Prescribing and Research in Medicines Management, 28th Annual Scientific Meeting, 27 January 2017, London

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Received 7 March 2017

Accepted 15 March 2017

Published Online First

8 April 2017

EAHP Statement 6: Education and Research

DEPRESCRIBING – IS LESS MORE?

The 2017 Annual Scientific Meeting of Prescribing and Research in Medicines Management (PRIMM) was held at Coventry University London Campus, attended by 45 delegates. PRIMM's tradition of high quality speakers continued with three outstanding presentations on polypharmacy, potentially inappropriate prescribing (PIP) and how to address it. Invited speaker Professor Nina Barnett, Consultant Pharmacist in the care of older people, Medicines Use and Safety Team and NHS Specialist Pharmacy Service, (<https://www.sps.nhs.uk/>) entertained while informing us about the background to polypharmacy and its associated jargon. Most importantly, she emphasised how essential it is to use appropriate language/terminology when communicating with patients. She also described the cyclical approach to delivering patient-centred care, which she has developed with colleagues.

Dr Joanne Reeve, Clinical Reader in Primary Care at the University of Warwick, described some of her early work carried out in Liverpool which led her to develop the SAGE consultation model for individually tailored prescribing. This model includes the need to reflect on whether the health professional carrying out the consultation gathered all appropriate data, used it to make shared decisions which support or improve health as a resource for living, and to evaluate whether the decision made a difference for the individual patient. She also described a UK-wide survey of doctors, pharmacists and nurse prescribers, which found that although many are providing some individually tailored prescribing, they all do not feel supported in this by their managers and/or organisations.

Professor Denis O'Mahony, from the Department of Medicine at University College Cork, described how the STOPP/START tool was developed and is being used. He described the studies that demonstrated associations between STOPP and potentially inappropriate medicines and the results of randomised clinical trials, which show that applying the criteria can improve medication appropriateness, decrease adverse drug reactions (ADRs) and reduce polypharmacy. The difficulty he described in getting the first version of this internationally recognised tool published is a lesson to all researchers to keep persevering in the face of rejection! He also exhorted us to remember one of the sayings of William Osler (1849–1919): 'One of the first duties of the physician is to educate the masses not to take the medicine'. Hear, hear!

Research highlights many of the abstracts submitted were on the theme of deprescribing and/or polypharmacy. There were 19 posters presented, plus five oral presentations.

The winner of the Hugh McGavock bursary was Dr Shane Cullinan, from the School of Pharmacy, Royal College of Surgeons of Ireland, for his work on frailty and potentially inappropriate medicines. This work was developed following earlier research identifying a Frailty Index (FI) threshold of 0.16, above which patients were twice as likely to experience ADRs or PIP. Prospective analysis of data from 545 hospital inpatients was undertaken, which included details of medications and subsequent ADRs. The FI was then used to assign each patient a FI score. Patients above and below the threshold of 0.16 were identified, and the relationship between their frailty status and instances of PIP and ADRs was then explored. For those with and FI above the threshold, the results showed a statistically significant increase in likelihood of experiencing an ADR, but not PIP. Patients taking six or more medications were at a statistically significant increased risk of experiencing an ADR, but not PIP. Dr Shane Cullinan received a cheque for £200 and was invited to return next year to describe how he had used the funds to support his research.

The winner of the poster prize was Iuri Marques *et al*, on behalf of the Bradford-Leeds Medicines Minimisation Research Team, which described a systematic review of published models of deprescribing. The review, undertaken by a multidisciplinary team, showed that current models of deprescribing have not been tested in practice and the lack of studies including frail older people, the group most likely to benefit from deprescribing. The review highlighted the need for designing an evidence-based, patient-centred deprescribing process for patient and healthcare system benefit. The work will be developed to create a new patient-centred, shared decision-making model of deprescribing. Dr Duncan Petty collected the £50 prize on behalf of the team.

All abstracts presented will be published in *Pharmacoepidemiology and Drug Safety*, later this year.

Next year, the 29th Annual Scientific Meeting will be on Friday January 26 with the theme: optimising medicines–factoring in frailty.

There will be a EuroDURG conference in November 2017, which this year is being held in

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To cite: Krska J, Barnett N. *Eur J Hosp Pharm* 2017;**24**:246–247.

the UK. The conference theme is patients, medicines and bytes: drug use research and e-health, 15–17 November, Glasgow. Conference website: <http://eurodurg2017.net/>

Competing interests None declared.

Provenance and peer review Not commissioned; internally peer reviewed.

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