### Introduction

People are living longer, with more long term conditions, are referred to more consultants who feel compelled to prescribe more medications according to disease specific guidance. We need to treat the whole patient, not their individual conditions. We need to look at the WIDER view. A WIDE Review is:

- Wholistic (establishes the patient’s priorities),
- Integrated (links with primary care providers),
- Deprescribing (to improve outcomes and quality of life) and
- Evaluation of (risk and benefit of each medication).

Patients are more amenable to deprescribing conversations if they understand the rationale (potential for harm) and are involved in the deprescribing plan. Poor coordination of transitions from secondary to primary care, has been shown to put patients at increased risk of medication errors, adverse drug events, and readmissions. Improving this, particularly for older patients with complex care needs, has been identified as an international policy priority as it has been shown to reduce mortality, hospital readmissions, and number of readmission days. The adverse outcomes associated with the STOPP criteria are well established, including adverse drug events, emergency admissions or emergency department visits, and poorer quality of life. Frailty is a distinct health state resulting in vulnerability and the risk of being prescribed an inappropriate medication is doubled if you are frail.

### Aim

To develop and pilot a patient led, pharmacist facilitated deprescribing service to improve the quality of life for frail patients and the appropriateness of their medication regimes.

### Methods

The pilot study was conducted over an eight week period in Portiuncula University Hospital from Monday 21 January to 15 March 2019.

**Inclusion Criteria for Intervention and Control group:**

- Patients ≥ 65 years of age, admitted to PUH under 2 participating consultants.
- Prescribed ≥ 6 regular medications prior to admission
- Identified as frail (by a score ≥3 on the PRISMA frailty screening tool)

Patients were allocated to the control or intervention group depending on which medical ward they were admitted to.

**Control Group**

Patients received the current standard of clinical pharmacy care in PUH

**Intervention Group**

Patients also received a WIDE Review

The pharmacist reviewed the patient’s clinical parameters: co-morbidities (including continence, cognition, falls risk, swallow issues, renal function and bowel function). Each of the patients medications were screened, using the STOPP/START criteria. The WIDE review appointment took place in the presence of a nominated carer/family member if appropriate. The potential risks and benefits of each medication were discussed and the patient and carer/family member were asked if they felt that the drug was effective or likely to be effective for them (patient decision aids were used when appropriate), if they felt that they were experiencing side effects and if they wished to change the medication.

All of the relevant information was entered into the WIDE findings sheet which was used to calculate the Medication Appropriateness Index (MAI) score.

### Results

- 40 patients were enrolled in the pilot study, 20 intervention and 20 control. The age, sex, length of stay & readmission rate were broadly similar between the two groups.
- Total MAI score was reduced from 769 to 276 (64%) in the intervention group.
- 65% of STOPP criteria were addressed in the intervention group versus 12% in the control.
- 62% of START criteria were addressed in the intervention group versus 5% in the control.
- 98% of the WIDE Review recommendations were upheld on 6 month follow up.

### Discussion

A WIDE review aims to optimise patients’ medications in accordance with their wishes. Although the intervention did succeed in reducing the total number of medications and PCRS expenditure, this was not the main objective. The appropriateness of the prescribing is more important. The results showed a very significant difference in the incidence of STOPP criteria on the discharge prescriptions of the intervention versus control groups. The overprescribing of proton pump inhibitors was clearly highlighted by our study as it was in a recent Irish study. This Irish study also found that hospital admission increased the incidence of STOPP criteria prescriptions. Contrary to this, the number of STOPP criteria prescriptions reduced by 12% in our control group. This may be because same consultants were involved in both groups and discharge prescriptions were checked by pharmacists. However our study shows that the WIDE review was necessary to realise a dramatic (65%) reduction of the existing STOPP criteria. A dramatic (64%) decrease in the MAI score which incorporates clinical judgment and individual circumstances was also achieved. A higher MAI score has been shown to be associated with a lower quality of life. It could be argued that deprescribing should take place in primary care but many medications are often initiated in secondary care. Doctors have expressed a fear of changing a patient’s prescription, even when they know it may not be appropriate for that patient.

### Conclusion

WIDE Reviews with their patient-centred approach, deliver a better quality of care to the frail more cost-effectively. The National Clinical Care Programme for the Older Person states that all frail patients should receive a medication review from a pharmacist. We believe that this should be a WIDE Review.

### References