






Rational prescribing in General Practice

Medication use is the most common health-related action taken by Australians and, if used correctly, can significantly improve health outcomes. However, there are also potential harms and negative consequences related to medicines use. Rational prescribing (RP) is the judicious, appropriate, safe and efficacious use of medicines, and is known to be a challenging area for GP registrars. GP supervisors play a key role in influencing GP registrar prescribing. This tutorial is linked to the supervision activity of prescribing audit and feedback.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Influences on GP prescribing behaviour – patients, supervisor and other GPs, opinion leaders, drug reps, evidence sources etc. • Potential adverse effects and harms of prescribing e.g. common and serious side effects, overtreatment • Key elements of quality prescribing in the GP setting – information gathering, decision making, communication, monitoring • Common scenarios – ‘simple script’ request, new patient, opportunistic review of medication list , starting a new drug • Key resources for quality prescribing e.g. eTG, AMH, NPS MedicineWise, complimentary medicines, • Prescribing Medicines in Pregnancy Database 				
<p>PRE- SESSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Read the Australian Prescriber article - The competent prescriber: 12 core competencies for safe prescribing • RACGP statement on the quality use of medicines 				
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • Prescribing is much more than simply writing the script • Avoid being an ‘early adopter’ of new medications • There is no such thing as a simple script request! • Try to use the generic name when prescribing - less names to remember! • Become familiar with a prescribing evidence resource e.g. eTG • You do NOT have to see any drug company reps 				
<p>RESOURCES</p> 	<table border="1"> <tbody> <tr> <td data-bbox="330 1704 438 1803">Read</td> <td data-bbox="438 1704 1505 1803"> <ul style="list-style-type: none"> • Read the AFP article - Thinking through the medication list • HANDI – Handbook of Non-Drug Interventions </td> </tr> <tr> <td data-bbox="330 1803 438 1906">Watch</td> <td data-bbox="438 1803 1505 1906"> <ul style="list-style-type: none"> • What doctors should know about the drugs they prescribe </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • Read the AFP article - Thinking through the medication list • HANDI – Handbook of Non-Drug Interventions 	Watch	<ul style="list-style-type: none"> • What doctors should know about the drugs they prescribe
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<p>FOLLOW UP/ EXTENSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Ask the registrar to undertake the Clinical Reasoning Challenge under exam conditions • Prescribing audit and feedback using RCA 				



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Clinical Reasoning Challenge

Mrs Mary House, aged 78, presents to you for a repeat prescription of her Fosamax (alendronate).

She has attended the practice for years but you have never seen her before. Her medical record lists her past medical history as osteoporosis, hypertension and OA knees, and her medication list as Fosamax 70mg weekly, Coversyl 5 mg daily and Panadol Osteo 2 tabs tds.

She is well today with no other complaints.

QUESTION 1. In relation to rational prescribing, what are the MOST IMPORTANT key features of Mary's medication use that you would seek prior to re-issuing the Fosamax prescription? List FIVE.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

QUESTION 2. As a relatively new prescriber, you are unfamiliar with Fosamax and wish to seek further information on it. What are the MOST IMPORTANT information sources available to you for seeking this information? List up to FOUR.

- 1 _____
- 2 _____
- 3 _____
- 4 _____



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ANSWERS

QUESTION 1

Quality use of medicines is defined as judicious, appropriate, safe and efficacious use of drugs. The following are all important aspects of rational prescribing in Mary's case:

- Indication - abnormal BMD, previous fracture?
- Adherence/side effects (especially GIT)
- Dosing – take 30 minutes before breakfast
- Monitoring/efficacy – recent BMD, stable T score?
- Non-pharmacological treatment – physical activity, calcium intake, smoking?
- Patient understanding – what the drug is for

QUESTION 2

- eTG
- AMH
- NPS MedicineWise
- Supervisor
- Local pharmacist