

## Medicines Use Review Case Studies

### Case study 1:

A pharmacist conducted an MUR with a female in her early 50s, who had been prescribed Spiriva HandiHaler® for COPD, which was poorly controlled. The patient had good adherence, re-ordering her prescription every month for three years. Following demonstration of inhaler technique the pharmacist realised the patient missed a step in the process and didn't pierce the capsule. Further discussion confirmed the patient had never completed this step, and had therefore never received a single dose of Tiotropium at a cost of approx. £1255 over three years. The patient is now experiencing a marked improvement in symptom control.

### Case study 2:

An MUR was conducted on a female patient in her 70s, who was prescribed 11 medicines for diabetes, cholesterol, thyroid and blood pressure, by a pharmacist concerned about patient understanding of how each should be used. Through discussion during the MUR the pharmacist learned the patient had stopped taking her cholesterol tablet for over a year as she felt she had 'only being prescribed it as she was diabetic and it often left her tired'. The patient was counselled on the importance of lipid lowering medication, asked the patient to attend her surgery for a cholesterol check and communication was sent to her GP. The pharmacist, through the follow-up MUR, was advised the patient's cholesterol level was 7.5 mmol/L and had resumed the statin.

### Case study 3:

An MUR was conducted with a mother and 2 year old child with asthma, routinely using salbutamol and beclometasone inhalers. On that occasion a pharmacist had received a prescription for an Easi-Breathe inhaler and had concerns how the child was able to use it effectively. Following discussion on inhaler technique it was discovered the mother had been taking apart the Easi-Breathe inhaler to fit into the child's aerochamber®, which was quite ineffective. The pharmacist recommended the use of an MDI to the prescriber and the mother was able to demonstrate good inhaler technique, ultimately leading to better asthma control.

### Case study 4:

A pharmacist learned a male patient had collapsed in a shopping centre and was taken to hospital via ambulance for an overnight stay due to a COPD exacerbation. Following an MUR in the community setting, it was discovered the patient hadn't been taking his Spiriva Handihaler for over six months. The patient was currently prescribed 14 medicines and inhalers and had forgot to reorder on a particular month, which was missed then subsequently every month thereafter. Tiotropium therapy was recommenced and the patient has vastly improved symptom control.