

# “Audit of potential high-risk NSAID prescribing in General Practice”

## RNZCGP Audit #630

Nov 2017 Endorsed by RNZCGP for CPD credits for a period of 5 years.

All doctors must complete the summary sheet outlining the action plan that they intend to implement based on the audit results. It does not need to be sent to the College unless the doctor is under a College audit.

Participants record completion on the **CDP/MOPS Online page**, under the **Audit of Medical Practice** section. From the drop down menu under ‘Type of activity’, please select **“Self-designed audit”** and record the audit name and number - **“Audit of potential high risk NSAID prescribing in General Practice”, audit #630.**

The new system knows to allocate 10 credits. Please note that *Continuous Quality Improvement (CQI)* has been renamed by the MCNZ to *Audit of Medical Practice*.

GP’s are encouraged to discuss the outcomes of the audit with the practice.

**PREPARED BY**

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**Background**

**AUDIT OF POTENTIALLY HIGH-RISK PRESCRIBING OF NSAID (including COX-2 inhibitors) IN GENERAL PRACTICE**

A key aim of the Safety in Practice programme is to reduce harm experienced by patients from medication use. The risks around the use of NSAID medications are well established, particular for those patients who are already at increased risk of gastro-intestinal, renal, cardiovascular and respiratory compromise, such as the elderly, and those with pre-existing impairment in these organ systems. It is estimated that NSAID are responsible for 30% of adverse drug event hospital admissions, mainly due to GI bleeding, acute kidney injury, myocardial infarction and stroke (1).

High risk prescribing is common and varies in the order of four-fold between practices. It is recognised that some of the harm from NSAID is avoidable, and by identifying and reviewing patients with potentially high risk prescribing that the rates of this can be reduced by up to 50%. (2)

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This audit, which is part of the work that practices do with Safety in Practice, facilitates GP’s to review their NSAID prescribing in patients where there is a potentially high risk, and to decide on actions to intervene and reduce that risk. When undertaken within a GP practice, the audit generates discussion with all members or the team with the potential to change prescribing behaviour, and improve educations for patients around NSAID safety, including OTC medicines.

(1) Pimohame M, James S, Meakin S et al. Adverse drug reactions as cause of admission to hospital: prospective analysis of 18 820 patients. *BMJ*2004 329(7456):15-19

(2)MacBride-Stewart S, Marwick c, Houston N et al. Evaluation of a complex intervention to improve primary care prescribing. *British Journal of General Practice*, Online First 2017

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| <b>What indicators and criteria will the audit measure?</b>     | The audit will look at five target areas of high risk prescribing for NSAIDs:<br><ol style="list-style-type: none"> <li>1. Patients aged over 64 years who have been prescribed an NSAID without gastrointestinal protective medication of a proton pump inhibitor</li> <li>2. Patients with a history of peptic ulceration prescribed an NSAID without gastrointestinal protective medication of a proton pump inhibitor</li> <li>3. Patients with chronic kidney disease CKD 3, 4 or 5 and prescribed an NSAID</li> <li>4. Patient with CKD 3, 4 or 5 on the 'Triple Whammy' of an ACE inhibitor or an ARB and a diuretic as well as having been prescribed an NSAID</li> <li>5. Patients with Heart Failure and prescribed an NSAID</li> </ol>  |
| <b>What standard of achievement should ideally be achieved?</b> | Although the standard could be that GP's would never prescribe NSAID or combinations in these situations, this may not always represent optimum patient care.<br>The goals of the audit are GP's: <ul style="list-style-type: none"> <li>- to be more conscious about the risks associated with prescribing NSAIDs in these situations and consider if a safer alternative can be found</li> <li>- to discuss the risks with patients so that if a prescription is decided on as being the appropriate treatment, that they are aware of the risks and benefits, and any monitoring required with the option of using specific patient information handouts</li> <li>- to choose the lowest dose of the safest NSAID for the shortest possible time if the medication is deemed to be required for a particular patient</li> <li>- to educate patients about the risks of these medications which can be bought over the counter</li> </ul>  |
| <b>Background resources relating to evidence</b>                | Resources as per Safety in Practice website  |
| <b>How will an individual doctor's data be collected?</b>       | The clinical audit tools that are used in practices where the Safety in Practice programme are essentially Dr Info and Mohio.<br>These audit tools automatically generate a list of patients each month who have received a prescription of an NSAID and a co-prescription or criteria as per the criteria identified. GP's can look at this list to identify their own prescribing and practices can look at this as a whole also.  |
| <b>Data analysis</b>  | GP practices are encouraged to: <ul style="list-style-type: none"> <li>- review the records of the identified patients and</li> <li>- decide what action is appropriate</li> </ul>   |
| <b>ACT to implement change</b>                                  | <ol style="list-style-type: none"> <li>1. Review the records of the identified patients and decide what action is appropriate which may include:             <ul style="list-style-type: none"> <li>- stopping the NSAID or adding gastro-protection and may require a clinical review</li> <li>- discuss the benefits and risks with the patient</li> <li>- advising high-risk patient to seek GP or pharmacy advice before purchasing over the counter pain relief</li> <li>- using patient information leaflets as appropriate such as those on <a href="http://www.saferx.co.nz">www.saferx.co.nz</a> - triple whammy and ibuprofen leaflets</li> </ul> </li> <li>2. Discuss the results with their clinical team looking at what the data provides in terms of insights of the safe aspects of NSAID prescribing in the practice, as well as the NSAID prescribing that could make patients more at risk of harm and how prescribing could be made safer utilising the whole practice team to help with patient support.</li> <li>3. Decide what actions need to be taken to reduce the risk of harm from NSAID prescribing in the future.</li> </ol> <p>Safety in Practice collaborative programme supports GP's and practices by providing teaching and information about the risks of NSAID, assistance to utilise the audit tool reports, as well as sharing of change ideas that other GP's and practices have found useful in the past, and brings GP's and practices together for collaborative sharing sessions as part of the wider programme.</p> |
| <b>Monitoring changes</b>                                       | GP's and practices can monitor the progress by going in to the report of the audits each month   |
| <b>Subsequent cycles</b>  | This process can be repeated as often as monthly or as decided by the clinician / practice.  |