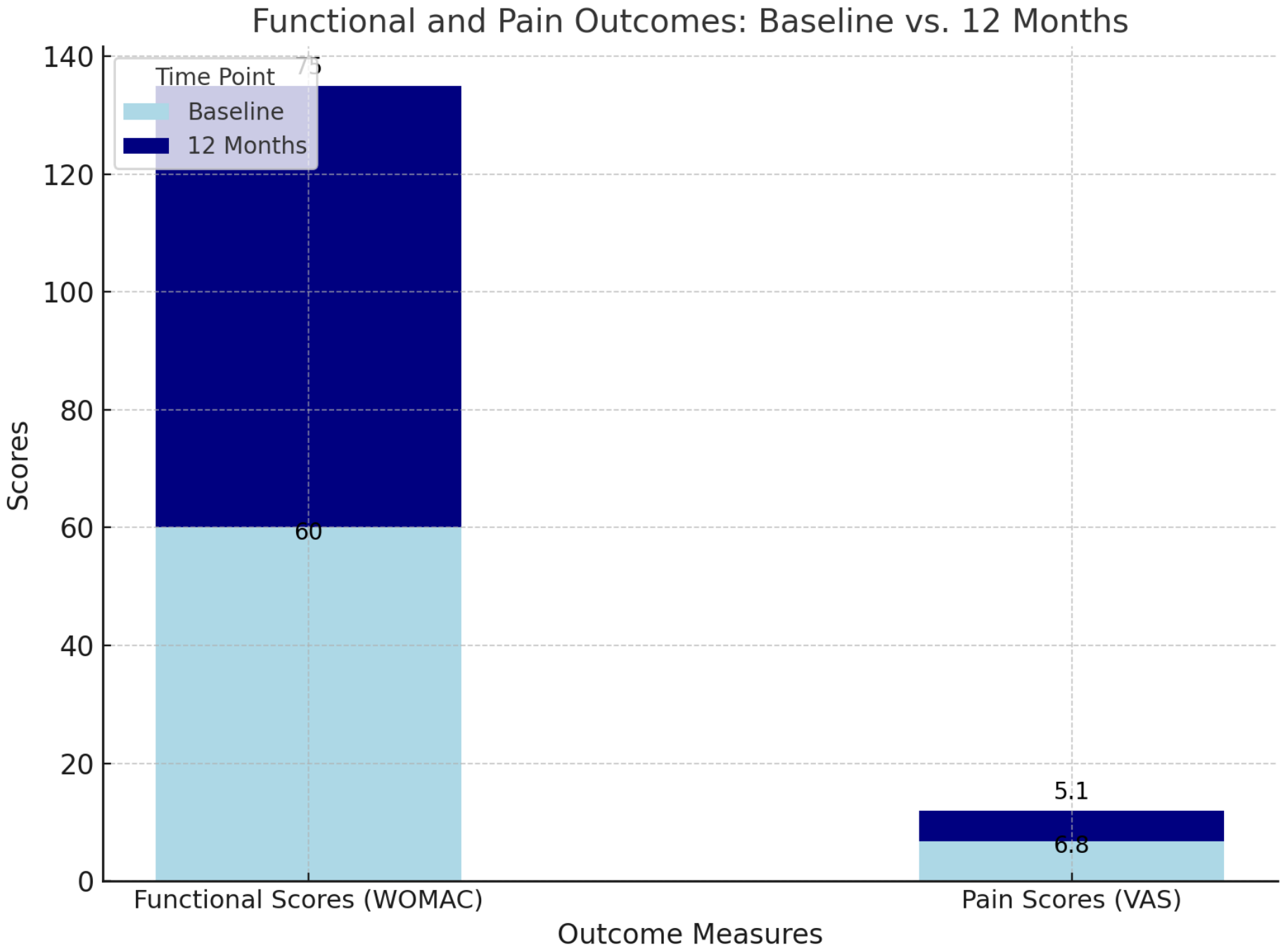

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Summary and Future Directions

- Gradual opioid tapering, combined with patient engagement and safer alternatives, can effectively manage chronic MSK pain.
- Success lies in understanding patient perspectives and fostering trust.
- Future efforts should focus on scaling this model and enhancing access to physiotherapy and non-pharmacological treatments.

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Mental Health Polypharmacy

Mental health polypharmacy

- Global increase

- 86 million prescriptions made for antidepressants

Challenges in Mental Health Polypharmacy

- Overview of polypharmacy in mental health (MH), traditionally involving multiple psychotropic medications.
- Critical re-evaluation of polypharmacy: concerns over clinical relevance and necessity.
- Undefined criteria for polypharmacy in literature.

NASMHPD's Categories of Mental Health Polypharmacy

- Description of “same-class” and “multi-class” polypharmacy.
- Definitions of “adjunctive” and “augmentation” polypharmacy.
- Framework for understanding diverse approaches in MH polypharmacy.

Trends and Prevalence in MH Polypharmacy

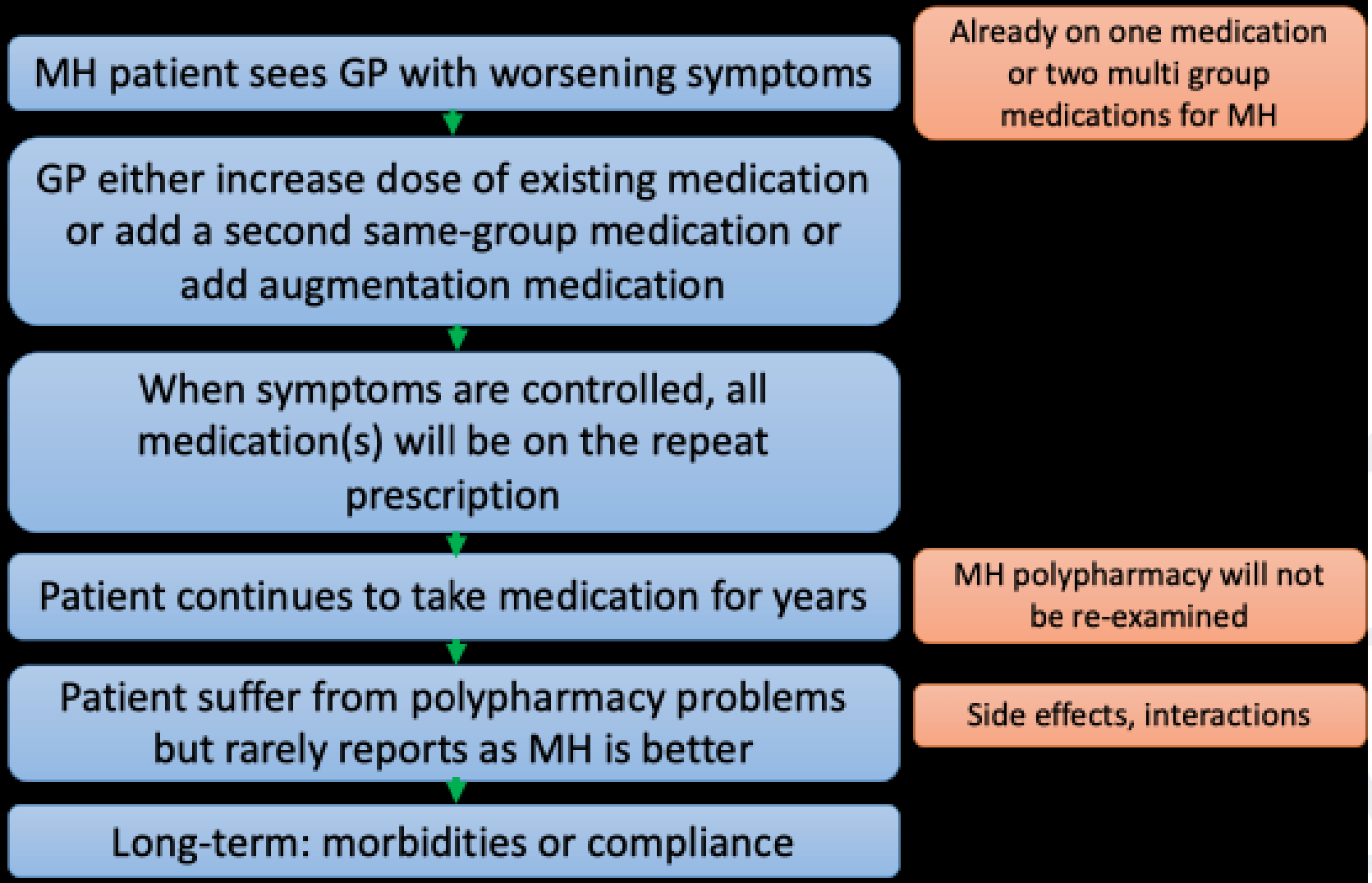
- Overall prevalence rates and trends towards polypharmacy.
- Demographics: higher prevalence in men aged 25-45, increase in geriatric and adolescent populations.
- The UK example: NHSBSA report on rising antidepressant prescriptions.

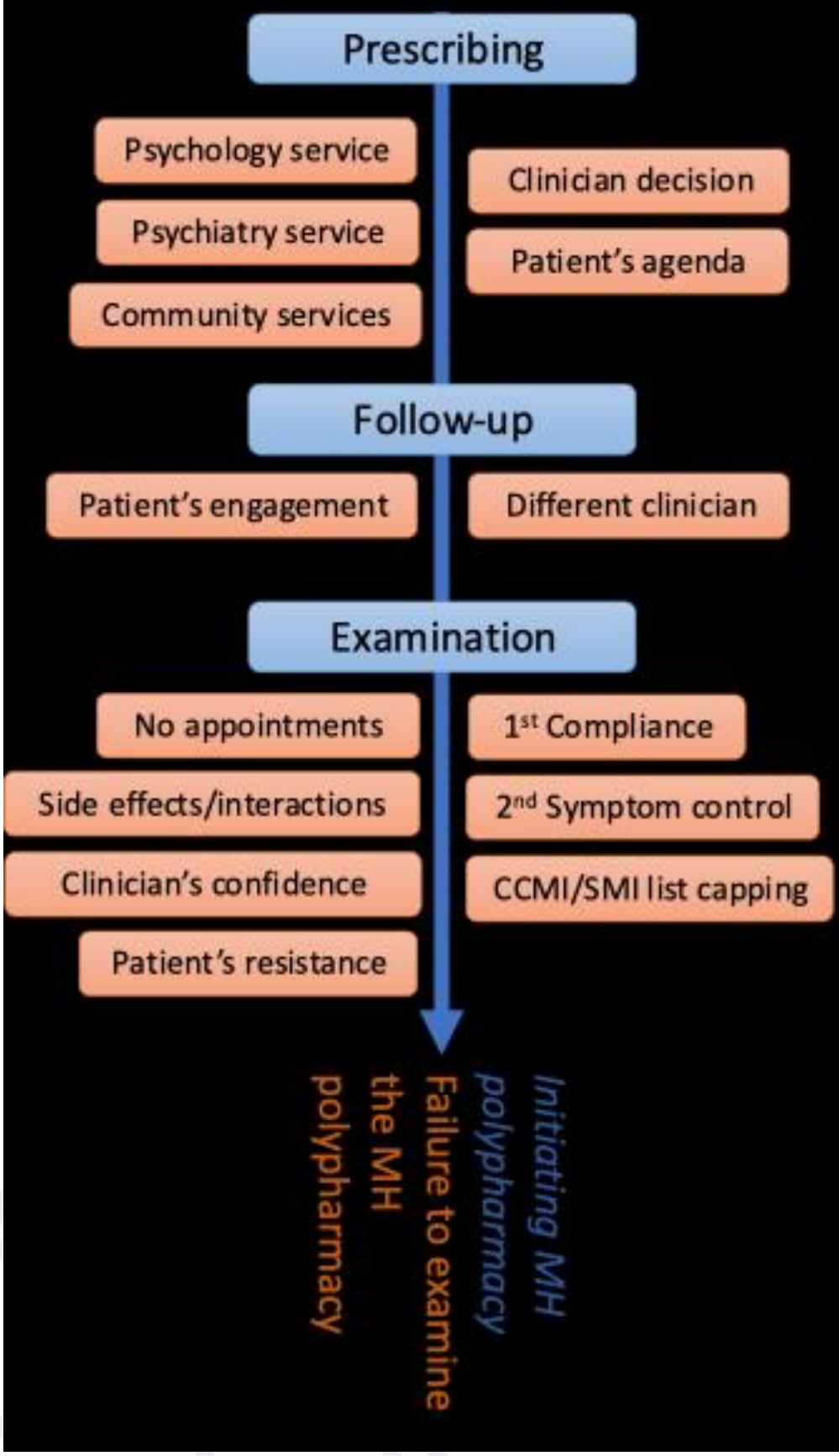
Studies

- Soerensen et al. 2016: 59% of mental health inpatients had a potentially inappropriate prescription,

  33% 12%

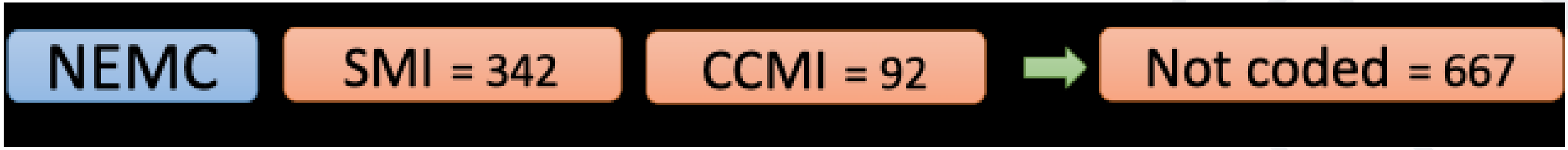
- Mateti et al. 2015: drug-related problems for patients taking antidepressants to be 16%


MH patient sees GP with worsening symptoms
Already on one medication or two multi group medications for MH
GP either increase dose of existing medication or add a second same-group medication or add augmentation medication
When symptoms are controlled, all medication(s) will be on the repeat prescription
Patient continues to take medication for years
MH polypharmacy will not be re-examined
Patient suffer from polypharmacy problems but rarely reports as MH is better
Side effects, interactions
Long-term: morbidities or compliance


Prescribing
Psychology service
Psychiatry service
Community services
Clinician decision
Patient's agenda
Follow-up
Patient's engagement
Different clinician
Examination
No appointments
Side effects/interactions
Clinician's confidence
Patient's resistance
1st Compliance
2nd Symptom control
CCMI/SMI list capping
Initiating MH polypharmacy
Failure to examine the MH polypharmacy

Study Design and Patient Selection

- Electronic search in North End Medical Centre, London.
- Identification of 434 coded and 667 non-coded mental health patients.
- Inclusion criteria based on NASMHPD's classification.



Demographic and Health Status of Participants

- Demographics: 48 males, 24 females, average age 42.
- Health status: ASA classification, smoking and drinking habits, mental health diagnoses.
- Cohort's racial background and daily living abilities.

MH Demographic of Participants

Seventy-two non-coded patients

Mixed anxiety/depression (n=48),

Post-traumatic stress disorder (n=16),

Obsessive compulsive disorder (n=6)

Personality disorder (n=2).

Medications included

SSRIs (Sertraline, Citalopram, Escitalopram, Paroxetine, Vortioxetine)

SNRIs (Venlafaxine, Duloxetine)

TCAs (Amitriptyline)

α2 blockers (Mirtazapine)

Serotonin modulators (Trazodone).

Intervention and Consultation Approach

- 68 patients agreed to the deprescribing plan.
- Mental health consultations addressing medication side effects and interactions.
- Project timeframe and follow-up duration.

Medication Review and Deprescribing Process

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- Review of “same-class,” “adjunctive,” and “augmentation” polypharmacy agents.
- Strategic medication dosage reduction and optimization.
- Incorporation of non-pharmacological treatments.

Project Model and Objective

- Plan-Do-Study-Act (PDSA) cycle model.
- Objective: Reduce the number of prescribed MH medications without compromising treatment.
- Recording of psychotropic, adjunctive, and augmentative medications at intervals.

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Idea	Plan	Do	Study	Act
Identify MH polypharmacy in >1 same group medication	Review patient to discuss polypharmacy, SEs/interactions	Reduce dose of one medication to lowest possible dose or stop Review adjunctive medication	Follow-up patient to assess outcome	Check if change in sustained Support services
Review same group of MH patients	Review MH, BMI, BP, HR, Smoking/drinking/ social	Non pharmacological support Review adjunctive / augmentation medications	Follow-up patient to assess outcome	Check if successful change
Education: patients and colleagues	Leaflet for patients Tutorials for clinicians	Annual checks	Review response	Check if change is manageable

Medication Trends and Reduction

- Initial average of psychotropic medications and inclusion of augmentative/adjunctive meds.
- Downward trend in medication numbers over 18 months.
- Significant decrease in primary psychotropic and additional medications.

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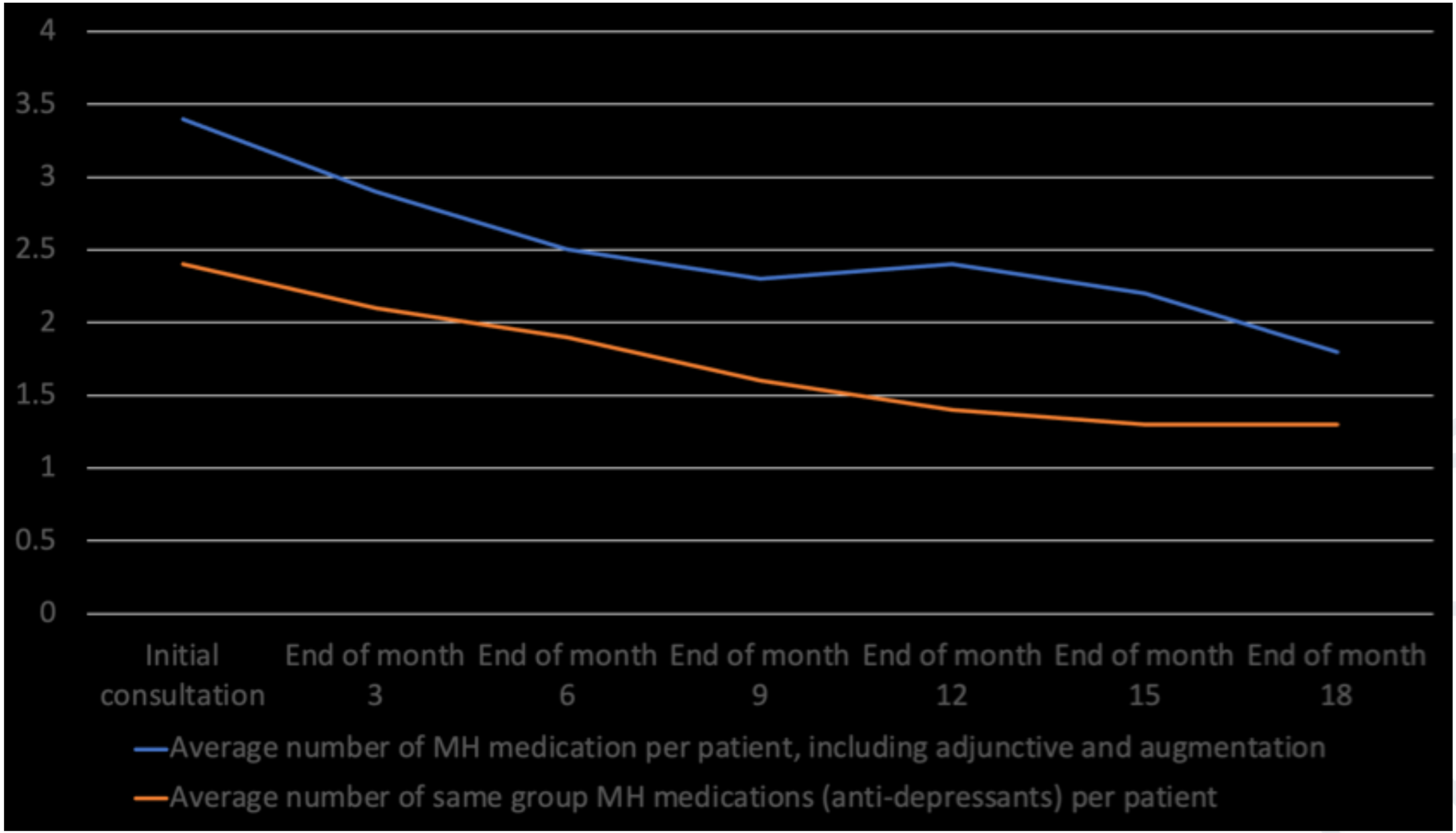
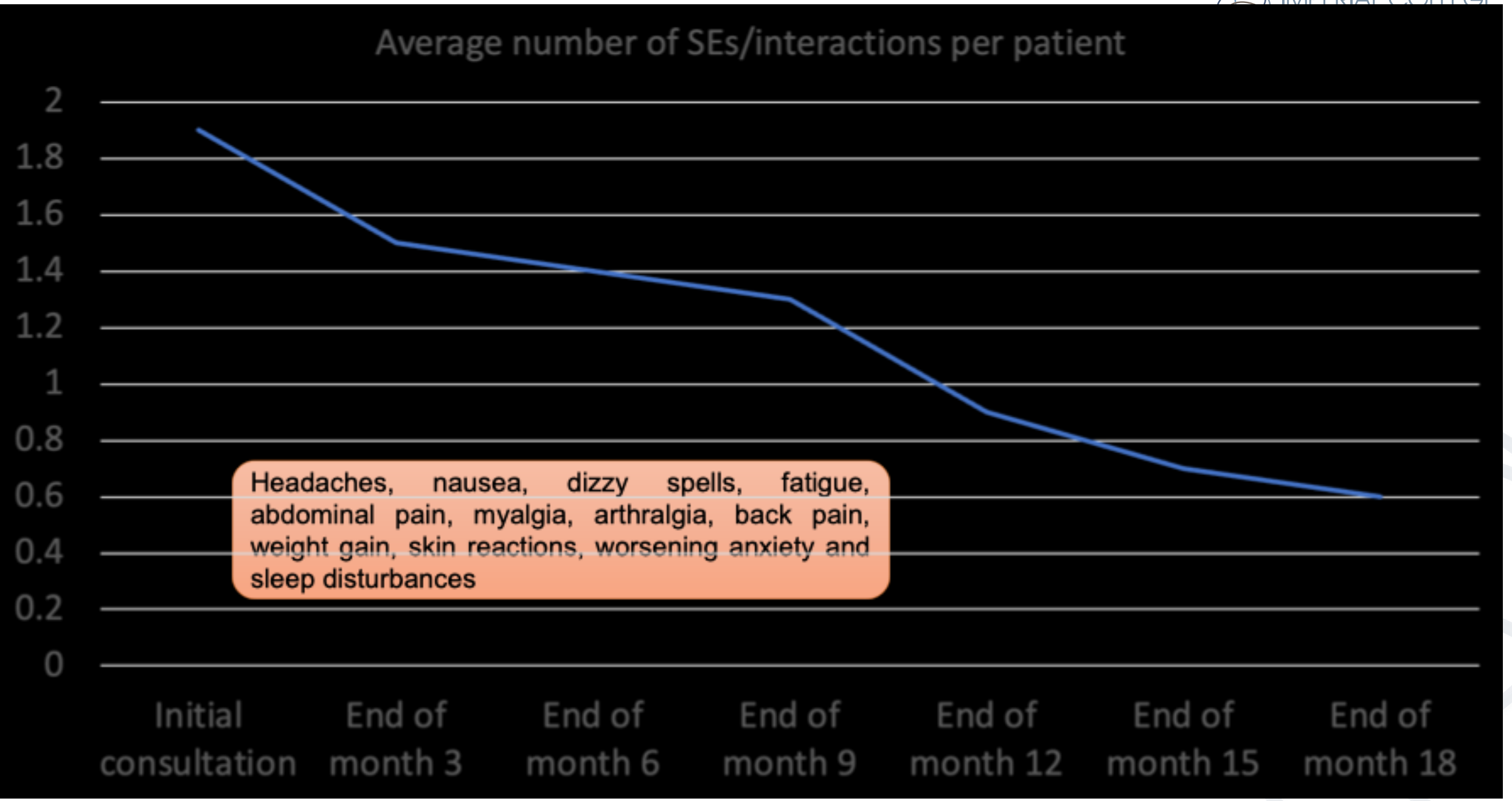
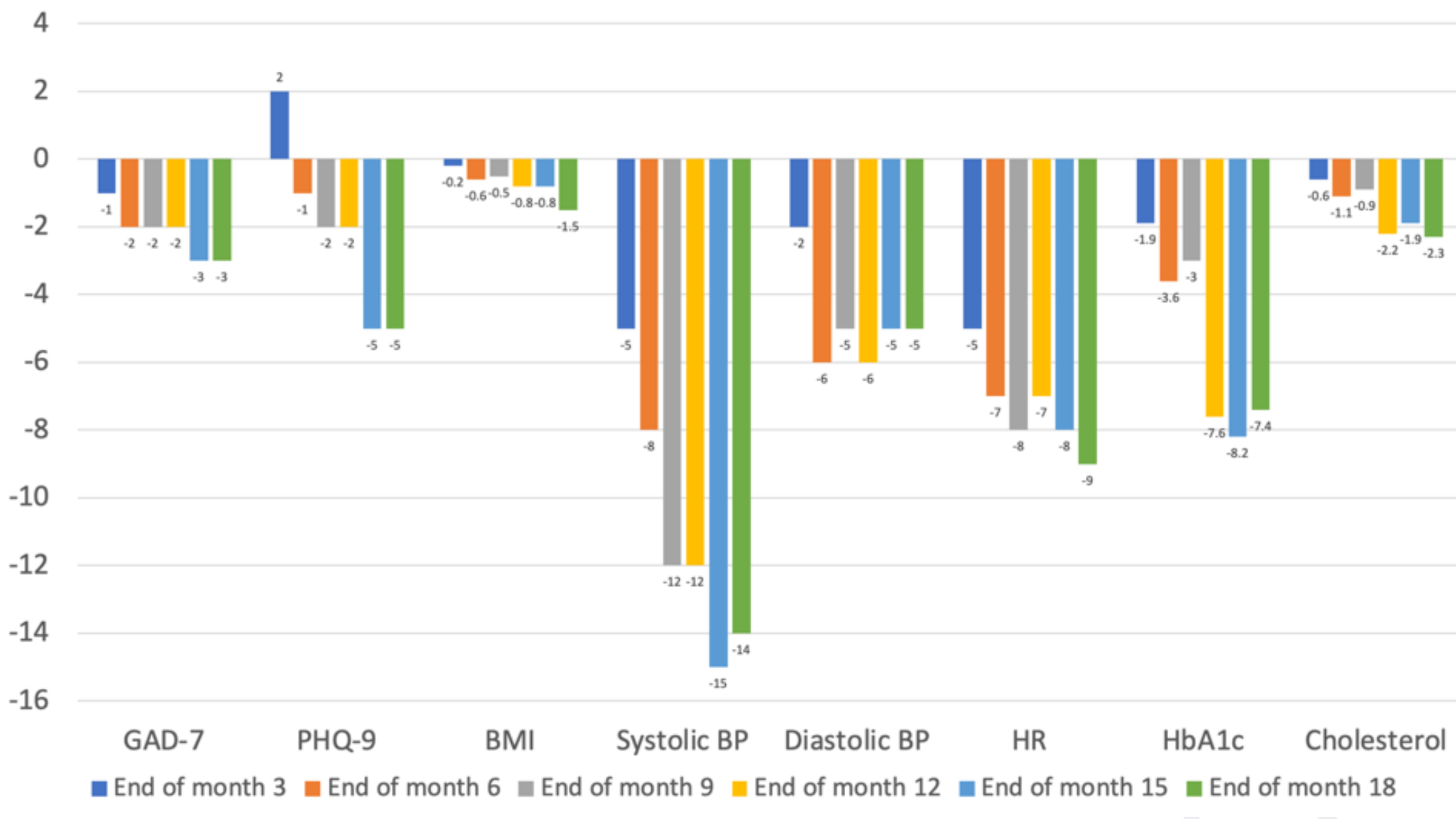



Average number of SEs/interactions per patient
2
1.8
1.6
1.4
1.2
1
0.8
0.6
0.4
0.2
0
Headaches, nausea, dizzy spells, fatigue, abdominal pain, myalgia, arthralgia, back pain, weight gain, skin reactions, worsening anxiety and sleep disturbances
Initial consultation
End of month 3
End of month 6
End of month 9
End of month 12
End of month 15
End of month 18


4
2
0
-2
-4
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-8
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-12
-14
-16
-1 -2 -2 -2 -3 -3
2 -1 -2 -2 -5 -5
-0.2 -0.6 -0.5 -0.8 -0.8 -1.5
-5 -8 -12 -12 -15 -14
-2 -6 -5 -6 -5 -5
-5 -7 -8 -7 -8 -9
-1.9 -3.6 -3 -7.6 -8.2 -7.4
-0.6 -1.1 -0.9 -2.2 -1.9 -2.3
GAD-7
PHQ-9
BMI
Systolic BP
Diastolic BP
HR
HbA1c
Cholesterol
End of month 3
End of month 6
End of month 9
End of month 12
End of month 15
End of month 18

Sustained Changes and Support Services

- Sustained medication regimen changes.
- Role of support services in aiding transitions.
- Reassurance and education through support services.

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Education and Systemic Integration in PSDA 3

- Development and distribution of educational materials for patients and clinicians.
- Successful implementation of annual checks.
- Positive feedback on understanding and management of MH medications.

Challenges in Polypharmacy Management

- Clinicians' difficulty in balancing medication reduction and mental health stability.
- Patients' apprehension about changing medication regimens.
- Lack of standardized protocol for reducing mental health medications.

Maintaining Balance and Future Directions

- Importance of balancing therapeutic necessity and risk management in polypharmacy.
- Continuous education for clinicians and adherence to prescribing guidelines.
- Need for further research in long-term effects of polypharmacy.

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Conclusion and Key Takeaways

- Deprescribing is a valuable tool for optimizing mental health care.
- It requires careful planning, patient education, and regular monitoring.
- Collaboration among healthcare providers is key to success.

Thank you

Acknowledgement

- Daniele Ramsay
- Harvey Stevenson
- Karima Lalji

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Future Polypharmacy Masterclasses

We would appreciate input from our attendees regarding feedback from today's sessions and potential topics for future masterclasses

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Thank you & Close