

Medication review and medicines use review: A toolkit for pharmacists

The International Pharmaceutical Federation has recently published a new toolkit for community pharmacists on medicines use.

This current toolkit is an updated version of the toolkit on medicines use review (MUR) published in December 2020. In this version, MUR is framed as a subtype of MR, with further distinction made between each type of professional service. In fact, emphasis is made on the conceptual difference between both services, with MR representing a clinical assessment of a patient's current medicines, and with MUR representing partnerships between pharmacists and patients to improve their medicines use through education, identification, integration of their preferences and optimisation of their medication adherence.

Emerging data show that medication errors and adverse events cause significant harm to patients' health and well-being. It is estimated that the burden of adverse events due to medicines is now comparable to that of widespread diseases, such as malaria or tuberculosis.¹ The impacts of medication errors also represent a burden for health systems, with the annual cost associated with medication errors estimated at USD 42 billion worldwide.²

While, in the United States, at least one death per day is caused by medication errors,² nevertheless, the harm associated with medicines use is thought to be preventable in the vast majority of cases, underscoring the urgency for coordinated efforts to effectively address this issue. Patient safety and medication-related harm has been a topic of importance for the World Health Organization (WHO), having set up the High 5s Project in 2007.³

Moving forward and facing the need to tackle medication errors and adverse events, in March 2017, the WHO launched its third Global Patient Safety Challenge called "Medication without harm".^{1,4} This is a global initiative to reduce medication-related harm in all countries by 50% within five years with three specific areas for commitment, namely in high-risk situations (such as those involving high-risk patients or high-risk medicines), in patients with polypharmacy, and at transitions of care.¹ The challenge's strategic framework addresses each of these three action areas with regard to

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four domains: patients and the public, healthcare professionals, medicines and systems, and medication practices.⁴

It is evident that, among healthcare professionals, pharmacists are essential team players in all settings to tackle medication errors. Their accessibility allows them to interact with, counsel and educate patients through a relationship of trust. Moreover, thanks to their expertise in medicines, pharmacists can detect potential and actual medication-related problems and suggest evidence-based, clinical interventions to optimise medication therapy and reduce the risk of medication errors.

Pharmacists' roles as part of the healthcare team in the community, in primary health care, in hospitals and in other healthcare establishments also allow them to significantly contribute to reducing medication-related harm. In response to the launch of "Medication without harm", FIP published a reference document on the pharmacist's role in patient safety, echoing the call for greater pharmacist involvement within healthcare teams to optimise medication therapy.⁵ The FIP reference document describes and suggests pharmacist-led interventions at the patient level in addition to organisational and policy development levels, including medication review (MR) and medicines use review (MUR).⁵

Two toolkits were also launched to support pharmacists in their role in patient safety, namely, a toolkit on medicines reconciliation as well as the first version of the toolkit on MUR.⁶ This current toolkit is an update to the version of the toolkit on MUR published in December 2020. This new version frames MUR as a subtype of MR, defines each type of professional

service and provides guidance on their implementation.

Although it could seem that the difference between both services is subtle and mostly terminological, there is a significant conceptual difference between MR — a service where the healthcare team assesses a patient's current medicines to optimise clinical, humanistic and

economic factors—and MUR, where the emphasis is in the word "use", and where pharmacists interact directly with patients to improve their medicines use, considering their preferences and, ultimately, optimising adherence to treatments.

Pharmacist-led MR, including MUR, is therefore a contribution to ensuring patient safety by reducing medication harm. This toolkit serves as a practical reference guide to implementing and conducting optimal MR and MUR. It includes service implementation tools which can be directly used or adapted for clinical practice at the patient level. The organisational topics featured in this toolkit can also be used in management and policy development contexts.

References available on request

