Pharmacist-led medication review: response to Silcock & Petty

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We would like to thank Silcock & Petty for their detailed response to our review of pharmacist-led medication review. We agree that the most effective interventions may indeed focus on high risk patients on multiple medications and involve a multi-disciplinary approach. Indeed, a recently reported systematic review in heart failure identified generally better outcomes in those interventions where the pharmacist was part of a collaborative team approach [1]. Whilst it is reassuring to discover that a team approach is effective, such interventions are likely to be costly and such studies are unlikely to elucidate which component of their intervention was key to their success. In contrast, we deliberately focused on pharmacist-led interventions to try to identify the specific effect of pharmacists.

We should clarify that we do not believe that general improvements in knowledge and adherence are of little importance, but must be demonstrated to lead to corresponding changes in quality of life, mortality or admissions in order to demonstrate cost effectiveness. Clearly, if equivalent outcomes can be achieved, and no harm done, at lower cost this is excellent, but few studies have sought to capture all costs, or even any costs associated with their intervention, to demonstrate that this is the case. One notable exception is the trial led by Petty & Zermansky which did demonstrate potential cost savings [2]. Nevertheless, their intervention was only delivered by one pharmacist, so whilst it had impressive findings, we cannot be certain that others could repeat it. Equally, whilst the UK government may seek to increase self-care it should not be assumed that interventions designed to improve knowledge decrease demands on healthcare resources as exemplified by the findings of both the HOMER trial [3] and the HeartMed trials [4].

Our inclusion of medicine use review was not meant to confuse it with medication review, but to urge caution in assuming such a drug review has only positive outcomes when the evidence that more intense (medication review) interventions are not effective on the measures we quantitatively assessed. Equally, the fact that this medicine use review service is funded from within the sum already allocated for community pharmacists does not imply that this service is free.

Finally, we too are concerned about other interventions that have recently been introduced that have also failed to

demonstrate clear effectiveness and potentially are poor use of scarce resources.

Declaration of interests: We have no competing interests to declare.

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