

NORTH WEST
TELEPHARMACY⁺
Solutions

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Mission Statement: To be the leading comprehensive pharmacy services provider to Canadians and health care related institutions in under-served markets and times, utilizing innovative technologies.

Deprescribing:

In our current healthcare environment we often focus on diagnosing conditions with resultant prescribing, but fail to reassess the use, dose and ongoing need for these medications later. As more medications are added to a patient's regimen, adverse drug reactions increase, particularly in the elderly population. A recent Canadian study involving 51 geriatric patients (average age 81), found that patients took an average of 15 medications, with an average of 8.9 drug-related problems (DRPs) per patient.¹ Of those 8.9 DRPs, almost half of them were a result of taking medications no longer needed or at too high of a dose. Deprescribing is a term that describes stopping, tapering or reducing medications that are deemed to be unnecessary, dosed too high, or are unsafe for use in a given patient or patient population. Northwest Telepharmacy Solution's experienced Hospital and Long-Term-Care pharmacists are actively working on behalf of patients across Canada, to make a difference by deprescribing. We are working with patients, caregivers and prescribers to prevent drug-related problems, decrease hospitalizations or prolonged stays, and improve patient outcomes.

Sample Deprescribing Case in a Geriatric LTC Patient:

Pharmacist Yoko Dozono attended a family Conference for an 80 year old male, Long-Term-Care resident. The patient had type 2 diabetes, chronic kidney disease, atrial fibrillation and hypertension. Calculated Creatinine Clearance was 25 mL/min, LDL and TC were in target range, BP 125/80, no A1C done, pain scale 0, and the patient was sometimes having agitation before bedtime.

Medications:

Atorvastatin 80mg po qhs
Ramipril 10mg po daily
Quetiapine 25mg po qhs
Metformin 500mg tid
Ezetimibe 10 mg po daily
Hydromorphone 1 mg po q4h prn
Dabigatran 150 BID

After assessing the patient's medical conditions and medications, the following

recommendations were made and the agreed to by the prescriber:

- 1) Decreased the dose of Atorvastatin from 80mg po daily to 40mg and discontinued ezetimibe (Cholesterol level was at target, but the patient still needed vascular protection with Type 2 Diabetes)
- 2) Discontinued metformin and started linagliptin (due to poor creatinine clearance)
- 3) Discontinued Quetiapine – per START/STOPP guidelines (although newer and better than others, switched to low-dose trazodone prn for sleep/agitation)
- 4) CHADS score still warranted warfarin or NOAC, switched Dabigatran to rivaroxaban (dose adjusted due to age and Clcr), as it is considered better for renal patients.
- 5) Discontinued prn narcotics for pain (pain scale of zero and RB was not using)
- 6) A1C level ordered

As a result of this deprescribing, the patient is at a lower risk of experiencing adverse drug events such as confusion, falls and bleeding to name a few. The patient, physician, and family were very appreciative of the pharmacist's interventions and help in effectively managing his medications.

Let North West Telepharmacy Solutions be your Hospital's Solution:

North West Telepharmacy Solutions understands patient safety is number one priority for healthcare. That explains why we don't stop working at 4 pm. We offer 24/7 around-the-clock pharmacist medication order review and after-hours On Call service.

For more information on adding our services to your hospital, visit our website at www.northwesttelepharmacy.ca or contact:



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North West Telepharmacist Feature: Introducing Yoko Dozono



Yoko graduated from Dalhousie University in 2005 and became a Certified Diabetes Educator in 2008. She has worked in both inpatient hospital practice and comprehensive disease management clinics and regional care delivery programs for diabetes.

As a CDE, she saw patients with diabetes delaying screening or treatment until it was too late. She wondered how this could happen in Canada, where universal healthcare and free screening are readily available. This led her to ponder the experiences of the underinsured and underserved people in private healthcare systems as well as developing countries. In her 20's, she explored these issues by travelling to more than 40 countries, visiting developing countries and remote areas. These experiences ignited her interest in global health and she has just started her Masters in Public Health, Epidemiology and Health Promotion stream at the London School of Hygiene and Tropical Medicine.

Yoko has competed extensively in the sport of karate on an international level. Her experiences gained from a former career in sport as an athlete, allied with her in-depth study of esoteric health aspects of martial arts has given her an understanding of preventive medicine. A healthy lifestyle is often the best preventive medicine! She now coaches the provincial and national high performance karate team.

She has been with the North West Company for 5 years now and she is proud to be part of this innovative practice and amazing team of pharmacists.


