

Sample Case Study

Rational Prescribing Workshop

May 2016

Co-morbidities and polypharmacy!

- Mrs G is an 82 year old lady well-known to the surgery
- Type 2 diabetic on insulin with a documented history of heart failure, IHD, aortic stenosis, atrial fibrillation, hypertension, CKD and hypothyroidism

Current Repeat Medications

- Bisoprolol 10mg od
- Atorvastatin 40mg od
- Digoxin 62.5mcg od
- Ezetamibe 10mg od
- Furosemide 20mg od
- Slozem 120mg od
- ISMN 20mg od
- Gliclazide 80mg am, 40mg pm

And the rest.....

- Lansoprazole 30mg od
- Levothyroxine 100mcg od
- Linagliptin 5mg od
- Paracetamol 1g qds
- Spironolactone 25mg od
- Amitriptylline 10mg nocte
- Warfarin variable dose
- Lantus

Presents to our new partner

- C/O tiredness and slight breathlessness
- Examination revealed her to have some mild ankle swelling but no chest signs/raised JVP to suggest heart failure
- Blood sugars had been running well-controlled at 8-10
- Routine bloods requested

Routine bloods

- Na 135
- K 6.3
- Urea 19.9
- Creat 224
- eGFR 19
- Hb12.7
- HbA1C 83
- BNP 2,152

Blood results Sept 2015

Admitted to SGH with an episode of hypoglycaemia and AKI > furosemide and Ramipril stopped. Bloods after discharge:

- Na 132
- K 4.6
- Urea 14.5
- Creat 210
- eGFR 20

Thoughts???

- How helpful are her blood tests?
- ❖ This lady is in essence in the realms of palliative care for her heart and kidney disease

What are the main risks here?

Hospital admission due to:

- Digoxin toxicity
- Hypoglycaemia
- Hyperkalaemia causing cardiac arrhythmia
- Falls due to her polypharmacy
- Anything else?

What harm might we cause de-prescribing?

- Primarily acute worsening of her heart failure
 - Leading to hospital admission

- Easy hits which are low risk?
- Medium risk?
- High risk?

What I would do?

- I would go very slowly and carefully – I might not even do anything apart from low risk hits after careful discussion with Mrs G
- Regular symptom review with a regular weight/BP
- One drug decrease, switch or swap at a time
- Debatable if I would even monitor her blood tests – what do we gain?

- Thoughts and comments?