



# 5 THINGS

PHARMACISTS AND CONSUMERS SHOULD QUESTION

*Developed by The Society of Hospital Pharmacists of Australia*

1

**Don't initiate and continue medicines for primary prevention in individuals who have a limited life expectancy**

Frail, elderly patients are more susceptible to the adverse effects of medicines. There is limited evidence to support the use of many medicines in elderly patients as they are typically excluded from clinical trials. One study has estimated cost to the PBS of potentially inappropriate medication in older patients is between \$240 and \$450 million each year.

The use of medicines used to prevent a condition, or disease, or those with a long 'time to benefit' profile may not be consistent with the life expectancy of the patient and their goals of care.

The proactive de-prescribing of medicines that no longer provide a benefit to the patient is integral to end-of-life care and advance care planning. Patients or their carer, or designated guardian, should be involved in the decision to review treatment and the ongoing need for each medicine.

2

**Don't initiate an antibiotic without an identified indication and a predetermined length of treatment or review date**

Antibiotics may be prophylactic, empirical or targeted against a known organism.

Prolonged duration of antibiotics is associated with: an increased risk of adverse reactions, *Clostridium difficile* infection, candidiasis, selection of antibiotic resistant organisms as well as unnecessary cost. Therefore the shortest possible duration of therapy should be used. For the majority of infections treatment should not exceed 7 days.

The most appropriate duration of therapy may be difficult to identify in some circumstances. In these instances treatment duration must be individualised for the patient on the basis of clinical, microbiological or radiological parameters. If ongoing treatment is required a date for review should be identified.

Patients should be advised that using antibiotics when they don't need them can contribute to the problem of antibiotic resistance. They should be advised, when the antibiotic is prescribed and dispensed, when the antibiotic is to finish, or the date to be reviewed.



3

**Don't initiate and continue antipsychotic medicines for behavioural and psychological symptoms of dementia for more than 3 months**

Behavioural and psychological symptoms of dementia (BPSD) are often temporary. The mainstay treatment of BPSD is non-pharmacological. Antipsychotic medicines should only be considered when non-pharmacological interventions have failed and the patient has symptoms that are distressing for them, their family or co-residents.

Patients or their carer, or designated guardian, should be involved in the decision to begin treatment with an antipsychotic medicine. Consideration needs to be given to the patient's ability to appreciate the consequences of refusing or agreeing to treatment.

If used, the dose of the antipsychotic medicine should be increased as slowly as necessary with the goal of using the lowest effective dose for the shortest possible time. The effectiveness of the medicine and the occurrence of delirium, sedation, or anti-cholinergic side effects should be assessed at least weekly.

Treatment should be reviewed after no more than 3 months and the dose should be reduced and then stopped wherever possible.

4

**Don't recommend the regular use of oral non-steroidal anti-inflammatory medicines (NSAIDs) in older people**

Non-steroidal anti-inflammatory medicines (NSAIDs) are frequently used in the short term to treat moderate acute pain. They are not usually required after the cause of the acute pain has been addressed. Treatment should be re-assessed if the acute pain is ongoing and not resolved within 2 weeks.

Oral NSAIDs have considerable cardiovascular, gastrointestinal and kidney function risks. They should not be recommended without consideration of the patient's additional diseases or conditions; in particular older people, people with kidney disease, a history of peptic ulcer disease, hypertension or heart failure.

Older people should use the lowest possible dose of an oral NSAID, for the shortest duration possible and multiple NSAIDs should not be taken at the same time.

The effectiveness of long-term oral NSAID treatment should be routinely assessed against the individual patient's management plan. If possible the total dose should be reduced or ceased.



5

**Don't recommend the use of medicines with sub-therapeutic doses of codeine (<30mg for adults) for mild to moderate pain**

Products containing low dose (<12mg) codeine per tablet combined with another analgesic medicine are available without a prescription and are commonly recommended for the treatment of mild to moderate pain.

Codeine is converted to morphine in the body to work. The extent of this metabolism depends on each individual's pharmacogenetics, which are not readily known and this is highly variable between individuals.

There is evidence that doses of codeine less than 30 mg every 6 hours, are no more effective than paracetamol or an NSAID alone. Therefore, combination products that contain low dose codeine should not be recommended for mild to moderate pain. If used, their effectiveness should be assessed within 48 hours. If symptoms persist the product should be ceased and the patient referred for further assessment.

Codeine can lead to constipation, nausea, vomiting, bloating and abdominal pain, any of these symptoms can impact on quality of life.



## SUPPORTING EVIDENCE

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## HOW THIS LIST WAS MADE

A working party was formed and they sought suggestions from SHPA's Committees of Specialty Practice, Reference Groups, State and Territory branches and Federal Council.

More than 40 proposed statements were considered by the working party. A shortlist of 10 statements was identified for consideration by the SHPA's membership through an online survey. All members were invited to comment on each proposed statement, specifically: whether it related to the practice of pharmacy, related to medicines that are frequently used, and if a significant cost. Members were also invited to rate the statements in order of preference.

The survey results were used by the working party to identify the final six statements which were presented to SHPA's Federal Council who ratified the choice of the five final statements.

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Choosing Wisely Australia® is enabling clinicians, consumers and healthcare stakeholders to start important conversations about tests, treatments and procedures where evidence shows they provide no benefit and in some cases, lead to harm. This initiative is being led by Australia's medical colleges and societies and is facilitated by NPS MedicineWise.

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### **About the Society of Hospital Pharmacists Australia (SHPA)**

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional organisation for more than 3,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system.

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