



Medicines Evidence Commentary

commentary on important new evidence from Medicines Awareness Weekly

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Polypharmacy and shared decision-making: development of a conversation guide

Researchers in Australia have developed and tested a conversation guide for pharmacists conducting medication reviews with older people. It addresses matters such as general health understanding, health priorities for medicines, the person's goals and fears, views about what activities are important to them, and making trade-offs. Users found that the guide was helpful in supporting their discussions around medicines choices. A person-centred approach to care, especially in people with multimorbidity, is recommended across NICE guidance, but specifically in NICE's guidelines on [multimorbidity](#), [patient experience in adult care](#), and [medicines optimisation](#).

Overview and current advice

The NICE guideline on [multimorbidity](#) recommends considering an approach to care that takes account of multimorbidity if the person requests it or in certain circumstances, such as the person having polypharmacy or frailty. The recommended approach includes establishing disease and treatment burden; identifying the person's goals, values and priorities; reviewing medicines and other treatments; and agreeing an individualised management plan. The NICE guideline on [patient experience in adult care](#) recommends, among other things, that healthcare professionals should adopt an individualised approach to healthcare services that is tailored to the person's needs and circumstances, taking into account their ability to access services, personal preferences and comorbidity.

The NICE guideline on [medicines optimisation](#) defines a medication review as 'a structured, critical examination of a person's medicines with the objective of reaching an agreement with the person about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste'. Medication reviews are integral to an individualised approach to care that takes account of multimorbidity. An essential component of these activities is a person-centred approach that encourages and supports the person (and their family and carers as appropriate) to be as involved in decisions about their care as they wish. Shared decision-making describes the process of patient and healthcare professional working together to make decisions based on the best evidence available and the person's informed preferences ([Coulter A, Collins A, 2011](#)).

Decision aids can help support shared decision-making about medicines and other treatments. However, these are usually focussed on one-off decisions about single conditions rather than the person's whole burden of illness and treatment. A simple model for consultations has been proposed ([Jack et al, 2018](#)): the Sharing Evidence Routine for a Person-Centred Plan for Action (SHERPA)

framework. This is intended to facilitate person-centred, evidence-informed, interpretative, collaborative decision making, especially for people with multimorbidity.

Recently in June 2019, [the English Deprescribing Network](#) (EDeN) was launched with an aim of reducing inappropriate polypharmacy through deprescribing. EDeN defines deprescribing as ‘a collaborative process, with the patient and/or their carer, to ensure the safe and effective withdrawal of medicines that are no longer appropriate, beneficial or wanted, guided by a person-centred approach and shared decision-making’.

NICE has published key therapeutics topics: medicines optimisation on [shared decision making](#) and [multimorbidity and polypharmacy](#). These summarise the evidence base on these topics.

New evidence

Researchers in Sydney, Australia developed and tested a conversation guide for use by pharmacists conducting Home Medicines Reviews (HMRs) with older people ([Weir K et al. 2019](#)). In Australia, HMRs are government-funded and conducted by an accredited pharmacist in the person's home. They are requested by the person's GP, who receives a written report from the pharmacist after the review.

The Medicines Conversation Guide was adapted from the Serious Illness Conversation Guide ([Bernacki R et al 2015](#)) a tool developed to support person-centred discussion at the end of life. Specific references to prognosis and end of life care were removed, to provide an increased focus on medicines in the guide. The Medicines Conversation Guide addresses matters such as general health understanding, decision-making and information preferences, health priorities for medicines, the person's goals and fears, views about what activities are important to them, and making trade-offs. It is designed not to influence people either towards or away from medicines; instead, it aims to support care in line with the person's goals – which could include informed decisions about stopping or reducing their medicines.

The first version was tested and revised in an iterative way using feedback from 8 pharmacists and 6 older people. The revised guide was tested for usefulness in the context of an HMR in a feasibility study involving 11 pharmacists, 17 older people and 4 of their companions.

Most of the people found the guide helped focus the medication review on their perspective and encouraged a more holistic approach. Pharmacists found the guide to be acceptable and helpful, especially for those people with limited knowledge about their medicines. It seemed to be most valuable when integrated within the broader medicines review and tailored to suit the individual; some questions were occasionally difficult for people to grasp or sounded too formal without adaptation. The authors state that they plan to develop a training module for pharmacists that will address these and other issues to help optimise use of the conversation guide.

The revised conversation guide, and a series of short training videos, are available on the [University of Sydney website](#).

Commentary

Commentary provided by Cherise Howson, Senior Care Home Pharmacist, NHS Croydon Clinical Commissioning Group and Emma McClay, Medicines Optimisation Pharmacist, Sunderland Clinical Commissioning Group. Cherise Howson and Emma McClay are co-Chairs of the [English Deprescribing Network](#).

This study describes the development and feasibility testing of using a Medicines Conversation Guide with pharmacists and older patients in Australia. The guide provides a structure for framing the conversation about an individual's goals and preferences for their treatment. This is not only important to improve the appropriate use of medicines but also to help address inappropriate polypharmacy. The study captures fundamental aspects of a person-centred approach to medication reviews.

It is important to note that the participants highlighted that implementation was most effective when pharmacists:

- introduced topics at relevant times and tailored questions to suit the individual
- delivered the guide flexibly; drawing on relevant questions when the opportunity arose
- adapted questions to suit their language and communication style

Therefore, when implementing the guide, it is important to recognise the need to adapt to feedback and use effective consultation skills. Some pharmacists interviewed as part of the study indicated that topics such as changing medicines and trade-offs were not suitable for discussion during the medication review and should be raised by GPs instead of a pharmacist.

The authors acknowledged the differences in practice between the UK and USA compared to Australia. In the UK, pharmacists are more familiar with these types of conversations since we have adapted to work in various clinical settings, particularly since the recent shift to increase the number of clinical pharmacists working in general practice and care homes, and the introduction of structured medication reviews.

Although the guide was used in a domiciliary setting and with older patients, the concept supports having meaningful conversations with all people about their medicines choices. Approaches for helping people to be more involved in their own care, as well as identifying and prioritising what is important to that person is key to delivering more effective and safer care. We welcome any tools which make it easier for healthcare professionals and patients to engage in discussions which truly support person-centred care and shared decision making.

Declaration of interests:

Cherise Howson is a steering committee member of the Primary Care Pharmacy Association.

Emma McClay declared no interests.

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