

## Helping you prepare for your review appointment

If you are on 10 or more medicines you can get extra problems with side effects, this is often even worse as you get older.

### Aim of medication review

1. To inform you about the role of your current medications; their benefits, risks and discuss the ongoing need and relevance for them
2. To prevent adverse side effects, reduce medication burden and make shared informed decisions about continuing or starting new preventative drugs
3. To practise safe prescribing

### Facts

- Adverse drug reactions are a major cause of Hospital admissions. It is estimated that 50% of these admissions are preventable by effective medication reviews.
- Advancing age leads to multiple disease conditions which are either temporary or permanent. This is often managed with multiple drugs. Some are often needed lifelong and others can be stopped if no longer beneficial or the **risks outweigh the benefits**.
- The central nervous system is more sensitive to medications in the elderly. This can lead to higher rates of confusion, dizziness, dry mouth, visual disturbances.
- Reduced liver and kidney metabolism leads to higher side effect profiles of many drugs and therefore drug interactions.
- As such to ensure safe prescribing, regular (at least yearly) medication reviews are needed to make changes **tailored to your needs**. The outcome could be to either trial stopping a medicine which may no longer be required (but instead causing unwanted symptoms) or starting preventative medicine such as those to protect your heart or bones.

#### Ask your self

- Do I understand what this drug is used for?
- Is it helping? Do I still need this drug?
- Am I getting any side effects? See below for examples, list is not exhaustive
- Am I ready to trial coming off it? Either immediately or step by step – discuss at consultation
- Review symptoms without the drug – if symptoms recur then discuss to restart lower dose

#### At the appointment

- Ensure it is booked as face to face
- Bring all your medication boxes
- If on BP tablet then bring in a 1 week daily measurement of BP
- Come with a relative if you feel it would be helpful to retain information
- If recent Hospital admission and started new medicines, do you understand them and do you still need them?

### Examples of drugs, their uses and possible side effects

The **two of the most significant groups of medicines** which are focussed on here are those that cause 'anticholinergic' side effects and 'hypotension'. Hypotension or low blood pressure is due to blood pressure drugs/heart related drugs, however anticholinergic side effects can be triggered by various groups of drugs highlighted in the table below.

Anticholinergic side effects – for some this can be debilitating and include constipation, confusion, dizziness, dry mouth, visual problems, risk of falls, unsteadiness and much more.

### Postural Hypotension

Low Blood Pressure when standing up, walking or upright as a result of too tightly controlled BP. This causes unsteadiness, dizziness, and high risk of falls.

### **Safe Blood Pressure targets**

- Age above 80yrs - aim Home BP less than 145/85, even if diabetic
- Age less than 80yrs – aim Home BP less than 135/85, if diabetic and significant kidney disease then aim 125/75

The table below shows some common drugs many patients are taking regularly which are sometimes unhelpful and instead causing unwanted side effects or may do so in the future. Furthermore some conditions may be better controlled using non medical approaches. The drugs highlighted in the table below are those which can cause the highest risks, especially when used in combination and a particularly important area to discuss at your medication review.

Group of Drug	Examples
<b>Antidepressants</b>	Sertraline, Venlafaxine
<b>BP/Heart tablets</b>	Amlodipine Ramipril <b>Furosemide</b>
<b>Antihistamines</b>	Cetirizine, Loratadine, Chlorphenamine
Acid lowering	Lansoprazole, Omeprazole
<b>Strong painkillers</b>	Co-codamol, Codeine, Pregabalin Gabapentin Amitriptyline
<b>Drugs for Dementia</b>	Memantine Donepezil
<b>Medicines for bladder</b>	Oxybutynin, Tolterodine, Solifenacin
Laxatives	Laxido Macrogol Fybogel
Diarrhoea	Loperamide
<b>Benzodiazepines/Z drugs</b>	Diazepam Zopiclone

**This information leaflet will hopefully give you a better understanding and confidence in trialling to stop medications that you may not continually need and to help prevent side effects that can impact on your quality of life.**

More information to look after your health, wellbeing and staying safe especially for patients who do not have access to the internet:

Please call 0800 678 1602 lines open 8am – 7pm 365 days a year . 'Practical guide for healthy ageing' can be ordered to be delivered to your home for free.

Age UK Essex 01992 662296 for further local support and advice

If you have access to the internet please visit: <https://www.ageuk.org.uk>