

UPDATE

Targeted
CVD MURs

This module covers:

- The recent changes to target groups and requirements for MUR consultations
- Guidance for conducting MURs in patients with or at risk of cardiovascular disease
- Tips for a successful MUR consultation

New target group for MURs: cardiovascular disease

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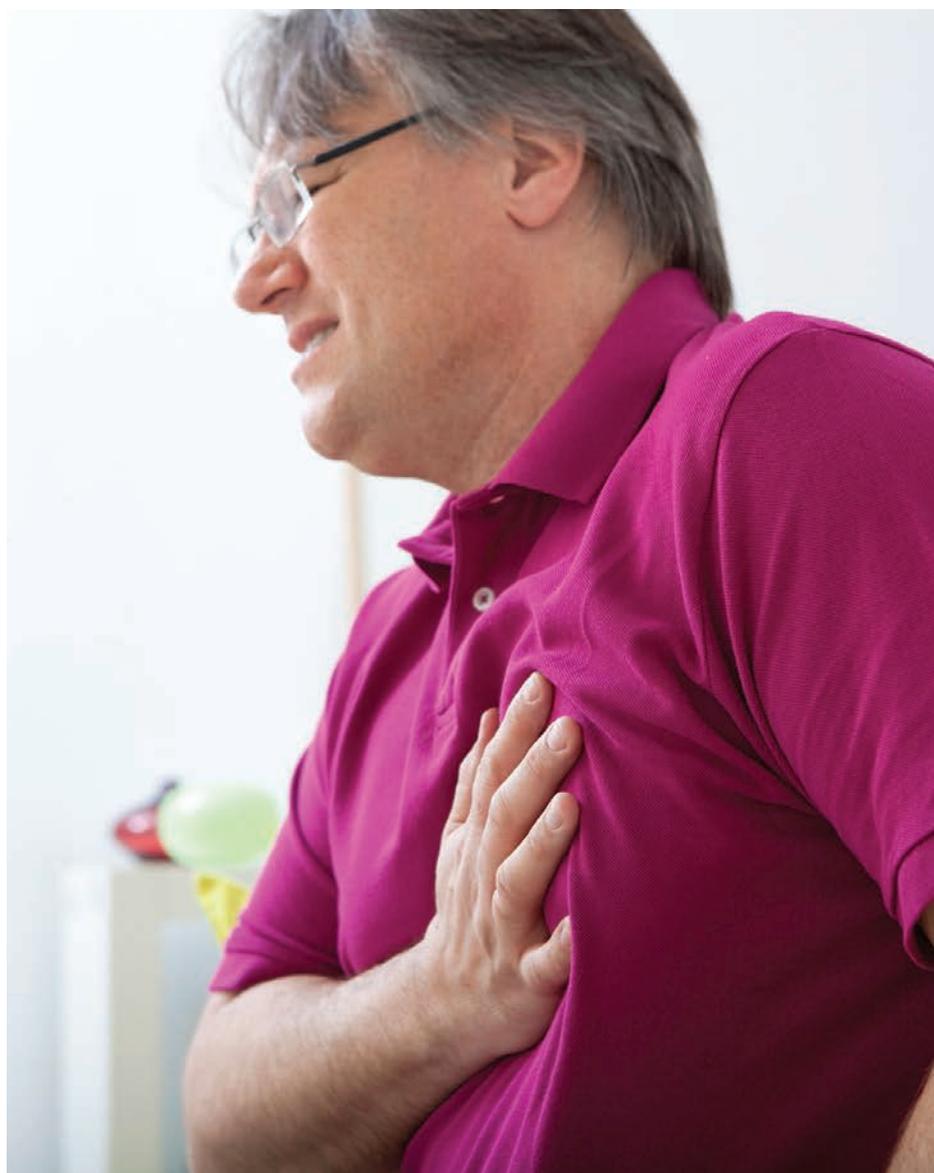
As of January 1, 2015, a new national target group for MURs has been added. This target group was agreed by NHS England and PSNC in September 2014 and focuses on patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.¹

In addition to this change, from April 2015 community pharmacists will need to ensure that at least 70 per cent of their MURs are within one of the, now, four target groups. This is an increase from the current expectation that at least 50 per cent of MURs are within the original three target groups (patients taking high risk medicines, patients recently discharged from hospital with changes to their medication, and patients on respiratory medication).

NHS England, in agreement with PSNC, believes that this increase in targeted MURs will ensure that those patients who will benefit most will be offered the service. However, the number of MURs to be completed each year will remain at 400.

These changes have been agreed within the Community Pharmacy Contractual Framework (CPCF).

Some pharmacists may be concerned about this increase in the percentage of targeted MURs. The guidance is that those pharmacies who fail to reach this new target of 70 per cent may be contacted by the NHS England area team to understand why and may be subject to disciplinary measures. The area team may advise the pharmacy not to undertake further MURs until the issue has been rectified. PSNC believes, however, that the addition of the fourth target group will make meeting this higher percentage much more obtainable.



The new group targets patients at risk of or diagnosed with CVD and regularly prescribed at least four medicines

What medications fall within this new target category?

PSNC states that to qualify for a cardiovascular risk MUR, a patient must be treated for a cardiovascular or cardiovascular risk condition and be taking at least one medicine from chapters 2 (cardiovascular), 6.1 (diabetes) or 6.2 (thyroid) of the BNF. To fall into the MUR target group they must also be regularly prescribed four or more medicines in total.¹ This will encompass a large number of medications, many of which your patients will be taking.

Do any new records need to be kept?

From April 2015, you will have to include the new targeted group in your records. This will allow local NHS England teams to confirm that you are meeting the 70 per cent requirement. From January 1 until March 31 you do not need to record this fourth target category as a targeted MUR.



Case study 1

Michael

AGE: 58

PRESENTATION: Michael, a man of African-Caribbean origin, comes into your pharmacy for an MUR. On your records you see he is taking amlodipine 10mg once daily, losartan 50mg once daily, indapamide 2.5mg once daily and simvastatin 40mg once daily. He is a smoker and he tells you that his blood pressure, when last measured, was 145/95mmHg.

COUNSELLING POINTS: Firstly, check whether Michael is taking any other medications that you might not know about. Potentially he could be taking over-the-counter or herbal medicines and you need to be aware of this so that you can give him a complete medicines review.

Reviewing Nice guidelines,² you can see that Michael is on step three of the hypertension treatment plan because he is taking a calcium channel blocker (amlodipine), an angiotensin II receptor antagonist (losartan) and a thiazide-related diuretic (indapamide).

It is recommended that patients being treated for hypertension should aim for a blood pressure reading of 140/90mmHg, so you may be concerned that Michael's blood pressure is still above this.

Taking each medicine in turn, ask Michael what he is taking it for and if he feels that it is working effectively. Check that he is taking each medication as directed by his doctor. When does he take his medicines and in what dose? If he is not taking them correctly, what is preventing him from doing so? Is he suffering from any side effects or does he feel that they are not effective?

When it comes to addressing side effects, be clear about what Michael should be looking out for. You might want to use phrases such as:

- patients taking amlodipine sometimes notice that they have ankle-swelling. Is this something you have experienced?
- very rarely, simvastatin can cause muscle pain, similar to the feeling you get after you've been to the gym. Have you noticed this?

Because hypertension may be asymptomatic some patients feel that they do not need to take medication. It is important to reiterate the long-term consequences of not taking these medicines as directed. Occasionally, patients simply do not remember to take their medicines. Use questions such as:

- some patients forget to take their medications from time to time. Does this ever happen to you?

This might help to address the issue of missed doses without making him feel that he is doing something wrong.

If compliance issues have been addressed, it is then important to explore lifestyle factors with Michael to ensure that he is following the recommendations in relation to diet and exercise. Ask him questions about his current diet and exercise routine and offer guidance on the small changes he can make to improve these. Also, check his alcohol and caffeine consumption as well as sodium intake.

Michael is also taking simvastatin 40mg. The MHRA has issued guidance³ stating that when taking amlodipine, the maximum dose of simvastatin should be 20mg daily. Therefore, a copy of the MUR feedback form should be

What is the mechanism of action of simvastatin?

Simvastatin, in its active form, is an inhibitor of the enzyme HMG-CoA reductase. Because this enzyme is involved in the conversion of HMG-CoA to mevalonate (the next step in cholesterol biosynthesis), simvastatin disrupts this process, reducing both total and LDL cholesterol.

Why should simvastatin be taken at night?

Cholesterol synthesis occurs during fasting (for most people this will be at night) so – due to its short half-life – simvastatin is taken in the evening for maximum effect. Atorvastatin, which has a long half-life, does not need to be taken at night.

sent to Michael's GP practice or the GP could be contacted first to highlight the issue. Also, remember to counsel Michael to take the simvastatin at night.

As Michael is a smoker it would be worthwhile checking his current motivation to quit and offer him advice and support. It may be that he is not ready to or has not thought about quitting. Be understanding and empathetic and let him know that you can support him if or when he decides to quit.



Case study 2

Zainab

AGE: 52

PRESENTATION: Zainab, an overweight lady of Asian origin, is a regular customer of yours and is now due for her annual MUR. Her current medication is bendroflumethiazide 2.5mg tablets, one in the morning; lisinopril 20mg tablets, one in the morning; aspirin e/c 75mg tablets, one in the morning; atorvastatin 20mg tablets, once daily, and metformin 500mg tablets, one three times daily.

COUNSELLING POINTS: Zainab tells you that she has had a dry cough recently and wonders if it could be related to her medication. This symptom is most likely associated with her lisinopril. It is important to establish when the dry cough started and if there are any other symptoms that might lead you to a diagnosis other than an angiotensin converting enzyme (ACE) inhibitor-induced cough. If you are satisfied that her cough is caused by lisinopril then Nice guidelines² state that a low cost angiotensin II receptor antagonist (eg candesartan or losartan) would be a suitable alternative. This would be an action point for her doctor to consider.

Regarding her other medications, remind Zainab to be aware of any unexplained muscle pain that may be a sign of myopathy caused by atorvastatin.

Metformin is the first choice of antidiabetic medication for overweight patients, so would be the most appropriate for Zainab. Occasionally, the gastrointestinal side effects of metformin may deter patients from taking it, so check if this is the case with Zainab. It would also be worth enquiring whether Zainab feels light-headed as a result of her antihypertensive

medications or has ever had a fall since she started taking these.

Lifestyle advice is always important when working with diabetic patients. In terms of diet, diabetic patients are given the same advice as those who are not diabetic. They should have a well-balanced diet with lots of fruits, vegetables and low-glycaemic-index carbohydrates such as brown rice and brown bread. They should eat regularly throughout the day and reduce their intake of salt and sugary foods and drinks.

Try not to overwhelm Zainab with information. Suggest small ways that she could improve her current diet and work with her over time to make the bigger changes.

Exercise is also essential and it might be worth signposting Zainab to a local fitness centre that can advise her more effectively. Nice guidelines⁴ advise that patients at risk of or with cardiovascular disease should do at least 150 minutes of moderate intensity aerobic activity every week.

Diabetes UK produces a really valuable tool⁵ - *15 healthcare essentials* - that will help you to ensure that your diabetic customers are aware of all the annual checks they should be having. These checks include blood glucose, blood pressure, cholesterol, kidney function, body mass index (BMI), eyes and feet. As pharmacists, we can play a key role in educating patients about these and signposting them to where they need to go. The annual MUR is an ideal opportunity to raise this.

Mechanism of action of lisinopril

Angiotensin converting enzyme catalyses the conversion of angiotensin I to angiotensin II. Angiotensin II is a vasoconstrictor so inhibiting its production causes vasodilation and a lowering of blood pressure. This process also increases the production of bradykinin leading to the dry cough patients often complain of. Angiotensin II receptor antagonists, such as losartan, are suitable alternatives if patients are unable to tolerate ACE inhibitors.

Advice for patients on their condition and how to manage it

For any patient at risk of, or being treated for, cardiovascular disease it is important that they understand the long-term implications of not sticking to a medication regimen.

Many conditions linked to cardiovascular disease are asymptomatic, so some patients may not see the point in taking their medicines as they may be experiencing unpleasant side effects without any noticeable benefit to health.

Encourage patients to be conscious of their lifestyle and, if they have unhealthy habits, work with them to address each of these one at a time. Empower patients to take ownership of their own health and explain that adopting a

healthy lifestyle now will allow them to live a more fulfilling life for much longer.

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References

1. PSNC, National target groups for MURs: psnc.org.uk/services-commissioning/advanced-services/murs/national-target-groups-for-murs/
2. Nice, Hypertension - Clinical Management of primary hypertension in adults, August 2011: www.nice.org.uk/guidance/cg127/resources/guidance-hypertension-pdf

3. MHRA, Drug Safety Update: www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON180637

4. Nice, Prevention of cardiovascular disease, July 2014: www.nice.org.uk/guidance/cg181/resources/guidance-lipid-modification-cardiovascular-risk-assessment-and-the-modification-of-blood-lipids-for-the-primary-and-secondary-prevention-of-cardiovascular-disease-pdf

5. Diabetes UK, Diabetes annual checks: www.diabetes.org.uk/Documents/15-healthcare-essentials/are-you-really-getting-your-15-0912.pdf



10 tips for a successful MUR consultation

1. Introduce yourself: explain your role and explain what an MUR is.
2. Gain written consent from the patient before commencing the MUR.
3. Start by asking open questions to allow your patient to give you as much information as possible, eg how are you getting on with your medicines?
4. Closed questions will then allow you to narrow down the main issues, eg are you having any side effects with this particular medicine?
5. Try to allow some pauses – this will give both the patient and you some time to think.
6. Be aware of your body language – is it friendly and open?
7. Brief your pharmacy team to avoid disturbing you during your consultation because this can interrupt the flow of the conversation and may prevent the patient from giving you all the information you need.
8. Come up with an action plan for your patient to take away with them, bearing in mind your patient's cultural background, and tailor your advice accordingly.
9. Summarise the main points discussed during the conversation and ask your patient if they have any questions or want you to go over anything again.
10. Invite the patient to ring or come back to see you if they have any further questions after the consultation.

Looking for tips to get the most out of your MURs? Try C+D's popular MUR Zone

» chemistanddruggist.co.uk/mur-zone

5 minute test

■ Sign up to take the 5 Minute Test and get your answers marked online: chemistanddruggist.co.uk/update

Take the 5 Minute Test

1. From January 1, 2015, pharmacists will need to ensure that at least 70 per cent of their MURs are within one of the four target groups.
True or false?

2. From April 2015, the new target group must be included in the MUR records.
True or false?

3. Step three of the hypertension treatment plan involves taking a calcium channel blocker, an angiotensin II receptor antagonist and a thiazide-related diuretic.
True or false?

4. Patients being treated for hypertension should aim for a blood pressure reading of 145/95mmHg.
True or false?

5. MHRA guidance states that when taking amlodipine, the maximum dose of simvastatin should be 40mg daily.
True or false?

6. Candesartan or losartan are suitable

alternatives for patients suffering from ACE inhibitor-induced cough.
True or false?

7. Atorvastatin needs to be taken at night.
True or false?

8. Muscle pain is a common symptom of myopathy caused by statins.
True or false?

9. Metformin is the first choice of antidiabetic medication for overweight patients.
True or false?

10. Patients at risk of or with cardiovascular disease should do at least 180 minutes of low intensity aerobic activity every week.
True or false?

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Tips for your CPD entry on cardiovascular disease MURs

Reflect Which patients does the new national target group for MURs focus on? What medications fall within this new target category? What information do pharmacists need to carry out these MURs?

Plan This article explains the changes to MUR target groups occurring this year. It contains information about the new target group, which includes patients at risk of or diagnosed with cardiovascular disease and who are regularly being prescribed at least four medicines, using case study scenarios.

Act Read the Update article, then take the 5 Minute Test (above). Update and Update Plus subscribers can then access answers and a pre-filled CPD logsheet at chemistanddruggist.co.uk/mycpd.

Read the MUR tips for individual cardiovascular drugs and for thyroid disorders on the C+D website tinyurl.com/murcvd1

Revise your knowledge of hypertension management on the Patient.co.uk website tinyurl.com/murcvd2

Update your knowledge of the use of statins on the Patient.co.uk website tinyurl.com/murcvd4

Read the healthcare essentials checklist on the Diabetes UK website tinyurl.com/murcvd6

Find out about diet, exercise and healthy living for your patients on the NHS Livewell website tinyurl.com/murcvd7

Identify patients in the new target group who would benefit from an MUR

Evaluate

Are you now familiar with the recent changes to MUR target groups? Could you advise patients with cardiovascular disease about their medications and lifestyle?

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