



Medicines Use Reviews (MURs)

Guidance on priority patients for identification for MURs 2010-2011

The underlying purpose of MUR services is, with the patient's agreement, to improve his/her knowledge and use of drugs by in particular:

1. Establishing the patient's actual use, understanding and experience of taking drugs;
2. Identifying, discussing and assisting in the resolution of poor or ineffective use of drugs by the patient;
3. Identifying side effects and drug interactions that may affect the patient's compliance with instructions given to him by a health care professional for the taking of drugs;
4. Improving the clinical and cost effectiveness of drugs prescribed to patients thereby reducing the wastage of such drugs.

We have identified the following groups of patients who would benefit most from a MUR as a priority for this year:

Patient Group	Rationale	Comments
Patients recently discharged from hospital	This vulnerable group of patients may need pharmaceutical support.	<ul style="list-style-type: none"> • Medication regimes may have changed. • Readmissions due to medication-related problems could be reduced.
Patients taking drugs which suppress the rheumatic disease process (BNF Chapter 10.1.3)	Examples include: gold, penicillamine, sulfasalazine, azathioprine, ciclosporin, methotrexate. These agents require regular blood monitoring.	<ul style="list-style-type: none"> • Monitoring regimes can be found in Chapter 20: Shared Care Information, Plymouth Area Joint Formulary. • For patients taking methotrexate the MUR can emphasise the weekly dosage regime.
Patients who are taking warfarin	NPSA alert issued in March 2007	<ul style="list-style-type: none"> • An MUR can be used to ensure patients have understood the information contained in their "Yellow book".
Patients with asthma	Poor inhaler technique and concordance leads to inadequate disease control; this can result in under-use of steroid and over-use of short-acting bronchodilator.	<ul style="list-style-type: none"> • Inhaler technique and education is important. • Where symptom control is poor (using bronchodilator more than 3 times a week) the importance of regular use of a steroid inhaler should be highlighted. • See British Guideline on the Management of Asthma, Appendix 1, Chapter 3, Plymouth Area Joint Formulary
Patients with diabetes controlled by diet and/or tablets	Poly-pharmacy often an issue with this group of patients.	<ul style="list-style-type: none"> • A MUR would emphasise the importance of concordance to maintain tight blood pressure control and other measures to reduce cardiovascular risk. • Patients often focus on measuring blood glucose levels, however, this is of limited value as results are not usually used to alter management in any way.
Patients returning several items of unused medication.	This may be due to practical problems or ordering problems.	<ul style="list-style-type: none"> • A MUR may help to establish reasons for unused medication e.g. side effects. • Where a patient's medication is for different prescription intervals e.g. a mixture of 28/56 days it would be beneficial to advise to synchronise - Ideally to 28 days as potentially less waste.