

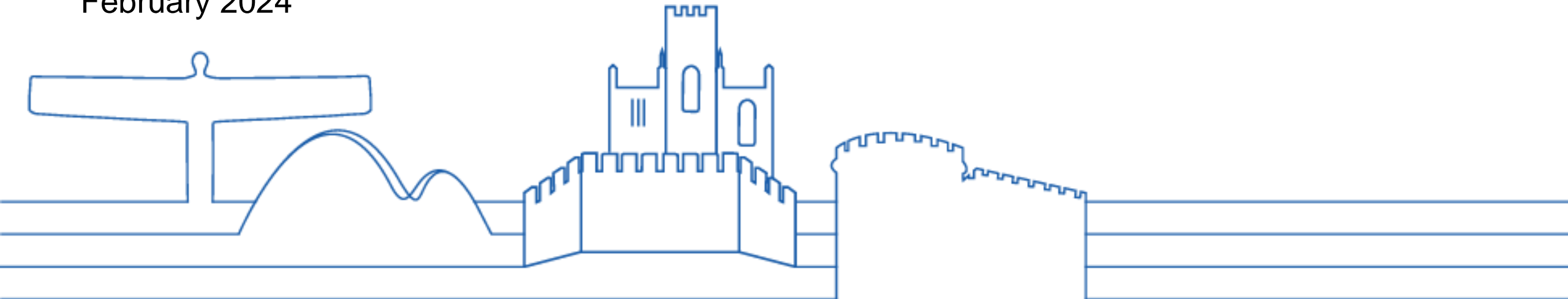
Personalised care approach to cardiovascular medicines in multimorbidity and disease progression



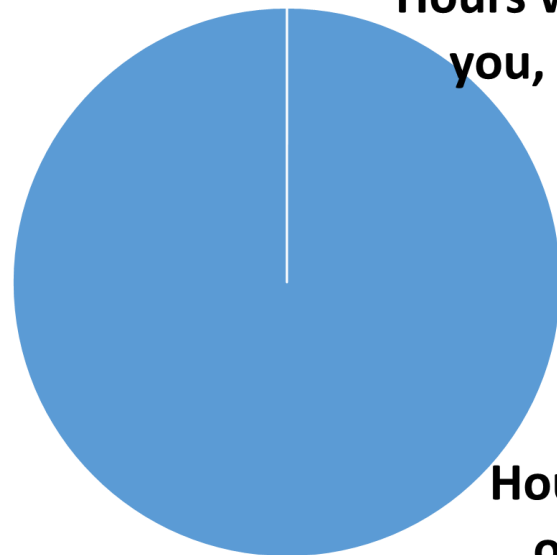
North East and
North Cumbria

Helena Gregory, NENC ICB – Personalised Care MO lead
NICE medicines and prescribing associate

February 2024



Last time



Hours with you, 1

Hours on their own, 8759

CVD management journey

Initial chat after a
healthcheck

Health declining

Low risk and active

Following
cardiovascular event

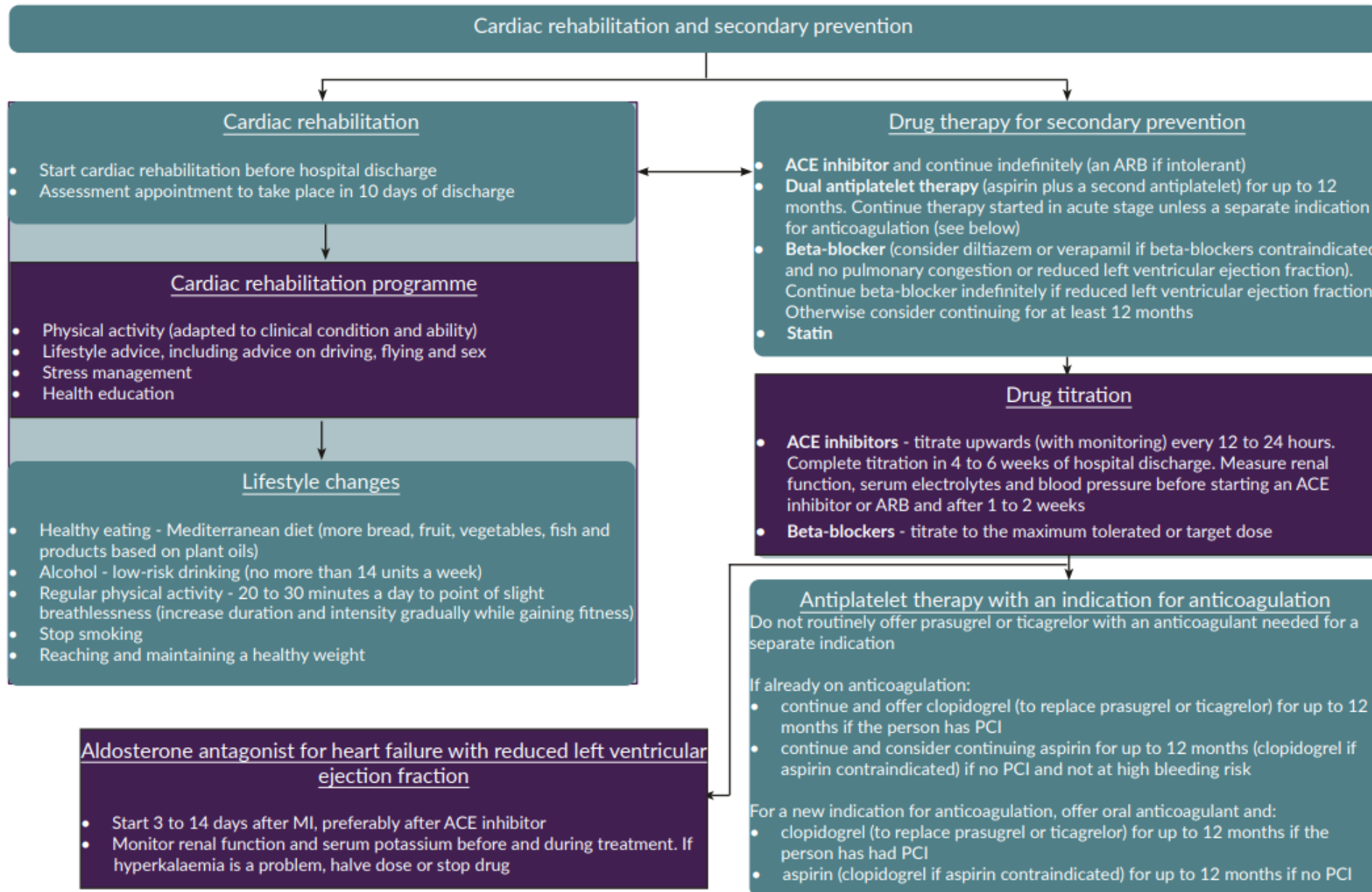


Putting personalised care into practice

Personalised care approach to cardiovascular medicines in multimorbidity and disease progression:

- Hospital discharge
- Supported self-management
- Managing polypharmacy
- Dementia
- Other factors in multi-morbidity





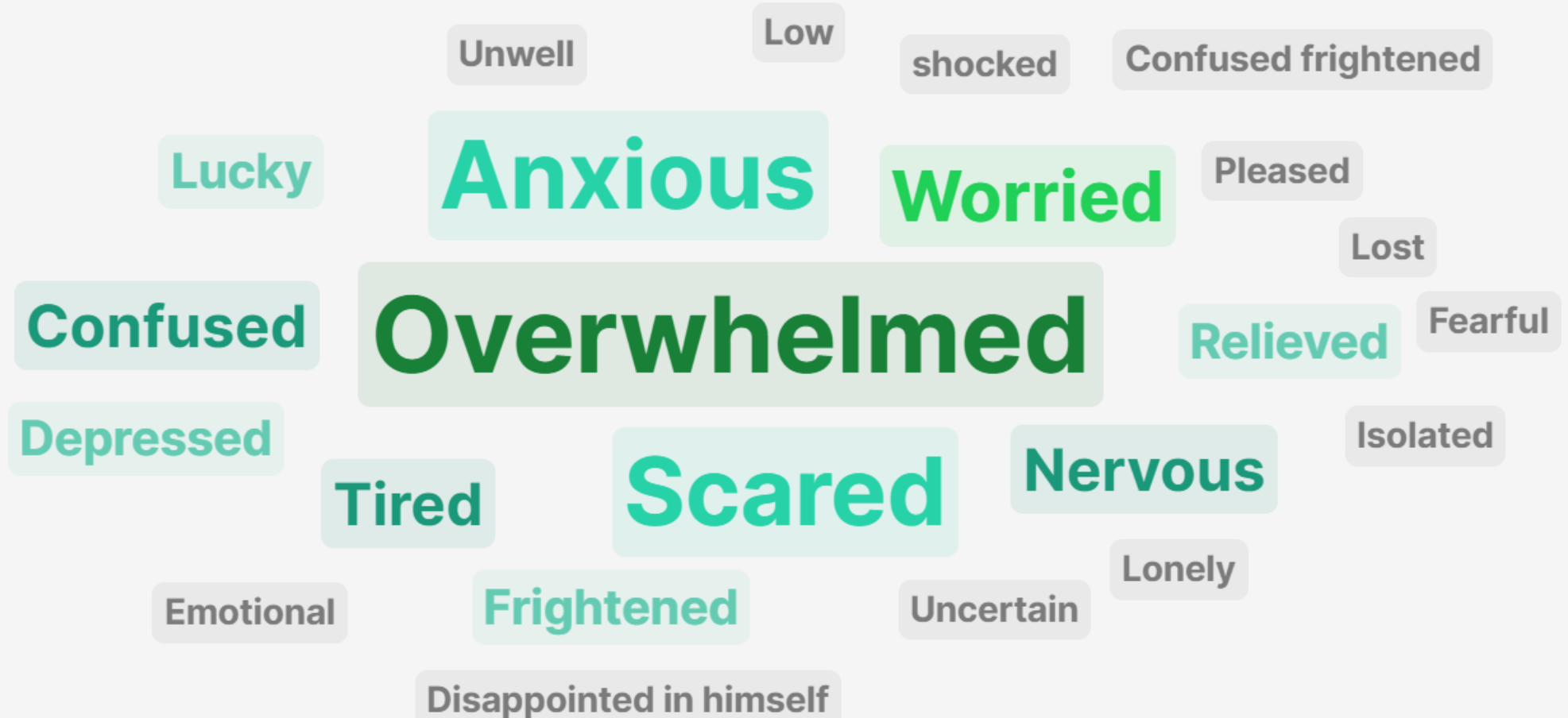
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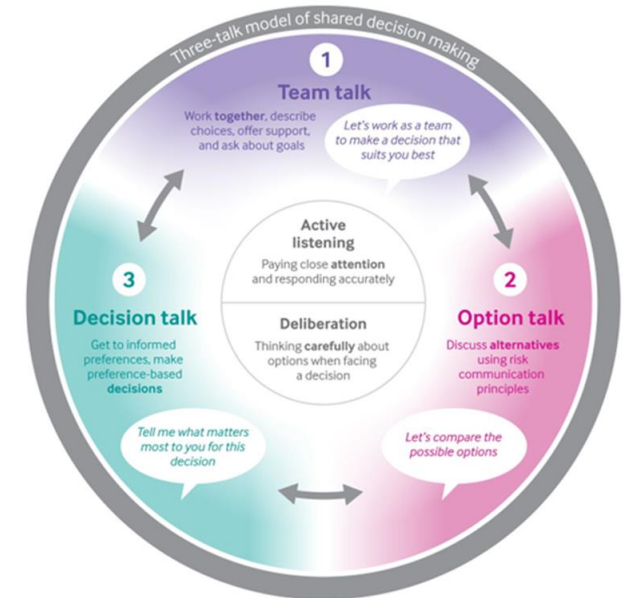
How might Jamal feel after coming out of hospital post-MI?

ⓘ Start presenting to display the poll results on this slide.

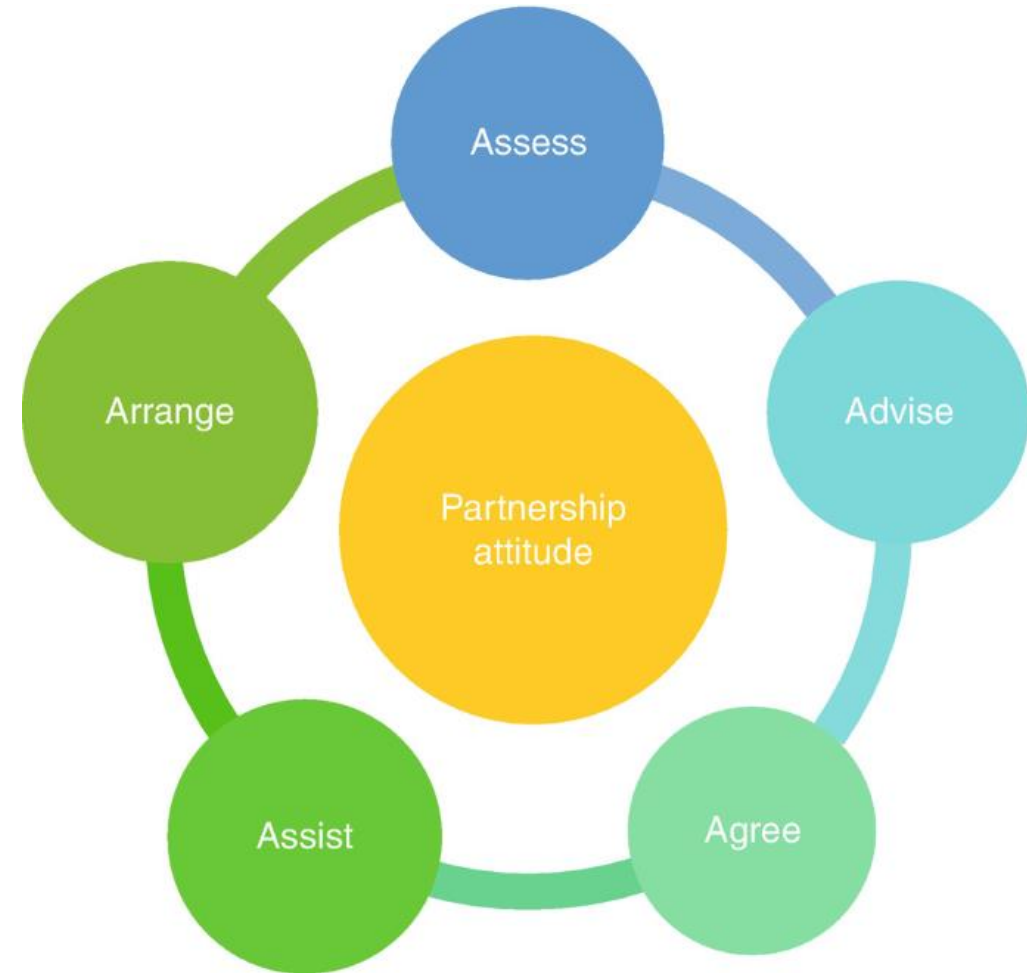
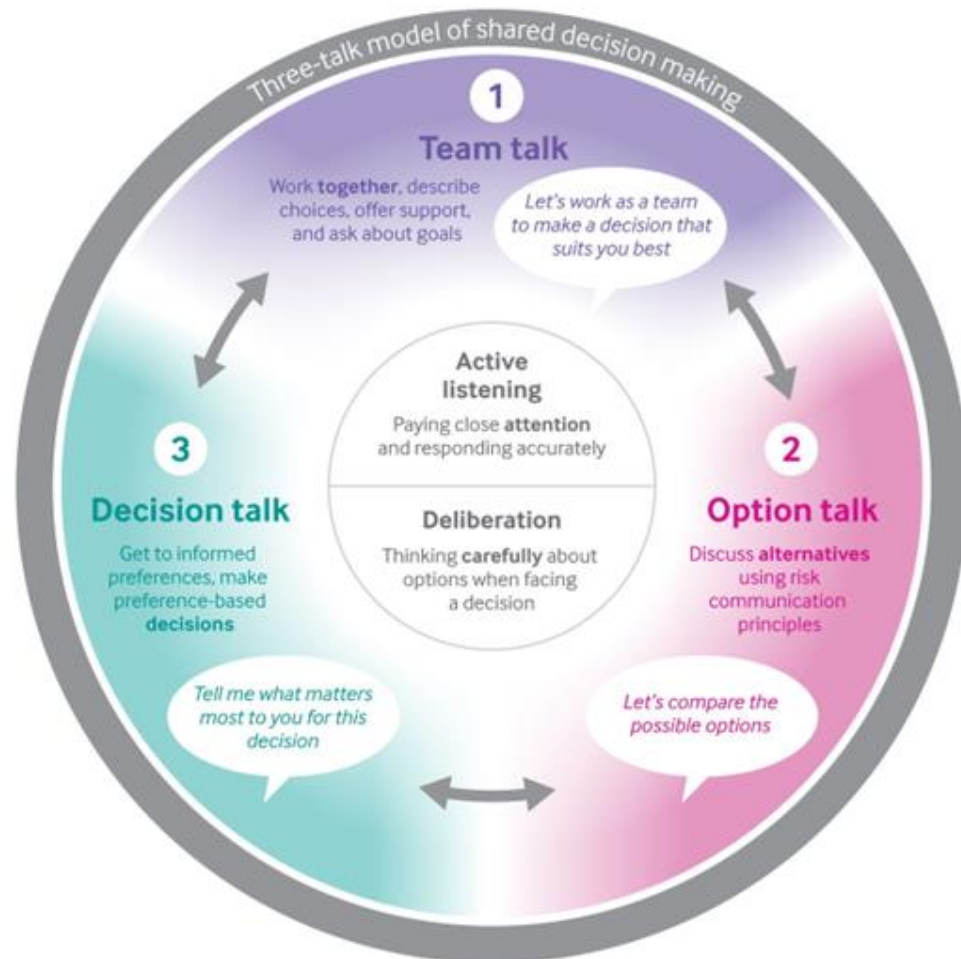
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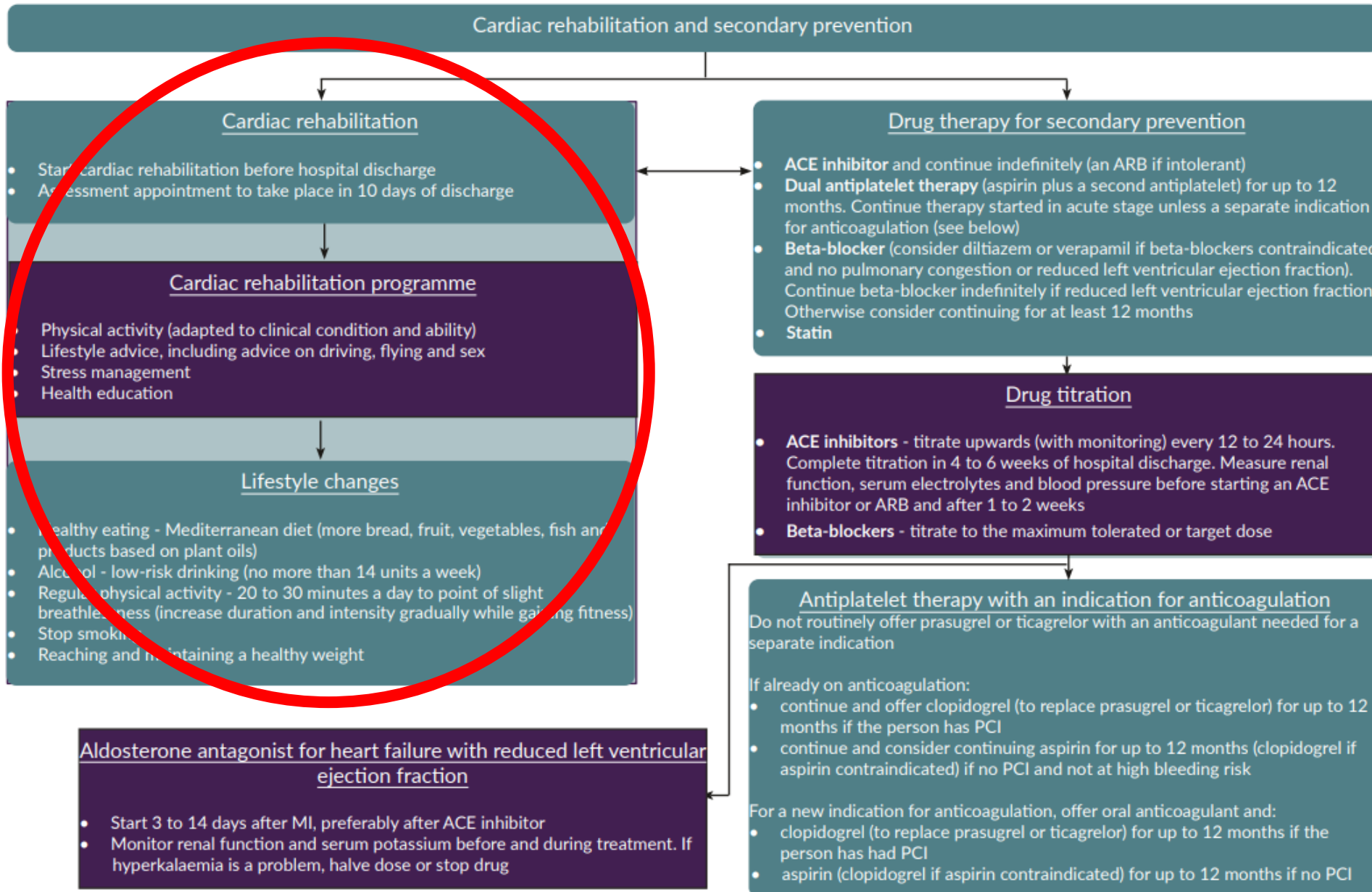


Hospital discharge

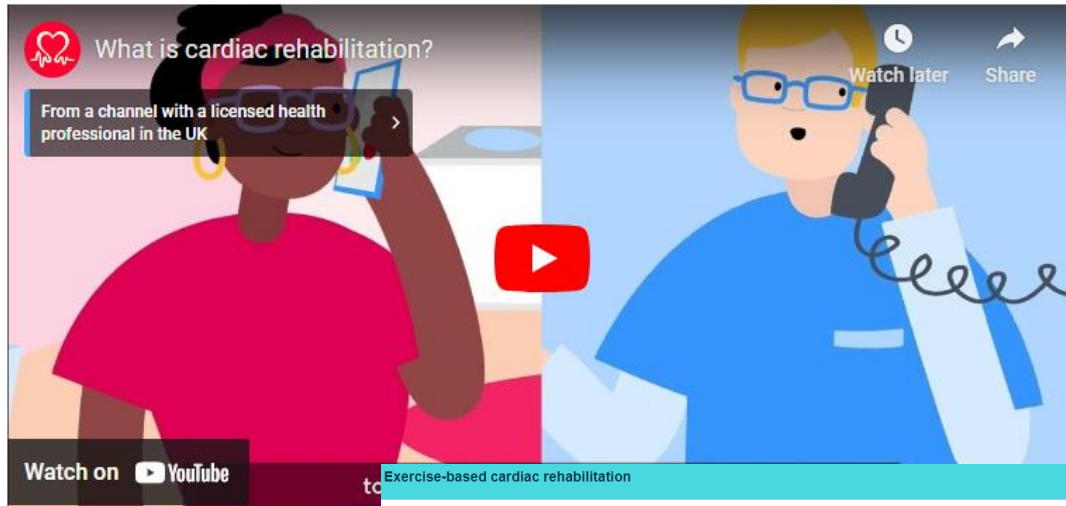


Shared decision making and supported self-management





Cardiac Rehabilitation



NICE recommends an exercise-based cardiac rehabilitation programme for all people with CHD.

The type and amount of exercise is not specified, and ideally is tailored to the individual.

- Clinical trials have used mainly aerobic exercise, but also included resistance training.



Specialist Sessions >



Public Sessions >



Fit4Kids >



In the Community

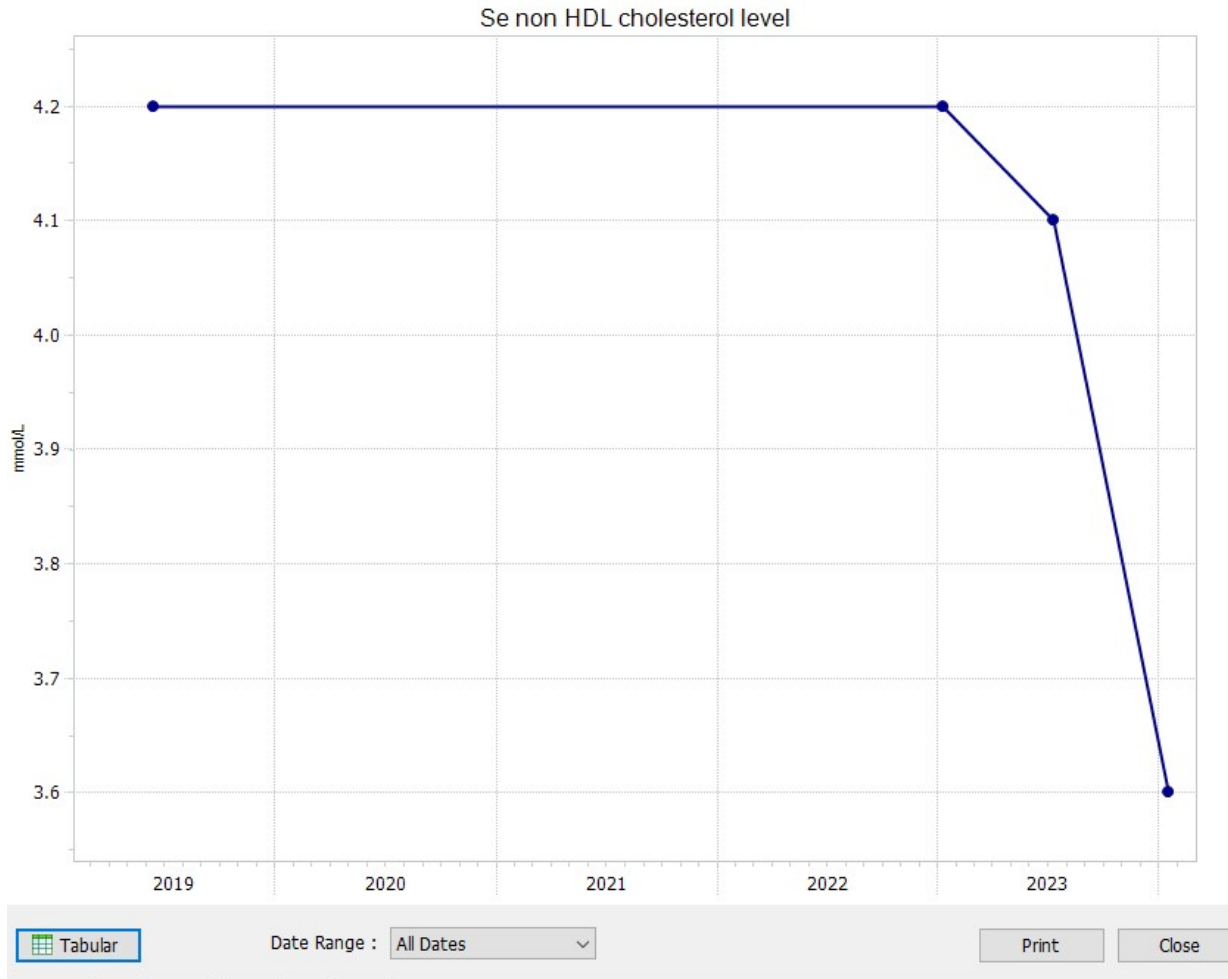
Physical Activity Referral Scheme (PARS)



Ask your Health Professional if you are Suitable for an Exercise Referral

1st Month Completely **FREE** with a Referral

Lifestyle Medicine



Smoking Cessation: online training for health and social care workers

- Very Brief Advice on Smoking (VBA+)
- Stop smoking medications
- Vaping: a guide for healthcare professionals
- Very Brief Advice on Smoking for Pregnant Women

Advice on how to stop smoking from Director of Public Health, Colin Cox

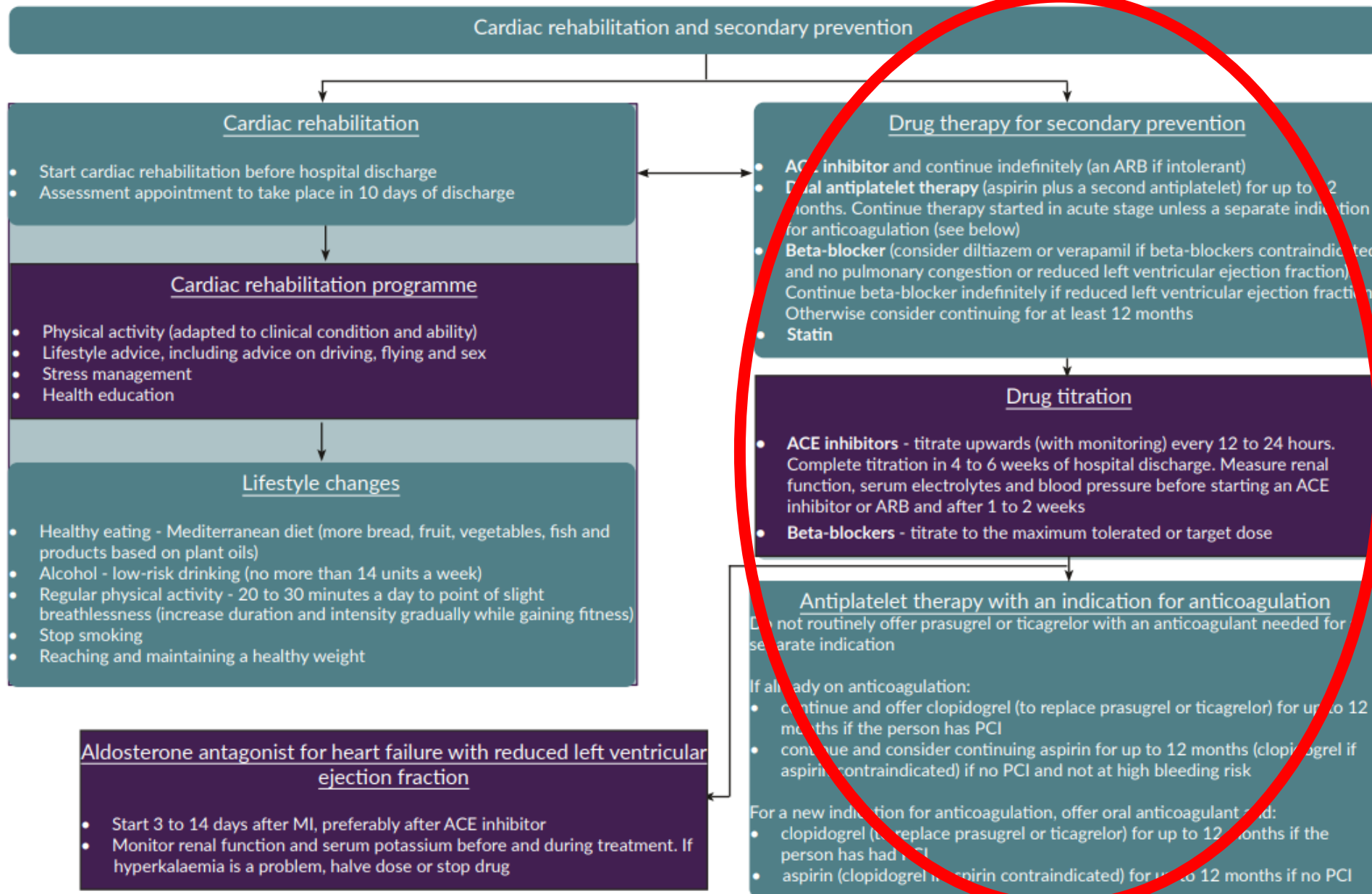
Cumberland Council

STOP TOBER
STOP SMOKING AND GOOD THINGS HAPPEN

Watch later Share

Watch on YouTube

if you can use our services to support you.



Polypharmacy

- Lisinopril 10mg – one once daily
- Aspirin 75mg – one once daily
- Clopidogrel 75mg – one once daily
- Bisoprolol 5mg – one once daily
- Atorvastatin 80mg – one once daily
- Lansoprazole 15mg – one once daily
- Furosemide 40mg – one once daily



Practicalities of managing medication at home

Daily routine

Ordering and
collection

Reasonable
adjustments

Appointments

Carers and
partners

Are your
medicines
working for you?

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What would you do if Jamal asked you "Which are the 3 most important medicines to take?"?

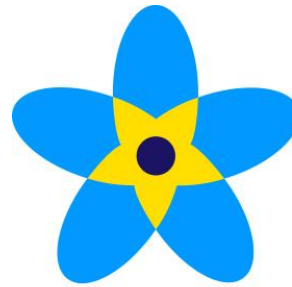
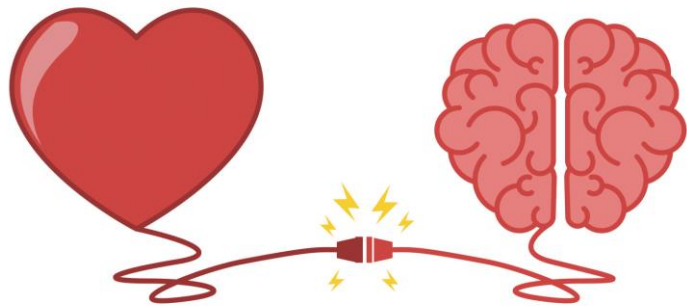
ⓘ Start presenting to display the poll results on this slide.

What would you do if Jamal asked you "Which are the 3 most important medicines to take?"? 17

- Would a blister pack help
- More importantly how do we get you to a place where you don't need to rely on medicines.
- explain the importance of each medication
- Polypill
- Any side effects?
- Timing? Simplifying
- What is most important to you ? Any issues / problems with any ? What would you like to know to help you decide ?
- Shared decision making

- What does "important" mean to you? Ensure he understands indications for each medication
- Are you having difficulty taking them all?
- Why 3?
- All
- What are his goals?
- They're all important
- What's most important to you? What's bothering you?
- They are essential medications. What are your concerns of taking them all?
- Change mindset to preventing future events
- Do you have any issues?
- What is important for him
- Explain each one again, ask the reason he can't take them? Side effects? Concern ?
- Discuss the importance of all meds

Dementia



Dementia Friends

An Alzheimer's Society initiative

Modifying 12 risk factors might prevent or delay up to 40% of dementias

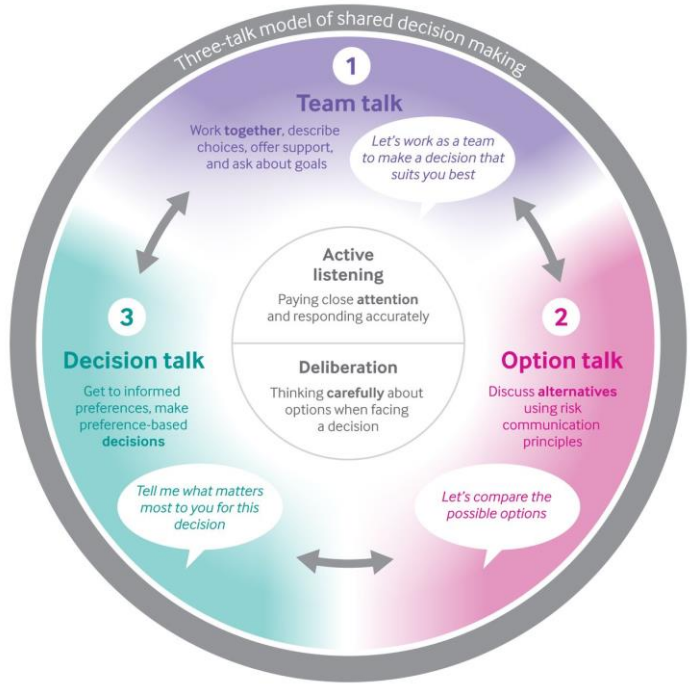
- | | |
|--------------------|---------------------------|
| Air pollution | High blood pressure |
| Depression | Infrequent social contact |
| Diabetes | Less education |
| Excessive alcohol | Obesity |
| Head injury | Physical inactivity |
| Hearing impairment | Smoking |

Dementia prevention, intervention, and care: 2020 report of the Lancet Commission

Admiral Nurses Dementia UK
Helping families face dementia







- For adults with BPSD treated for at least 3 months (symptoms stabilized or no response to adequate trial), it is recommended: Taper and stop antipsychotics slowly in collaboration with the patient and caregivers: e.g., 25%-50% dose reduction every 1-2 week (strong recommendation, moderate-quality evidence. [evidence](#))

Drug	Total daily dose	Step 1	Step 2	Step 3
Risperidone	Up to 500 micrograms	Stop		
	Up to 1mg	Halve dose	Stop	
	Over 1mg	Halve dose	Halve dose	Stop
Quetiapine	Quetiapine 25 milligrams	Stop		
	Up to 50mg	Halve dose	Stop	
	Over 50mg	Halve dose	Halve dose	Stop
Haloperidol	Up to 500 micrograms	Stop		
	Up to 1mg	Halve dose	Stop	
	Over 1mg	Halve dose	Halve dose	Stop

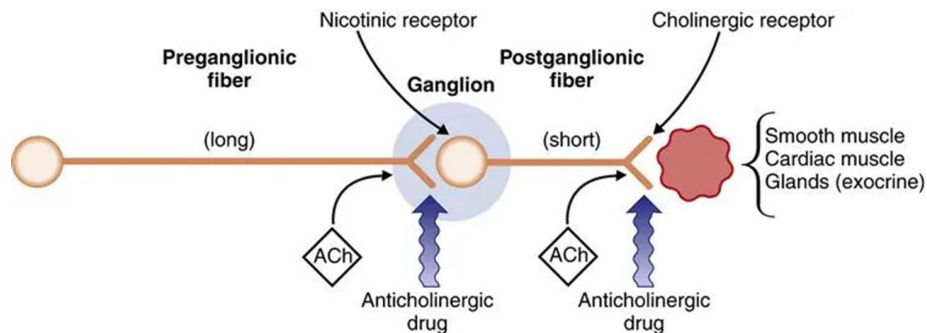
Other factors in multimorbidity



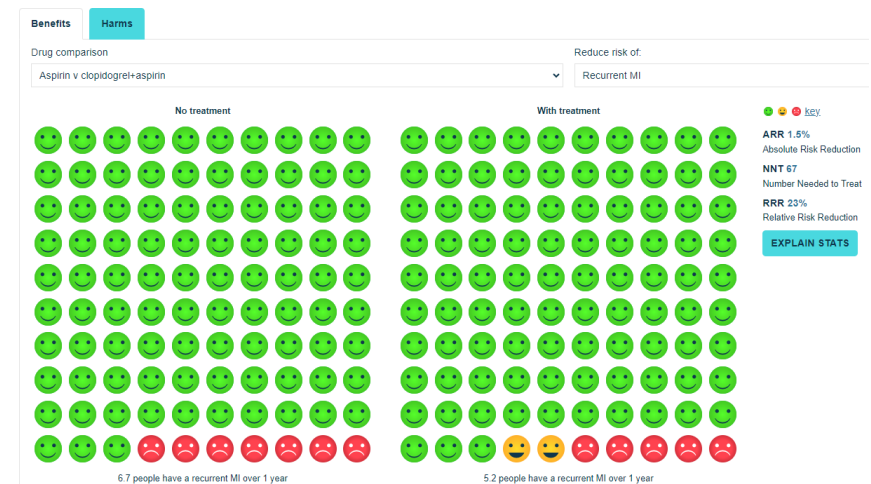
Age UK
Improving later life

DON'T MENTION THE F-WORD

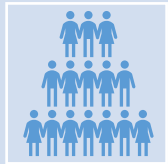
Advice to practitioners on communicating falls prevention messages to older people



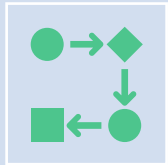
AEC	Dizziness	Drowsiness	Drug
			LISINAPRIL
			LANSOPRAZOLE
			ASPIRIN
			CLOPIDOGREL
			ATORVASTATIN



Making a decision



Do you know who's on your team?



How do you narrow it down to manageable actions?



How would you communicate Jamal's care plan to him?



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How would you help agree, assist and arrange Jamal's next steps in your own practice?

ⓘ Start presenting to display the poll results on this slide.

How would you help agree, assist and arrange Jamal's next steps in your own practice?

- Making next appt before he leaves to help him feel supported
- Bite-sized
- Chunks
- Work out priorities, document care plan in notes, Signpost to appropriate staff
- Refer to social prescribing team, frailty if necessary. Concentrate on medication and making my documentation clear
- Shared decision making
Signposting to appropriate services
- Written plan
- single access care plan
- MDT approach
- MDT

Into practice:

1. Gather your evidence
2. Gather your resources
3. Know your enablers
4. Have a go!
5. Be prepared to learn
6. Build your competency

7. Enjoy it!





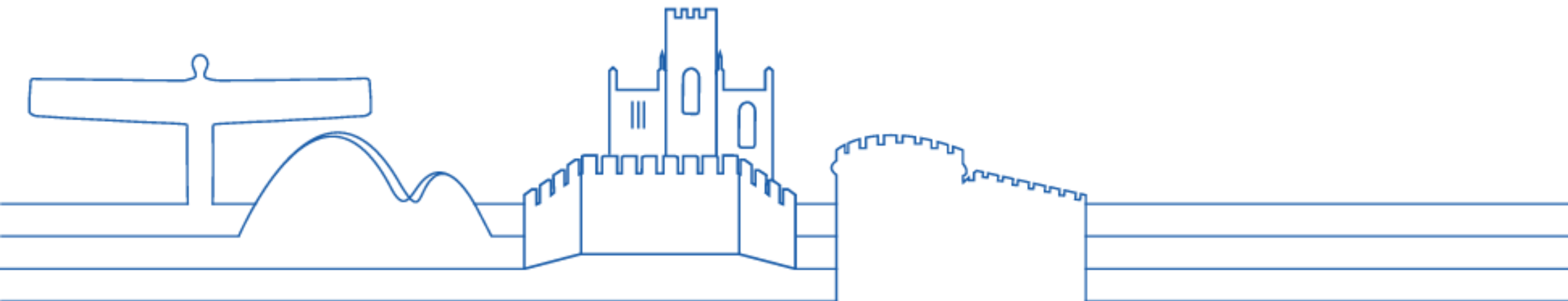
**North East and
North Cumbria**

Thank you

Special thanks to colleagues for their contributions:

Jennifer Nellis, NECS

Laura Heaton-Sutton, NENC ICB



References and resources

- [Age UK – Don't mention the F word](#)
- [Age UK – What's good for the heart is good for the brain](#)
- [Anticholinergic drugs and risk of dementia: case-control study | The BMJ](#)
- [Association between greenspace and blood pressure | Int J Environ Health Res.](#)
- [BHF publications](#)
- [BMJ Best Practice – Shared Decision Making](#)
- [CQC Better care in my hands](#)
- [Dementia Friends](#)
- [Dementia UK – What is an Admiral Nurse?](#)
- [E-learning for Health – Complex Clinical Reasoning](#)
- [E-learning for Health – SDM Hub](#)
- [GP Evidence](#)
- [Heart UK](#)
- [Implementing shared decision making in the NHS: lessons from the MAGIC programme | The BMJ](#)
- [Making Every Contact Count NENC gateway](#)
- [Medicheck](#)
- [Montgomery vs. Lanarkshire – Nadine's case](#)
- [National Centre for Smoking Cessation and Training](#)
- [NENC AHSN Are your medicines working for you?](#)
- [NHSE Personalised Care](#)
- [NHSE Shared Decision Making summary guide](#)
- [NHSE Supported Self Management summary guide](#)
- [NHS London - Antipsychotic prescribing toolkit for dementia](#)
- [Personalised Care Institute e-learning](#)
- [Personalised care roles](#)
- [Prescqipp – Medication and Falls](#)
- [Prescqipp – Anticholinergic burden](#)
- [The importance of greenspace for mental health | BJPsych Int](#)
- [Validating a self-medication risk assessment instrument | Clinical Effectiveness in Nursing](#)
- [What goes wrong with shared decision making](#)