Letters to the Editors

Pharmacist-led medication review: comment on
Holland *et al.* 2008

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Holland *et al.* have produced an excellent technical review of the literature concerning pharmacist-led medication review [1]. They correctly conclude that untargeted review has little impact on clinical outcomes. However, other conclusions that they come to on the basis of their review cannot all be substantiated, and they may make the wrong policy prescription.

Despite the lack of evidence concerning clinical effectiveness, clinical medication review has usually been found to be cost neutral or cost saving. If equivalent outcomes can be achieved (and no harm done) at lower total cost, then the savings generated can be recycled into more effective interventions. Effective interventions that utilize pharmacists' expertise are likely to:

- focus on high risk patients with conditions that affect drug handling by the body,
- concern treatment with multiple medication (polypharmacy) and,
- involve a multi-disciplinary approach to case management.

Stewart *et al.* [2] is a good example of a study meeting at least two of these criteria. Paradoxically, Holland *et al.* set out to see if its positive findings were reproducible and then systematically excluded similar studies.

Holland *et al.* claim that general improvements in knowledge and adherence are of little importance, but these are *a priori* the most likely consequences of studies meeting their inclusion criteria. They are also major public health concerns since up to 50% of chronic medication is not used as prescribed, and the large number of patients who rely on the knowledge of their carers is evident in many qualitative studies. A major UK Government report has concluded that unless levels of participation in self care can be dramatically increased, which requires better knowledge and more patient responsibility, then future demands for healthcare resources will be unsustainable [3].

Holland *et al.* seem to conflate so called 'Medicines Use Review' (MUR) with clinical medication review and to misunderstand the funding mechanism. MURs are provided as a standard service by UK community pharmacists with the express intention of improving patient knowledge and adherence. Since they are performed in the absence of

medical records at the point of dispensing they can hardly achieve anything else. The funding for this service comes from within the sum already allocated for community pharmacists, who are consequently paid less than they would be for their more straightforward supply role.

Holland *et al.* suggest that pharmacist medicine reviews are of no value because they do not reduce hospital admissions or death. Reducing avoidable hospital admissions is a priority for the NHS [4]. However, even focused, designed interventions (support by Government policy) such as case managers have failed to demonstrate reductions in hospital admissions [5].

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