Welcome to the second year of Our Practice, a bi-monthly e-newsletter for the practicing pharmacist community.

Reader response to our first year was overwhelmingly positive, so the Pharmacists Clinic team is back to share more cases, tools and information we use in our day-to-day patient care practice. Each case is peer reviewed and qualifies as a non-accredited CE learning activity in your learning portfolio for licensure.

If you have any questions, feedback or tips to share please contact us at pharmacists.clinic@ubc.ca. Also, feel free to share this e-newsletter with your colleagues.

Warm regards,

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Feature Article

Following by Example

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As pharmacists, we use patient follow-up to monitor progress, identify new drug therapy problems, address patient questions or concerns, and to strengthen our therapeutic relationships with patients. Beyond being an integral part of the pharmaceutical care process and generally a nice offering for our patients, pharmacist follow-up has been shown to reduce emergency department visits and hospitalizations, and improve medication adherence.1,2,3

At the Pharmacists Clinic, routine follow-up is built into our patient care process. We use the following approach to ensure seamless follow-up that is responsive to patient needs:

Set clear expectations up front

We inform all new patients that our service includes follow-up to monitor their progress and support them in achieving their medication related goals. The patient ultimately determines if they will return for follow-up; however, we find most patients are pleasantly surprised to learn how we use follow-up and are keen to have it as required.

We also establish reasons for follow-up ahead of time to give the patient incentive to return and help guide us in our care approach. At the end of each appointment, we (the patient and pharmacist) decide when the next visit should occur and its purpose. Common reasons for patient follow-up at our clinic are to assess health issues not yet addressed, gather
additional information and further assess complex conditions, monitor progress after a medication change, receive more education, review vaccines, explore a new issue, and recall visits to ensure positive health outcomes are sustained.

**Scheduling**
Rather than asking patients to contact us to make appointments, we use the scheduling system in our electronic medical record (EMR) to book future appointments before the end of a patient’s current visit. Our medical office assistant provides reminder phone calls to all patients in advance of their appointments to minimize no-shows and accommodate schedule changes that come up. Our EMR also allows us to track follow-ups and recall patients who, for a variety of reasons, may become lost to follow-up.

We select follow-up intervals (time between the current and next appointment) based on the patient’s clinical need, expected response time to any medication changes, upcoming visits to specialists that may modify the treatment plan, and the patient’s own schedule. Once a patient’s drug therapy has been optimized and their treatment is stable, we recommend a yearly follow-up.

**Flexibility**
We offer follow-up to patients in the way that best meets their needs and lifestyle. Patients have the option of in-person, telephone or telehealth visits. A patient may receive service a number of ways depending on the clinical scenario, such as telephone appointments every three months to monitor progress and an in-person appointment once yearly for in-depth consultation and physical assessment.

We customize the length of time for follow-up appointments based on how much time we need. For example, a five-minute phone call may be sufficient when checking to ensure a patient is not experiencing problems after stopping a medication, or 30 minutes may be required when a patient wants to discuss treatment options for a new diagnosis. If we need more time, we book another follow-up appointment.

**Patient empowerment**
Where appropriate, we assign homework to patients between visits. Examples include keeping a symptom/progress diary (e.g., exercise, sleep, headaches, pain) or logging clinical measurements (e.g., blood pressure, blood glucose, weight). With homework, most patients gain insight and valuable learning about their own health and a deeper commitment to their treatment plan. They can also become motivated to return for follow-up visits to share their findings. In the process, we gain valuable therapeutic information that helps us help our patients.

**Collaboration**
We are mindful of other healthcare providers the patient sees and plan follow-up accordingly to reduce redundancies and patient appointment burnout. Depending on the issue at hand, it may be most appropriate for a patient to follow-up with their family doctor or another health care provider before returning to our clinic, and we ensure care plans and notes are shared so the follow-up is as seamless as possible.

We routinely direct patients to receive follow-up from their community pharmacist for interim monitoring and support as a complement to their visits to our clinic.

In closing, follow-up does not always have to be structured or even face-to-face but may occur ‘on-the-fly’ and by phone or email. A little creativity and flexibility can go a long way to securing meaningful follow-up opportunities with your patients.

References
A 71-year-old female is referred to the clinic by her family physician for fibromyalgia management. Current medical conditions and medications include: fibromyalgia (baclofen 10mg PO BID, hydromorphone 1-2mg q4h PO PRN), hypertension (amlodipine 5mg PO daily, hydrochlorothiazide 12.5mg PO daily, telmisartan 80mg PO daily), depression (sertraline 100mg PO daily), insomnia (doxepin 6mg PO HS PRN, melatonin 2.5mg PO daily) and GERD (pantoprazole 40mg PO daily). Social history includes previous tobacco use, 1 coffee daily and 3oz of hard liquor before bedtime (primarily to treat insomnia). No recent lab work was available for review. She describes bilateral pain located in the neck, trapezius muscles, deltoids, mid back and hips. In terms of pain quality, she experiences dull, achy pain accompanied by electric shocks, paraesthesias and allodynia with an overall pain severity of 5/10 on average. Her past fibromyalgia medications include oxycodone/acetaminophen and ibuprofen which provided no benefit and gabapentin and amitriptyline, both of which caused suicidal ideation. Her sleep is poor, often taking 1-2 hours to fall asleep with multiple nighttime awakenings. She estimates a total of 4 hours of sleep nightly. Patient’s goals are focused on pain reduction and sleep improvement.

Fibromyalgia affects 2-3% of the Canadian population and is notoriously difficult to effectively manage.1,2 Females are affected more than males, with middle-age women being disproportionately affected.1 Classic symptoms include widespread pain, fatigue, memory impairment and sleep disturbances.1,2 There is no cure available for fibromyalgia so therapy is focused on symptom management.1 Treatment requires a patient specific approach and strategies should include a combination of pharmacological and non-pharmacological components.1 First line treatment options include TCAs, SNRI antidepressants, and gabapentinoids.1,2

Initial recommendations for this patient included discontinuing hydromorphone, doxepin and melatonin due to lack of benefit for pain and insomnia and switching from sertraline to duloxetine for potential improvement in fibromyalgia and depression.1,2 On 3-month follow-up, the patient expressed duloxetine 60 mg daily did not provide any benefit for fibromyalgia or depression and alternative options including cyclobenzaprine and pregabalin were explored.

Cyclobenzaprine is an alternative, which may not routinely be considered in fibromyalgia treatment.2 It is structurally similar to tricyclic antidepressants, but is thought to have minimal antidepressant effects.3 A systematic review and meta-analysis of 5 RCTs evaluated the

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efficacy of cyclobenzaprine for fibromyalgia treatment.\textsuperscript{4} Self-reported global improvements and sleep were statistically significant.\textsuperscript{4} Pain endpoints however, were evaluated at 3 different points, with only one showing a statistically significant improvement.\textsuperscript{4} There was no benefit for fatigue or tender points.\textsuperscript{4} Another trial compared low dose cyclobenzaprine (1-4mg) to placebo in patients with fibromyalgia.\textsuperscript{5} The low dose cyclobenzaprine resulted in statistically significant improvements in pain, fatigue, depression and restorative sleep.\textsuperscript{5}

The evidence as well as risks and benefits were discussed with the patient and she decided to pursue a trial of cyclobenzaprine. Pregabalin was not considered due to past suicidal ideation with gabapentin. Different clinical trials have utilized various cyclobenzaprine dosing regimens averaging a total daily dose of 30mg. In our patient, we agreed to discontinue baclofen due to lack of benefit and initiate cyclobenzaprine at 5mg at bedtime, titrating up by 5mg every 2 weeks until 20mg after which effectiveness would be re-evaluated. The plan was discussed with the patient, who prioritized insomnia management over her depression at the time of the visit. On follow-up, 2 months later, the patient’s pain had reduced from 5/10 to 2/10 in severity and her sleep latency had reduced to 20 minutes. Patient reported restorative sleep, averaging 6 hours of sleep nightly. She subsequently stopped drinking hard liquor to treat her insomnia.

In patients who have not responded to first line treatment, there is evidence to warrant consideration of cyclobenzaprine for fibromyalgia pain and associated sleep disturbances.

References

Note: each case study has been peer reviewed and qualifies as a non-accredited learning activity (CE-Plus) within the annual professional development requirement for licensure by the College of Pharmacists of BC.

Your Responsibility
The recommendations in this case are based on the views of our clinicians after careful consideration of the best available evidence and needs of a specific patient.

As a health care professional, you will assess each of your cases based on the patient’s unique circumstances and in consultation with the patient and their care team.

If you would like to discuss one of your patients with us please contact the Clinic team.