

# Guidance on prescribing

## General guidance

Medicines should be given to children only when they are necessary, and in all cases the potential benefit of administering the medicine should be considered in relation to the risk involved. This is particularly important during pregnancy, when the risk to both mother and fetus must be considered.

It is important to discuss treatment options carefully with the child and the child's carer. In particular, the child and the child's carer should be helped to distinguish the adverse effects of prescribed drugs from the effects of the medical disorder. When the beneficial effects of the medicine are likely to be delayed, this should be highlighted.

**Prescribing competency framework** The Royal Pharmaceutical Society has published a Prescribing Competency Framework that includes a common set of competencies that form the basis for prescribing, regardless of professional background. The competencies have been developed to help healthcare professionals be safe and effective prescribers with the aim of supporting patients to get the best outcomes from their medicines. It is available at [www.rpharms.com/resources/frameworks/prescribers-competency-framework](http://www.rpharms.com/resources/frameworks/prescribers-competency-framework).

## Multimorbidity

The presence of two or more long-term health conditions in a child (multimorbidity) is generally associated with reduced quality of life, higher mortality, higher rates of adverse drug reactions, greater use of the health service, and a higher treatment burden (due to polypharmacy or multiple appointments). **EvGr** Treatment decisions should involve consideration of the child's needs, preferences for treatment, health priorities, and lifestyle with the aim of improving quality of life by reducing treatment burden, adverse events, and unplanned or uncoordinated care. All clinicians involved (including primary and secondary care) should work together to minimise the risk of harm. The use of a care plan within a multidisciplinary team with an identified clinical lead, is recommended.

Prescribers should consider the risks and benefits of treatments recommended in guidance for single health conditions, when applied to children with multimorbidity; evidence for these recommendations is commonly drawn from children without multimorbidity or who are taking fewer prescribed regular medicines. Treatments intended to relieve symptoms should be reviewed for clinical response, including reducing or stopping treatment that is no longer effective or necessary. Alternatively, non-pharmacological treatments may be offered or treatments of limited benefit can be considered for discontinuation. **EvGr**

## Transitional services for chronic conditions

The process of moving from paediatric to adult services can lead to a loss of continuity in care and provoke anxiety in children and their carers. **EvGr** Practitioners should start planning for adult care when the child reaches the age of 13 or 14 at the latest and a child-centred approach should be taken. Consider designating a named practitioner among those providing care to the child to take a coordinating role and to act as an advocate for the child, maintaining a link between the various practitioners involved in care (including a named GP). **EvGr**

## Deprescribing

**EvGr** Discontinuing or reducing the dose of medicines, under supervision, should be considered regularly to improve outcomes and reduce burden. Deprescribing should be undertaken as part of routine clinical care involving careful counselling alongside shared decision-making with the child and their carers. **EvGr**

## Taking medicines to best effect

Difficulties in adherence to drug treatment occur regardless of age. Factors that contribute to poor compliance with prescribed medicines include:

- difficulty in taking the medicine (e.g. inability to swallow the medicine);
- unattractive formulation (e.g. unpleasant taste);
- prescription not collected or not dispensed;
- purpose of medicine not clear;
- perceived lack of efficacy;
- real or perceived adverse effects;
- carers' or child's perception of the risk and severity of side-effects may differ from that of the prescriber;
- instructions for administration not clear.

The prescriber, the child's carer, and the child (if appropriate) should agree on the health outcomes desired and on the strategy for achieving them ('concordance'). The prescriber should be sensitive to religious, cultural, and personal beliefs of the child's family that can affect acceptance of medicines.

Taking the time to explain to the child (and carers) the rationale and the potential adverse effects of treatment may improve adherence. Reinforcement and elaboration of the physician's instructions by the pharmacist and other members of the healthcare team can be important. Giving advice on the management of adverse effects and the possibility of alternative treatments may encourage carers and children to seek advice rather than merely abandon unacceptable treatment.

Simplifying the drug regimen may help; the need for frequent administration may reduce adherence, although there appears to be little difference in adherence between once-daily and twice-daily administration. Combination products reduce the number of drugs taken but at the expense of the ability to titrate individual doses.

## Advanced Pharmacy Services

Advanced Services are provided as part of the NHS Community Pharmacy Contractual Framework, and include services such as the New Medicines Service and Medicines Use Review service. These services are provided by accredited community pharmacists, with the aim of targeting specific children to help manage their medicines more effectively, improve adherence, and reduce medicines wastage.

**New Medicines Service** The New Medicines Service (NMS) provides education and support to children who are newly prescribed a medicine to manage a long-term condition. The service is split into three stages; patient engagement, intervention and follow-up. As of 2018, this service is available for children living in England who have either been prescribed a new medicine for one of the following conditions – asthma, type 2 diabetes, or hypertension, or have been prescribed a new antiplatelet or anticoagulant. Children can be offered the service by prescriber referral, or opportunistically by the community pharmacy. For further information, see: [psnc.org.uk/services-commissioning/advanced-services/nms/](http://psnc.org.uk/services-commissioning/advanced-services/nms/).