



<p>Pharmacy</p> <p>Ph: [REDACTED]</p> <p>Fax: [REDACTED]</p>

Dr [REDACTED]

Dear Dr [REDACTED],

Thank you for your referral for Mrs. [REDACTED] (DOB [REDACTED]) who has a history of asthma, COPD, diabetes mellitus Type 2, hypercholesterolaemia, hypertension & osteoarthritis. I visited Mrs. [REDACTED] for a Home Medicines Review on Friday 15th July.

Allergies or adverse reactions: penicillin, tetanus, trimethoprim, vibramycin

During the interview Mrs. [REDACTED] explained that she was concerned that she often suffered from headaches & is always tired. During the interview she explained she also has been experiencing bloody stools which she thinks is due to hemorrhoids & is constipated. She also complained of bedsores.

Current Medications

Medication	Dose	Purpose/Comment
<i>Candesartan 32mg</i>	<i>1 d</i>	
<i>Metformin 500mg</i>	<i>1 bd</i>	
<i>Candesartan 8mg</i>	<i>0.5 d</i>	
<i>Verapamil SR 240mg</i>	<i>1 d</i>	
<i>Aspirin 100mg</i>	<i>1 d</i>	
<i>Esomeprazole 20mg</i>	<i>1 d</i>	
<i>desvenlafaxine 50mg</i>	<i>0.5 n</i>	
<i>Alendronate & cholecalciferol</i>	<i>1 weekly</i>	
<i>Rosuvastatin 40mg</i>	<i>1 n</i>	
<i>Ferrous sulphate & vitamin C</i>	<i>1 d</i>	
Salbutamol MDI	2 bd	
Salbutamol nebuliser	1 q4h prn	
Paracetamol 500mg/codeine 30mg	1 n prn	Takes for headaches
Prednisone 5mg	1 d	
Paracetamol 500mg	2 q6h prn	
Fluticasone/salmeterol 250/25	2 bd	
Sodium chloride 600mg	3 m, 3 midi, 2 n	
Tiotropium 18mcg	1 d	Not currently using. Misplaced handihaler.
Doxycycline 50mg	1 d	Chest infection
Mega B complex	1 d	
Multivitamin	1 d	
Nedocromil MDI	2 tds	Not currently using
Bromhexine 0.8mg/ml	10ml bd	
Donepezil 5mg	1 m	

Any differences in this medicines list and your referral are in **bold**. Medicines in *italics* are included in her Webster pack prepared by her pharmacy.

Actions already undertaken

Findings	Interventions
	Discussed non-medication techniques to relieve pain.

Mrs. [REDACTED] always remembered to rinse her mouth after using her fluticasone inhaler.	Reviewed inhaler technique.
	Discussed the benefits of staying mobile & active.
Mrs. [REDACTED] explained that she is suffering from constipation.	Discussed dietary issues with regards to her fibre & calcium intake.
Mrs. [REDACTED] explained that she sometimes suffered from postural hypotension.	Lifestyle advice to prevent falls.
Mrs. [REDACTED] visits her podiatrist every 8 weeks.	Discussed the importance of keeping her visits up with her podiatrist & optometrist. Mrs. [REDACTED] has not seen an optometrist in a long time to check her eyes. Perhaps her pharmacist could recommend a local optometrist as part of monitoring for complications due to her diabetes.
Mrs. [REDACTED] monitors her blood glucose levels every morning. She told me that her average readings are about 4-6mmol/L but has noticed that it increases when she is ill.	Discussed targets & reviewed her glucometer technique.
Mrs. [REDACTED] has misplaced her handihaler.	Discussed the importance of continual therapy. Perhaps her pharmacist could remind her to obtain a new handihaler.

Findings and Recommendations

Findings & Recommendations	Management Plan (to be completed by GP)
As you are privy, headache & weakness are common adverse effects of desvenlafaxine. These seem to be Mrs. [REDACTED]'s main concerns & she feels may be due to her medication. Desvenlafaxine may also exacerbate hypertension. Consider the temporal relationship. As long as there is no other contraindications sertraline is well tolerated & have least potential for drug interactions mediated by the inhibition of CYP enzymes. ¹ Consider ceasing desvenlafaxine cross tapering whilst commencing sertraline at 25mg once daily. ²	<input type="checkbox"/> No action required <input type="checkbox"/> Action (comment):
According to her dispense history Mrs. [REDACTED] has not been compliant with her inhalers. She has been using her salbutamol inhaler more regularly & has been suffering from a phlegmy cough. Consider ceasing salbutamol nebuliser to avoid confusion & simplify regime. Consider recommending Mrs. [REDACTED] use a spacer. Regular use of salbutamol may increase the risk of adverse effects such as headaches which is an ongoing concern. ³ Consider follow up discussions with Mrs. [REDACTED] to encourage her to commence nedocromil MDI as intended & using her fluticasone/salmeterol regularly in order to reduce the need for salbutamol. With regular use, if response is seen nedocromil dosage may be reduced to twice daily. ⁴ And fluticasone/salmeterol can be reduced to	<input type="checkbox"/> No action required <input type="checkbox"/> Action (comment):

<p>lowest effective dose. Consider reviewing her therapy & perhaps providing her & her daughters with a revised medication chart for her inhalers & an asthma management plan. Asthma management plan template available at http://www.nationalasthma.org.au/content/view/247/638/</p>	
<p>As mentioned above Mrs. [REDACTED] has misplaced her Spiriva Handihaler. Consider follow up discussions & encouraging compliance with tiotropium 18mcg.</p>	<input type="checkbox"/> No action required <input type="checkbox"/> Action (comment):
<p>Mrs. [REDACTED] explained that she has not suffered for any GORD symptoms in a very long time. As you are privy, long term PPI therapy may increase the risk of hip fracture, pneumonia & reduced vitamin B₁₂ absorption.⁵ As you are privy constipation is also an adverse effect of esomeprazole. Consider gradually withdrawing esomeprazole over 4-6 weeks to avoid rebound symptoms after long term use. Consider introducing antacids to be used on a prn basis whilst weaning off esomeprazole.⁶</p>	<input type="checkbox"/> No action required <input type="checkbox"/> Action (comment):
<p>Mrs. [REDACTED] is constipated at the moment & is suffering from hemorrhoids. Consider recommending Osmolax 2 scoops daily increasing to 2 to 3 times daily if required & commencing bulking agents daily. Recommend Proctosedyl ointment two to three times daily.</p>	<input type="checkbox"/> No action required <input type="checkbox"/> Action (comment):
<p>Consider substituting metformin 500mg 1 twice daily for metformin XR 1000mg 1 daily to simplify medication regime. As I was not privy to Mrs. [REDACTED]'s pathology results consider continuous monitoring of renal function as dosage may need to be adjusted accordingly.</p>	<input type="checkbox"/> No action required <input type="checkbox"/> Action (comment):
<p>As I was not privy to Mrs. [REDACTED]'s pathology results consider monitoring vitamin B12. As metformin & esomeprazole may interfere with vitamin B12 absorption.</p>	<input type="checkbox"/> No action required <input type="checkbox"/> Action (comment):
<p>As I was not privy to Mrs. [REDACTED] vaccination schedule. Consider reviewing the next scheduled influenza & pneumococcal vaccination.</p>	<input type="checkbox"/> No action required <input type="checkbox"/> Action (comment):

GP signature		Patient signature	
Date		Date	
<p>Send completed plan to: The Medicines Review Company Fax: 1300780093 Email: hmr@medreviewco.com.au Post: PO BOX 180, Drummoyne, NSW 1470</p>			

I understand that there may be sound clinical reasons why my recommendations may not be considered appropriate for Mrs. [REDACTED]. I would welcome advice on this and how these reports can be made more useful to you. I would be pleased to provide supporting literature or clarifications of any issue raised in the report. Once a Medication Management Plan is developed in consultation with the patient MBS item number 900 can be claimed.

Yours sincerely,



Tina Quach B.Pharm AACPA
Accredited Consultant Pharmacist

References

1. The Lancet, vol 373, issue 9677, p1759-1760, 23rd May 2009 [cited 17 July 2011] Available from; URL: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60974-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60974-0/fulltext)
2. AMH 2011 online. Sertraline drug profile.
3. eMIMS [CD-rom]. Version 5.0. St Leonards, CMPmedica Australia Pty Ltd; 2011. Salbutamol drug profile
4. AMH 2011 online. Nedocromil drug profile
5. Shenfield G, Bampton P, Catto-Smith T, Crotty B, Desmond P, Ellard K et al. Therapeutic guidelines - gastrointestinal 2006 4th ed. Melbourne, Therapeutic Guidelines Limited; 2006. p.52
6. NPS news 45: proton pump inhibitors: step-down to symptom control NPS 2009 [cited 8 Apr 2011] Available from; URL: http://www.nps.org.au/health_professionals/publications/prescribing_practice_review/current/nps_prescribing_practice_review_45

This is a real example of a Home Medicines Review written by one of our accredited pharmacists. The actual outcomes in the medication management plan were as follows:

- GP ceased Pristiq (dexvenlafaxine)
- GP stated “Uses nebs only in severe chest infections. Pt encouraged to use spacer. Has been given script for Seretide”
- Patient given Spiriva Handihaler
- GP ceased PRN Nexium
- GP stated “has large rectal prolapse. Is having operation 5/8/11”
- GP changed metformin to 500mg XR nocte (HbA1c 6.11%)
- GP will monitor B12 at next visit.
- GP stated vaccinations for influenza and pneumococcal both up to date.

Note: The purpose of this example is to illustrate the format and types of issues that may be identified during a HMR – obviously, the number and types findings/recommendations will vary between patients.

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