Medicines optimisation in elderly cancer patients

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Cancer patients, particularly the elderly, will often have other conditions that add to their burden of disease. They will also be taking medicines for those diseases that have to be managed alongside cancer treatment. In this article the authors highlight the problem and describe how medicines optimisation can help.

It is estimated that the average cancer patient aged over 65 suffers from three different chronic conditions. Studies have also demonstrated that elderly cancer patients take an average of seven non-cancer-related medications. Furthermore, it has been shown that elderly patients often take medications that are no longer needed. Polypharmacy is defined as the multiple use of medications and is an increasing problem linked with the aging population. There are many reasons why polypharmacy is on the increase. Fragmentation in healthcare has resulted in patients with one or more health conditions having to see different healthcare providers. A patient being prescribed cancer treatment, for example, will regularly visit their oncologist, while their GP will continue to manage co-existing conditions.

FRAGMENTED CARE

Fragmented care is defined as a systemic lack of co-ordination, which may lead to ineffective allocation of resources or harm to patients, and has been shown to negatively impact quality of healthcare, costs and quality of life. Cancer patients have complex treatment regimens, leading to visits to multiple healthcare professionals, including urologists, radiologists and medical oncologists, as well as GPs in primary care.

Several studies have analysed the impact of a cancer diagnosis on non-cancer medication adherence and self-management. A study by Shin et al found that cancer patients were less likely to adhere to antihypertensive medication in comparison to non-cancer patients. A more recent study by Calip et al, measuring adherence to statins in female breast cancer patients, showed that they were 15% less adherent to their medication than the general population. Both studies showed a clear correlation between the impact of cancer and adherence to non-cancer medication. No research to determine the cause of their non-adherence was carried out.

Unused medicines discovered on a home visit. A hospital-based review of all medicines being prescribed to cancer patients could improve outcomes and reduce waste.

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It is accepted that establishing good patient relationships can increase patient adherence. However, while several studies have been published on how to encourage patient adherence to cancer medication, few have focused on the interventions needed to increase adherence to non-cancer medications. The aim of integrated care is to promote interprofessional working, patient-centred care and medicines optimisation by achieving shared decision-making and increasing patient involvement with a multidisciplinary team. Studies have established the positive impact of integrated care on both older patients with multiple chronic conditions and cancer patients.

Through medicines optimisation, pharmacists can help patients take and better understand their medicines, and ultimately improve medical outcomes. Regular medication reviews can reduce the risk of medication-related problems, and has been recommended for elderly patients and for those who are on multiple medications. Both the Royal Pharmaceutical Society (RPS) and the Commonwealth Pharmacists Association (CPA) have recommended pharmaceutical care as a method of medication review for older people in the UK. Pharmaceutical care ultimately leaves doctors responsible for patients, but allows pharmacists to review drug management in collaboration with other healthcare professionals.

**MEDICINES USE REVIEWS**

Pharmacists are trained in conducting medication reviews and can offer patients a Medicines Use Review (MUR). The purpose of MURs is to improve patient knowledge and support optimum medicine use by reviewing their medication. Following an MUR, the pharmacist will work with a GP to develop a pharmaceutical care plan.

At University College London Hospitals (UCLH), a patient telephone survey was undertaken at the Macmillan Cancer Centre to ascertain whether patients understood their medicines and also whether they had accessed an MUR through their community pharmacy. Forty patients with prostate cancer participated. The survey assessed overall satisfaction with anti-cancer treatment as well as adherence and access to MURs within community pharmacy.

The majority of patients interviewed (37/40) attended a regular local pharmacy. Half stated that their local pharmacy was not aware of the anti-cancer treatment they were receiving. The community pharmacies that were aware had been told by the patients themselves.

The majority of patients had a good understanding of both the cancer medicines and non-cancer medicines they took. Adherence to anti-cancer agents was high; however, there was a low adherence to other medicines (Table 1). It is possible that MURs could have helped these patients, but they had not been offered one.

This small survey highlights potential issues associated with non-cancer medication in cancer patients that are not currently being addressed through the MUR service available from community pharmacies. Based on the survey findings, UCLH have implemented a pilot study to establish the impact of a full medication review in-house. The study will involve patients with prostate cancer who take five or more medications.

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**REFERENCES**