often. The programme evaluation showed 56% of participants felt that sharing and listening to others experiences gave them confidence and support to consider starting to prescribe, 21% of participants found the knowledge and enthusiasm of the CPPE tutors supportive and 16% found discussion of the case studies to be useful. 7% of participants found sign posting to resources helpful.
Discussion/Conclusion: This evaluation demonstrated that the RTP programme helped pharmacists to identify barriers to prescribing and facilitated peer discussion of solutions and of sharing best practice. The course was shown to increase the confidence of participants and facilitate their journey to start prescribing again. Increasing the number of pharmacist prescribers using their qualification has a positive impact on patient care.[1] Our research shows that participating in the CPPE return to prescribing workshop series enables pharmacists to return to or start prescribing in practice.

Keywords: Pharmacist; prescribing; online; education

References

1. Interim NHS People plan: the future pharmacy workforce. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf (accessed 19/7/22)
2. Graham-Clarke E, Rushton A, Noblet T, Marriott J (2018) Facilitators and barriers to nonmedical prescribing – A systematic review and thematic synthesis. PLoS ONE 13(4): e0196471. https://doi.org/10.1371/journal.pone.019647tics (accessed 19/7/22)
3. Braun, V. & Clarke, V. (2013). Successful qualitative research a practical guide for beginners. London: SAGE publishers Ltd.

Abstract citation ID: riac089.008

7-STEPS medication reviews: analysis of medicine changes in acute medical wards

J. Brown, A. Hogg, C. Scullin, G. Fleming and M. Scott

Medicines Optimisation Innovation Centre (MOIC), Northern Ireland

Introduction: In Northern Ireland, medication errors cause 20 patient deaths, lead to around 800 non-elective hospital admissions and cost £1.9 million annually.[1] The iSIMPATHY (implementing Stimulating Innovation in the Management of Polypharmacy and Adherence Through the Years) project is an EU-funded partnership between Scotland, Ireland and Northern Ireland delivering medication reviews using the 7-Steps medication review tool and asking 'what matters to you?'[2] The iSIMPATHY 7-Steps review is a new research study in Northern Ireland.
Aim: To identify medicine changes made by an independent prescribing pharmacist during 7-Steps medication reviews.
Method: Medication reviews were delivered on acute medical wards in the Northern Health and Social Care Trust. No patients were excluded from reviews, however reviews were targeted at patients aged 50 years and older and resident in a care home, approaching the end of their lives, prescribed 10 or more medicines or on high-risk medication. Data on medication changes made during 192 medication reviews was collected and analysed to identify the numbers and types of medicines stopped, started and doses altered. Ethical approval was not required, an approved Data Protection Impact Assessment was in place.
Results: Mean number of medicines per patient pre- and post-review were 12.2 and 12.3 respectively. Medicines were stopped in 49% of patients, dose decreased in 36%, changed to a more appropriate medicine in 15%, dose increased in 15% and new medicines started in 55%. Medicines stopped included opioids and gabapentenoids (18%), nutritional and electrolyte supplements (15%), items for comfort (9%), antidepressants (including amitriptyline for pain) (10%), antihypertensives and diuretics (8%), bladder anticholinergics and mirabegron (5%), laxatives (4%), betahistine (3%), quinine (2%). Dose decreases were made for analgesics including opioids (28%), PPI/H2RA (23%), anticoagulants (13%), statins and fibrates (6%), antihypertensives (6%), benzodiazepines and z-drugs (5%), antidiabetics (3%). Dose increases were made for anticoagulants and items for comfort (both 26%), laxatives (24%), pancreatin (15%), nutritional and electrolyte supplements (9%). Medicines started included nutritional and electrolyte supplements (45%), medicines for comfort (19%), laxatives (15%), nicotine replacement (7%), PPI/H2RA (2%), bisphosphonates (2%).
Discussion/Conclusion: The 7-STEPS medicine reviews led to important medicine changes while the number of medicines following review remained the same. The person-centred, holistic approach facilitated identification and actioning of the medicine changes that mattered to individual patients. Stopped and decreased dose medicines included high risk medicines, those likely to cause adverse effects or high anticholinergic burden and medicines no longer needed or effective for the individual. Medicine doses were increased for high risk medicines, to ensure sufficient nutritional, electrolyte and enzyme replacement and items for comfort for example constipation. Importantly, unmet therapeutic needs were identified and new medicines were prescribed to address these needs, for example, acid suppressants, bisphosphonates, anticoagulants, statins, antidiabetics, nicotine replacement therapy and for patient's comfort including pain relief. Limitations include results may not be reflective of all hospital patients as set in an acute setting and through the iSIMPATHY project.

Keywords: Medication review; optimisation; person-centred

References

1. Transforming medication safety in Northern Ireland, Department of Health 2022. Available from: https://www.health-ni.gov.uk/sites/default/files/publications/health/Transforming-medication-safety-in-Northern-Ireland_1.pdf
2. iSimpathy. Making Medication Personal. 2022. Available from: https://www.isimpathy.eu/

Abstract citation ID: riac089.009

Beliefs, behaviour, and blood pressure: preliminary analysis from a pharmacy-based hypertension visualisation intervention to support medication adherence

S. Brown[a], B. McDonnell[a], D. McRae[b], B. Hallingberg[a], P. Angel[c], I. Khan[c] and D.H. James[a]

[a]School of Sport and Health Sciences, Cardiff Metropolitan University [b]Cwm Taf Morgannwg University Health Board and [c]School of Technologies, Cardiff Metropolitan University

Introduction: Hypertension is the leading preventable risk factor for cardiovascular disease, with an estimated prevalence of 31% worldwide[1]. Antihypertensive medication reduces both blood pressure (BP) and cardiovascular risk; however, approximately 50% of patients become nonadherent to antihypertensives within a year of treatment initiation[2]. Nonadherence can be considered as either intentional or unintentional. Research suggests that rather than being a solely passive process, illness beliefs and treatment perceptions may influence nonintentional nonadherence[3], highlighting the importance of considering patients' beliefs when supporting adherence. The use of visuals is one method to aid understanding of complex health information and influence treatment beliefs.
Aim: To investigate the feasibility and acceptability of a community pharmacy-based visualisation intervention (ViSTA-BP) and explore the preliminary effect on patients' perceptions of hypertension, medication adherence and blood pressure.
Methods: ViSTA-BP is a digital intervention that allows users, through real-time animations, to visualise both the condition that is hypertension and how blood pressure affects the circulatory system. The purpose of ViSTA-BP was to improve patients' understanding of hypertension, increase perceived necessity of treatment and ultimately support medication adherence. A mixed-methods pre-post design pilot study was conducted. NHS Research Ethics Committee Wales Rec 5 (reference 20/WA/0280) and Cardiff Metropolitan University (reference PGR-3806) granted ethical approval. The intervention was consultation-based and researcher-facilitated. Outcomes were recorded at baseline, immediately post-intervention, and at three-months. Validated questionnaires were used to measure illness and treatment beliefs (Brief Illness Perception Questionnaire (B-IPQ)/Beliefs about Medicines Questionnaire (BMQ)), adherence captured using self-report measures (Medicines Adherence Rating Scale (MARS-5)/recent adherence questionnaire) and medication dispensing/collection data. BP was measured at baseline and 3-month follow-up. Semi-structured interviews with patients and pharmacists explored intervention acceptability.
Results: Pharmacists recruited 69 patients with hypertension across five community pharmacies (CP) in South Wales; 54 attended the three-month follow-up. The ease of participant recruitment and high retention rates demonstrated the feasibility of delivering ViSTA-BP in this setting. ViSTA-BP content and the CP location were acceptable to patients and pharmacists. Time to deliver the intervention was a concern for pharmacists but not patients. There was no statistically significant change in adherence outcomes at three-month follow-up; however, the median scores for both self-report questionnaires were maximal at baseline. Changes were seen in illness belief scores, with a significant improvement in total B-IPQ score over time ($p=0.04$). Significant changes in B-IPQ treatment control ($p=0.01$), illness coherence ($p<0.001$) and BMQ Necessity subscale scores ($p=0.003$) were reported at all time-points. There was a statistically significant improvement in both systolic (SBP) ($p<0.01$) and diastolic BP (DBP) ($p=0.03$) three-months post-intervention. At baseline, 31% of participants had SBP at or below the UK target; however, at three-month follow-up, 59% were at or below the UK target.
Discussion/Conclusion: ViSTA-BP was considered a feasible researcher-facilitated intervention in this CP setting. Improvements seen in blood pressure control, patients' understanding of hypertension, and perceptions of utility and necessity of treatment highlight the potential for the ViSTA-BP intervention to help reduce cardiovascular risk in the future. While preliminary analysis shows promise, further adequately powered research studies are necessary to evaluate future ViSTA-BP impact.

Keywords: Adherence; illness beliefs; hypertension; community pharmacy; visual

References

1. Mills KT, Stefanescu A, He J. The global epidemiology of hypertension. *Nat Rev Nephrol*. 2020;16(4):223-237. doi:10.1038/s41581-019-0244-2
2. Vrijens B, Antoniou S, Burnier M, de la Sierra A, Volpe M. Current situation of medication adherence in hypertension. *Front Pharmacol*. 2017;8. doi:10.3389/fphar.2017.00100