Home Medicines Review Program – What is the Evidence? (Part 2 of 2)

In the last newsletter, the evidence underpinning Home Medicines Reviews was presented. Following from that, here are some actual case studies from Victoria to show how the program can provide benefits in practice.

Case Study One – North West Melbourne Division

A 68-year-old patient was taking ibesartan daily and metformin tds. The patient was apparently well informed and understood the dosages and purpose of both medicines and seemed savvy enough to be compliant. However, her BSLs were elevated and she was experiencing dizzy spells indicating hypotension. An HMR was ordered to find out just what was happening. Apparently, the patient always turned all the lights off when taking her medicines lest she wake her husband. At is turned out, she had been taking the ibesartan as her "diabetes medicine". Sometimes, patients can do the most unexpected things when taking their medicines!

Case Study Two – Mallee Division

Mrs B's usual GP had been unwell for several months, and she'd been visiting a few other doctors. Some of these doctors had added different medications to her regime, and one of them felt she may benefit from an HMR. It was found that Mrs B had fourteen medications – 7 she took as prescribed, 4 she did not take, and 3 she took irregularly. The patient was found to be non-compliant with some of her anti-hypertensive medications, leading some GPs to prescribe additional medication. Some PBS medication was being shared with her dog; her antidepressant medication was being taken on an ad hoc basis; and some medication was found to be outdated. The report back to the GP included all of these items for further consideration by the doctor.

Case Study Three – Northern Melbourne Division

Mr P always took his medicines as instructed – every morning with breakfast. The accredited pharmacist was horrified to learn that Mr P would put all five medicines into a bowl of porridge every morning. If the porridge got cold, Mr P admitted he would microwave it to warm it up. (In another scenario in which the patient had been told to take her tablets at breakfast, it was found that if the patient did not have breakfast, she would also not have her tablets).