CSMR

Guide to 10 part complete structured medication review

Purpose : Guide to 10 part complete structured medication review

Admin time : Variable - highly operator dependent - may be completed in stages

User Friendly : Moderate

Administered by : GP, Physician

Content : Detailed 10 part approach to comprehensive structured medication review

Author : Grazioli A. (2024)
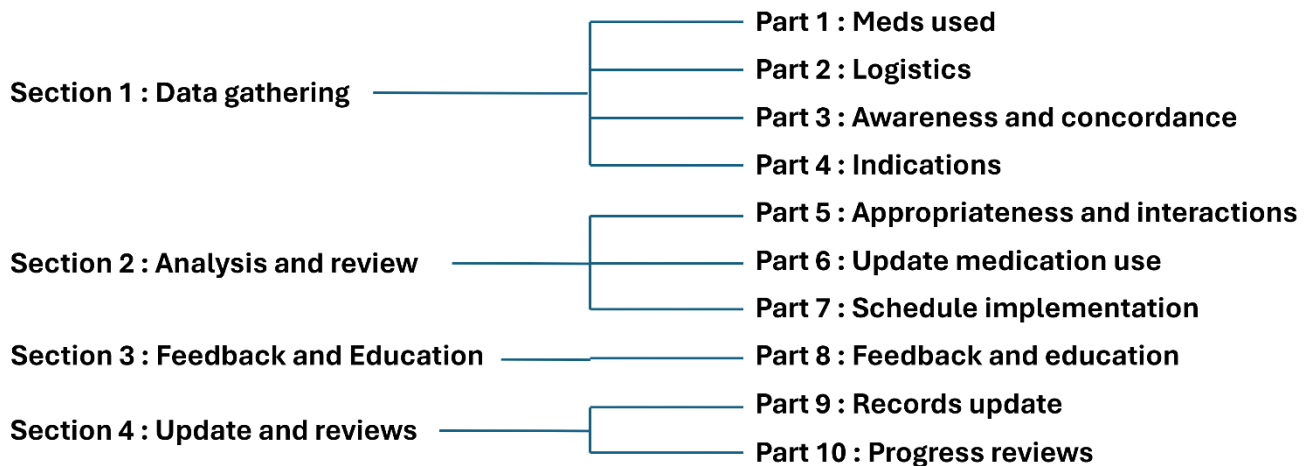
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https://www.cgakit.com/csmr

The CSMR May be completed all at once, or in 4 separate sections.
The complete review comprises 10 parts

Section 1 : Data gathering
- Part 1 : Meds used
- Part 2 : Logistics
- Part 3 : Awareness and concordance
- Part 4 : Indications

Section 2 : Analysis and review
- Part 5 : Appropriateness and interactions
- Part 6 : Update medication use
- Part 7 : Schedule implementation

Section 3 : Feedback and Education
- Part 8 : Feedback and education

Section 4 : Update and reviews
- Part 9 : Records update
- Part 10 : Progress reviews

CSMR
Complete Structured Medication Review

The complete structured medication review comprises 10 parts :

Part 1 : Meds used
- Gather details of all current medication used (from patient, carers, records)

Part 2 : Logistics
- Review procurement and distibution of each med used

Part 3 : Awareness and Concordance
- Review patient's understanding and use of each medication (from patient)

Part 4 : Indications
- Review current indication for each medication used (MAI)

Part 5 : Appropriatenes and interactions
- Review each medication used for appropriateness and interactions (STOPP-START and/or online drug interaction checker)

Part 6 : Revise medication use
- Compile revised list of medication to be used

Part 7 : Schedule implementation
- Schedule the implementation of the revised list of medication

Part 8 : Feedback and education
- Feedback and education of patient and carer regarding revised medication schedule (with patient and carers)

Part 9 : Records update
- Medical records update and distribution of updated medications list to other healthcare providers involved in patient's care.

Part 10 : Progress reviews
- Schedule progress reviews during and after implementation

Part 1 : Meds Used
- Current medication used regularly (as prescribed by GP, specialist, pharmacist)
  - as per cardex in care setting
  - as per actual dispensing in home setting
- Medication used sporadically including :
  - Over The Counter (OTC) medication (obtained from friend, relatives, pharmacy or supermarket)
  - Other medications taken (e.g. leftover tablets, medicines prescribed for others)
  - Herbal supplements, vitamins etc
  - Illicit drugs
  - Other : caffeine, alcohol

Part 2 : Logistics

- Ensure that there are no problems with the process of GP issuing repeat scripts, pharmacy processing scripts and issuing medications, approprite on-site storage of medications, and patient receiving medication with no interruption between cycles of supply.

Part 3 : Awareness and Concordance

- **In general:**
  - "Do you sometimes forget to take your pills?"
    - Multi-compartment 'compliance aids' can be helpful for some patients
    - Other simpler measures such as Medicines Reminder Charts are more helpful in some settings.
  - "Can you access your medication easily?
    - Patient packs of medicines are generally helpful but older people may have particular difficulties with blister packaging and, to a lesser extent, with foil packaging.
    - Large print labels can be used.
  - "Can you swallow them OK?"
    - Does the patient need soluble tablets or liquids?
  - "Do you have a card detailing all medications you use, to be carried by yourself at all times"

- **For each medication:**
  - "What is this medicine for?"
    - Does the patient understand and accept the reasons for their medicines and the health consequences of not taking them?
  - "Do you think it works?", "Does it have any side effects?"
    - Does the patient (or carer) have any concerns, questions or issues about the medication that they want to raise?
    - Side effects may be real or perceived

Part 4 : Indications

- Obtain sufficient medical history and current disease status to assess current indications for prescribing.
  - Utilise a systematic review tool for each medication, such as MAI

Part 5 : Appropriatenes and interactions

- Review each medication used for appropriateness and interactions
- use systematic review tool such as STOPP-START
- and/or use online drug interaction checker (e.g. Medscape Drug Interaction Checker) https://reference.medscape.com/drug-interactionchecker

Part 6 : Revise medication use

- Considering steps 1-5 above, compile a revised list of medication to be used
  - Any high-risk prescribing should be changed urgently
  - Unnecessary medications should be discontinued
  - New medications indicated should be introduced

Part 7 : Schedule implementation

- Changes should generally be introduced progressively over time unless there is a significant, urgent problem
- New medications should also usually be introduced one-by-one (to avoid confusion if prescribing or de-prescribing causes new symptoms)
- Reduce old medications gradually if necessary to avoid rebound effects (physiological or psychological dependence) and introduce new medications gradually too – start low and go slow.

Part 8 : Feedback and education

- Education and negotiated agreement pertinent to other drugs used identified in Part 1 (Meds Used)
- Correction of problems in practical aspect of medicines use identified in Part 2 (Logistics)
- Education pertinent to real and perceived problems and or side effects identifien in Part 3 (Awareness and Concordance)
- Feedback and education of patient and carer regarding revised medication arising from Part 6 (Revise Medication Use)
- Feedback and education of patient and carer regarding schedule for implementation of revised medication arising from Part 7 (Schedule Implementation)
- Provision and/or update of card detailing all medications in use to be carried by patient at all times

Part 9 : Records update

- Detail Meds Review process in patient record, including salient portions of discussions with patient and carers. It will make the next review easier and may be important medicolegally.
- Update prescriptions schedules (e.g. cardex)
- Distribute updated medications list to other healthcare providers involved in patient's care (e.g. pharmacist, specialists, etc.).

Part 10 : Progress reviews

- Arrange to assess progress and, if necessary, make further changes in the future.

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