Management of patients over 75yrs on aspirin therapy

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Background

Large numbers of older people are taking aspirin (either prescribed or OTC), cited between 40-66% of over 75yrs take low dose aspirin. The benefit of low dose aspirin for secondary prevention after MI, TIA and stroke is well studied and proven. In patients aged under 75yrs the benefits of secondary prevention outweigh the small increased risk of bleeding. In those over 75yrs the risk is significantly higher but can be substantially prevented by taking a PPI (NNT only 23 over 5yrs to prevent a major bleed). PPIs are under used in patients on anti-platelet therapy, despite the fact that they reduce the bleeding risk by 70-90% in this group of patients.

Aim

To improve the number of patients over the age of 75yrs taking aspirin being co-prescribed a PPI in practice.

Improvement Methodology

With the help of the practice manager I completed a Vision search of all patients >75yrs on aspirin and not on a PPI (15 patients). We looked to see the indication why they were on aspirin in the first place. Some patients were excluded, for example one patient had an allergy to PPI, another was on an H2RA and another patient the PPI had been stopped due to diarrhoea. We checked their notes, bloods results and allergy status etc to ensure no reason why they could not be prescribed a PPI. We then sent out letters to each patient explaining that we would be adding this medication onto their repeat prescriptions (PPI) and the rationale for doing so and if there were any issues they could discuss with myself or the practice pharmacist. I then followed up the numbers over the next few months to see the effect of the intervention.

Results

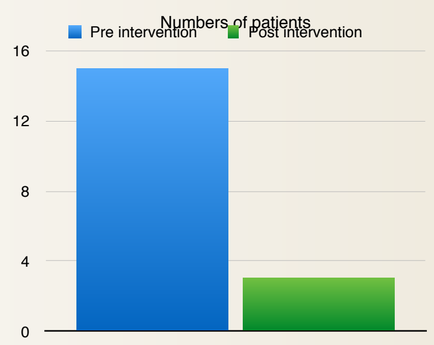
- The intervention had a significantly positive effect on the numbers of patients on aspirin taking a PPI. On the final Vision search there were only 3 patients not on a PPI. Of these, one patient had been recently commenced on aspirin after the initial search but no PPI commenced. I do not know of any patients who phoned to cancel the medication or were unhappy about the change but I only heard positive feedback.

Outcome Measures

The outcome measure used was based on the number of patients after the intervention being co-prescribed a PPI medication if on aspirin and >75yrs. As well as improving staff awareness of the importance of patients being on this medication to prevent adverse effects.

Outcome

There was a significant increase of patients on PPI medication whilst taking aspirin in this age group. As mentioned initially the NNT was only 23 over 5yrs to prevent a major bleed. I managed to treat 13 patients so I am just over half way doing this. In addition PPIs reduce the bleeding risk by 70-90% in this group in patients which has huge benefits for them. I also managed to increase awareness for the patients themselves regarding the risks of aspirin and being aware of GI bleeding.



Next Steps

I am currently in the process of creating a pop up in the Vision system so that when prescribing aspirin it will prompt the prescriber to think about prescribing a PPI. I will also present my project to the staff members and GPs in the surgery to improve learning and highlight this4 as an important issue.